

The Infected Blood Inquiry weekly summary

The
Haemophilia
Society

A summary of inquiry hearings: week of 21 February 2022

The inquiry has heard two presentations this week. One was about the experiences of those infected through blood transfusion and the other was on clinical guidance on transfusion. This theme was continued by Professor Philip Steer, a clinician who specialised in obstetrics and gynaecology, and Dr David Bogod, consultant

anaesthetist with a special interest in obstetrics who talked about the circumstances in which women might receive a blood transfusion after childbirth. This was most likely to be as a result of a haemorrhage or anaemia. Prof Steer said research showed that haemoglobin levels naturally decreased during pregnancy, and that in an

otherwise healthy woman, transfusion should not be needed. He said despite the evidence, there was reluctance among some colleagues to accept this. Consultant haematologist, Dr Jonathan Wallis, said 'habit' was a major obstacle in persuading clinicians to change their practice in relation to blood transfusion.

Inquiry focus: Better Blood Transfusion initiatives

Consultant haematologist, Professor Michael Murphy spent much of his professional life trying to improve standards in blood transfusion practice. In 2004 he became clinical director (patients) at NHSBT where he remained until his retirement in 2021. The first NHS circular entitled Better Blood Transfusion, published in 1998 was a 'major driver' in improving standards. It focused on more appropriate use of blood and blood components as well as the need for better record keeping and improved information for patients. Two more Better Blood Transfusion circulars followed, but Prof Murphy told the inquiry that leadership and resources in hospitals to deliver really good transfusion practice was 'lacking', even today. A NICE audit of blood transfusion practice published in February 2022 said 64% of transfused patients received written or verbal information about the risks, benefits and alternatives to transfusion. Only 26% received both written and verbal data.

Quotes of the week

'There was a general belief among many clinicians...that if you are going to give any blood you might as well give two [units]. And there was no real logic to that...the important thing is to give the blood that you think is going to be required to achieve the benefit that you think is necessary.'
Dr Jonathan Wallis.

'It has always troubled me that the numbers of those who have suffered infection ought...to be much higher than the numbers...that have come forward.'
Sir Brian Langstaff encourages anyone with sickle cell disorder or thalassaemia affected by contaminated blood to contact the inquiry.

'As an individual one has to be aware of the fact that there are always gaps in one's knowledge and working with other people and cross-checking your decisions with them...is always an important safeguard.'
Professor Philip Steer

'Even if a complication is rare, and even if the risk-benefit analysis of a treatment falls on the side of benefit, that in no way mitigates the human tragedy which has prompted this inquiry.'
Dr David Bogod