

The Infected Blood Inquiry weekly summary

The
Haemophilia
Society

A summary of inquiry hearings: week of 28 February 2022

The inquiry's expert group on palliative care in advanced liver disease told Sir Brian Langstaff that this was a 'fledgling' subspecialty which had only emerged in the last six years. The experts called for 'early and honest' conversations with the patient at the point where his or her liver became decompensated, meaning it stops

being able to perform its functions. Average life expectancy from this point is two years. They said palliative care should begin 'when your illness cannot be cured'. Hepatologist Dr Ben Hudson said liver disease was the third most common cause of death in the UK, yet the specialty had been 'held back' by stigma surrounding the

condition. The report called for more multi-disciplinary care teams with emphasis on including the patient's views. There was also evidence from Samantha May of The Hepatitis C Trust, Prof Anthony Goldstone on blood cancer, Dr Dafydd Thomas on blood use practice and an expert in Thalassaemia.

Inquiry focus: Influence of a chief medical officer

Although Professor Dame Sally Davies was asked to give evidence to the Infected Blood Inquiry primarily because of her expertise in Sickle Cell Disease, she also talked about her time as chief medical officer of England from 2011-2019. During that time, she dealt with the flu pandemic, Ebola and the Novichok poisonings. She told the inquiry that her approach towards what she advised the public was 'straightforward': 'Tell the truth, what you know, what you don't know and update as you know more'. She said ultimately if the government, which she advised in an independent capacity, had overruled advice that she felt strongly about, she would have resigned. Prof Davies said it was not her role to issue guidelines – that was the job of the NHS, but she did have a responsibility to ensure that the right people were brought together to give the best advice to develop the guidelines.

Quotes of the week

'Blood can be regarded as a drug with risks inherent to use. The public expects to be offered 'zero' risk. It is highly unlikely that this can ever be achieved.' National guidelines on blood transfusion, 2001

'I had 50% of the clinicians that were very restrained in their use of red cell and other products in that same period [2015-17]. And so there was a determination amongst the others not to listen. In fact, they would refer to me as the blood doctor whenever they saw me, clearly feeling uneasy..' Dr Dafydd Thomas on the difficulties of persuading colleagues to transfuse less

'I don't think we actively underplayed the risks, but...in truth it was sometimes a wish not to pile anything else on these poor people.'

Dr Anthony Goldstone on the risks of viral infection through cancer treatment

'It is very interesting...that the big hospitals that had significant sickle cell populations...did very little research on it. The haematologists were all either doing clotting disorders or leukaemias and lymphomas, and somehow it was the Cinderella speciality.'

Professor Dame Sally Davies