

The Infected Blood Inquiry weekly summary

The
Haemophilia
Society

A summary of inquiry hearings: week of 7 November 2022

Experts at the inquiry this week were mainly giving evidence focused on the future, rather than the past. Professor Derek Manas who oversees NHS organ transplants described the complex process of prioritising patients who need a liver transplant. He said the existing system picked up those whose liver was deteriorating and pushed them up the ladder towards a transplant. He did

did not think another priority system for those infected through contaminated blood was necessary. Professor Ian Roberts talked about about tranexamic acid, an inexpensive, safe and effective drug used to control bleeding which is underused in the NHS, but could reduce blood usage significantly. The inquiry's statistics

panel calculated that a third of those infected with HIV with a bleeding disorder in the UK were children and described the methodology behind their report. Finally, clinical psychologists from Wales, Northern Ireland and Scotland spoke of the value of a dedicated psychological support service. England, it seemed, is still a long way from having its own bespoke service.

Inquiry focus: Ireland's compensation experience

Brian O'Mahony, who has severe haemophilia B, has been the Chief Executive of the Irish Haemophilia Society since 2006, but his involvement with the charity dates to 1982. In 1988 there were 296 people with moderate and severe haemophilia in Ireland, of which 106 had been infected with HIV. A year later, the Irish Haemophilia Society got a commitment from all parties to set up the Haemophilia HIV Trust which provided 'non-complicated', rapid ex-gratia support. In 1991 the Irish government offered £8m of 'recompense' for those infected with HIV and by 1997 was talking about 'compensation' for those infected with hepatitis C. Payments started to be made through the tribunal system before the official inquiry – the Lindsay Tribunal had even started. The system of assessing compensation involved each person's case being heard separately which although a 'success', was lengthy. Additional benefits included a health priority card, enforced by special liaison officers and insurance schemes underwritten by the government.

Quotes of the week

'It could happen again. It is easy to imagine that the next pandemic could be blood-borne. I hope that something good comes out of that [contaminated blood crisis] by using this as an opportunity to improve patient care that we knew we should have been doing in 2015.'

Professor Ian Roberts

'Take out the emotion and put it into the disease. If the liver is deteriorating to the point where it needs to be transplanted... there is a system in place to identify them and give them the priority.'

Professor Derek Manas on why the existing liver transplant priority system works.

'I think the culture has changed. I think everybody realised that this can't be allowed to happen again.'

Brian O'Mahony on shared decision-making in Ireland following the Lindsay Tribunal.

'Some of the difficulties that people present with are quite specialist and long term and some of the feelings are quite entrenched... and I think it does need a specialist level of intervention.'

Dr Caroline Coffey, Wales Infected Blood Support Scheme Consultant Clinical Psychologist