

SNBTS DOCUMENT REQUEST No:

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Addendum to witness statement

Having now seen a copy of my memo of 30th May 1983 to Brian McClelland concerning my telephone conversation with Dr Peter Jones on 24th May, and also the transcript of my report of the meeting of the UK Haemophilia Directors of October 17th 1983, and on top of reading the Preliminary Report of the Enquiry, I can vaguely recall my attitudes concerning the safety of blood products in the management of haemophilia in Scotland around that time (1983) although my attitudes must have been shifting as awareness of the issues of risk were becoming better defined and I cannot give any detailed chronology of how my attitudes were developing.

I have been trying to reconstruct the likely themes of my so-far untraced letter to Prof Bloom which caused him to reply to me on May 23rd 1983; it seems that my most likely theme concerned the use in England (and Wales) of commercial imported American blood product, and that I was encouraging more use of UK product (cryoprecipitate and 'NHS factor VIII concentrate'). I may also have been hinting that cryoprecipitate might be preferred to NHS concentrate in certain circumstances, but cannot be certain. The reply indicates that the UKHCDO had discussed this several times, and Professor Bloom states "*I do not think that anyone is complacent about the situation but I think we all agree that it would be counter-productive to ban the importation of blood products at this moment*". Prof Bloom's comment that "*deferring home treatment for new haemophiliacs was a matter for discussion*" is of interest as it underlines the fact that the UKHCDO was under pressure, not least from the haemophiliacs themselves, not to reduce the use of factor VIII, even 'imported', and not to delay home use for 'new' patients.

Prof Bloom's letter was marked 'Strictly Confidential' and was only openly copied to Dr Rizza. It may be asked why I passed a copy to Brian McClelland as it indicates that I thought it of sufficient interest to break that confidence although at the time I probably did not think too much about the implications (a minor consequence being this letter over 27 years later). But it also indicates that I may not have copied my original to anyone – not even Dr McClelland – and that the only chance of tracing the original now lies with searching the archives of whatever remains of my working files from the 1980's.

All this suggests that my letter principally expressed a concern that my haemophilia specialist friends and colleagues in England wanted to continue treating haemophiliacs with large doses of blood product, mostly of commercial origin, in spite of slowly increasingly recognised risks, and that in this letter I did not express a concern about practices in Scotland where there was more self-sufficiency (although I see from the Preliminary Report that 1983 was a peak year for commercial Factor VIII use in Scotland, but I would not have known that at the time). However I think it unlikely that my correspondence with Prof Bloom resulted directly in any correspondence or conversations between myself and Scottish Haemophilia Doctors in which I expressed any reservations on the use of imported factor VIII in this context.

My memo of 30th May – concerning my telephone conversation with Dr Jones – may reinforce the impression that at this time the English haemophilia directors were more concerned about giving patients adequate haemostatic prophylaxis, even using commercial factor VIII. He cited resumption of such usage on the West Coast of

America as well as doubts as to the diagnostic veracity of some cases and of the nature of the cause of AIDS (in which he was not alone) although, as Prof Bloom said, "we are taking steps to recommend that imported blood products from the USA at least meet with the new FDA recommendations". I also recall feeling that Dr Jones' caution that there should be no questions into the sex lives of donors (although literature should be provided) may have been misplaced, although again he was not alone in making this recommendation.

My report of the UKHCDO meeting of October 1983 indicates that in England there was so much shortage of factor VIII concentrate that "patients should be encouraged not to refuse imported factor VIII" (note this somewhat tortuous phraseology) and that there was no logic in not using imported factor VIII – and Dr Jones repeated the point he made to me in the telephone conversation in May.

Therefore I have to stress now that it is distinctly possible that my concerns in my lost letter were addressed more to English clinicians than to Scottish clinicians; and although I would have recognised that my correspondence was of interest to the Scots, I cannot remember what, if any, effect it may have had on Scottish practices. Neither can I recall details of any discussions between the Scottish Haemophilia Directors and the SNBTS in 1983 about the use of commercial factor VIII although clearly this would have been a matter of interest. The Scottish Haemophilia Directors must have been aware of the English position in 1983 even before the UKHCDO meeting that October.

On balance, therefore, I feel that my correspondence with Prof Bloom and my conversation with Dr Jones are unlikely – and indeed should not be expected – to have had any material impact on the policies and practices of the Scottish Haemophilia Doctors in 1983. Even though a copy of my original letter to Prof Bloom, if it comes to light, may allow me to recall my concerns more accurately, I doubt if it will indicate any substantial sharing of my opinions with the Scottish Haemophilia Doctors.

Frank Boulton, December 2010