APPENDIX 11

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Ref JT/SB

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Dear Professor Ludlam

Thank you for asking me to comment on events relating to the care of haemophilia patients while I was a trainee in Edinburgh from 1980 to 1985. I believe that a complaint has been received by the GMC. I remember [redacted] as a polite and well educated young man who attended the centre with his mother.

At that time there was concern regarding the risk of hepatitis transmitted by Factor VIII infusions upon which these patients were critically dependent. All the Edinburgh patients were treated predominantly with SNBTS products and were advised that if they needed treatment elsewhere they should not receive commercial products.

As part of their management there was a programme of vigilance which included taking samples for Full Blood Counts, Liver Function Tests, and serum for storage when patients were attending for review as day patients or attending the clinic. These samples were requested on the laboratory request form which was often handed to the patient who was able to read the request items before the blood was taken by the phlebotomist or Haemophilia sister. Samples were taken in an open and transparent manner with verbal patient consent.

When patients were inpatients the medical staff completed the request forms and obtained verbal consent which included explaining the need for the samples. They would then draw the sample. This was my practice and I would expect that my colleagues behaved in the same way. Certainly no additional samples would be taken if the patient were to express any reservation or objection. In 1984 we were monitoring immune function of haemophilia patients and used the shorthand notation of "AIDS study" when taking surveillance specimens. Again patients were aware of this practice when taking immune surveillance samples.

At no time did I feel that the taking of samples for subsequent testing was inappropriate or contrary to patients' wishes. I was impressed by the thoroughness of the surveillance which contributed to the comprehensive package of care. There was no need in my opinion for written consent. It should be borne in mind that at that time in the early 1980's Haematologists recruiting patients into MRC Leukaemia Trials were obliged to obtain only verbal and not written consent. The introduction of written consent for trial entry was in the subsequent decade i.e. the 1990's.

Yours sincerely

RECEIVED

John Tucker

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ACCREDITED