DRAFT BMJ

Sir,

HTLV-III: Haemophilia: Blood Transfusion

I am left wondering what Drs Bloom, Forbes and Rizza, writing at the behest of the UK Haemophilia Reference Centre Directors, had in mind in your June 22nd p 1901 correspondence section.

To whom were they communicating their concern about the safety of blood and blood products in the United Kingdom? Presumably to those who might succeed in exerting pressure on the already hard pressed colleagues in DHSS who are genuinely trying to cope with the complex problems of AIDS for the whole of the NHS.

Dr Bloom must have persuaded his colleagues that despite his presence on the DHSS' Expert Advisory Group on AIDS the concerns of the Haemophilia Centre Director were not receiving appropriate attention. Dr Forbes must have forgotten to inform his colleagues that he was given a specific opportunity to voice their concerns at a special symposium on AIDS on the 11th June in the Royal College of Physicians and Surgeons of Glasgow (but didn't). All must have rejected the notion that before going to the public arena there are mechanisms by which their concerns could have been discussed in detail with Directors of the UK Transfusion Services. In Scotland Dr Forbes had the unique opportunity to raise the matter at the regular meeting of the Scottish Transfusion/Hemophilia Centre Directors on March 7th 1985, but didn't.

Notwithstanding these many avenues for expressing a professional point of view (which have not been used) the UK Haemophilia Directors used the good offices of your journal, presumably in the hope that your readers would rise up, as one, to demand from civil servants and members of Parliament the action that the Haemophilia Directors felt was appropriate. In doing so they must have known that the BMJ is read by the reporters of the mass media and their letter, subsequently requiring a correction to a major error of fact, would be suitably titivated and embellished by the media to stimulate widespread public concern and alarm. The Guardian (27th June) duly responded and has not since retracted the major factual error in the BMJ letter.

The purpose of this letter is to convey to your readers and the Guardian that there is absolutely no evidence to suggest that the risk of HTLV-III infection in patients receiving blood transfusion associated with open heart surgery, acute leukaemia and other haematological disorders in any part of the UK is as high as 1 in 20. However your readers and the Guardian may wish to know that FDA approval of the currently available HTLV-III antibody screening kits was obtained in a climate in which critical scientific analysis was of secondary interest, that the UK Health Departments are not delaying the introduction of HTLV-III antibody testing of all donations until false positives are eliminated and that the notion that confirmation/reference testing of blood donations and blood donor counselling are merely logisitical problems which can be dealt with at a later date is an extraordinary and cruel distortion of a highly complex and potentially

explosive problem. Such attitudes reveal that our Haemophilia Reference Centre Director colleagues are unfamiliar with the nature and complexity of the problems, that few of them are blood donors and that even less are really committed to the problems of blood and blood product supplies to patients other than haemophiliacs.

I would suggest that our colleagues read again the paper by Osterholm et al: and that they consider moving out of the public arena and discussing their anxieties with their colleagues in the appropriate professional forum. We for our part should not belittle the geniune concerns of our colleagues: they are now having to live with the consequences of their prescribing habits over the last 5 years.

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Osterholm et al New Engl J Med, 1985 312: 1185 - 8