

**THE PENROSE INQUIRY****WITNESS STATEMENT – DR RUTHVEN MITCHELL****TOPIC NUMBER B1 - HIV/AIDS**

The supplementary paper outlines some of the complexities of Blood Donor recruitment and communication of donors and other groups on the information evolving at the advent of the HIV/AIDS infection, its methods of entry and progression into humans with the identification of any risk groups. Such information was assessed on a regular basis from the large and rapidly accumulating sources. Again there were conflicting reports and interpretation within the UK and overseas with the usual problems of demography and reporting methods some of which are covered in the Preliminary Report and in this supplement.

Most UK transfusion and health services were aware by 1983 of the need for reliable up to date opinion and I was part of these discussions. Having identified the likely type of individual (loosely described as in one of the 7 H's) who might suffer from, carry or transmit the condition it was incumbent on the Blood Transfusion Services to avoid any risk of transfusion by blood, blood products, body tissues or fluids. It was clear that carrier donors were ubiquitous in the population, whilst others were in a "high risk" category. Such groups could be targeted by a variety of stratagems including public, press and mass media methods. Blood Transfusion played its part by issuing guidance notes to prospective donors by various means. Limited targeting at work places, call up mail shots were considered to be not widespread enough for various reasons and the most direct approach at donor sessions was introduced with donors required to read the donor acceptance questionnaire and self certify to the receptionist staff that they were not in a risk category.

Any difficulty would be resolved or referred to the medically qualified staff and any further doubt noted on the donors record which accompanied the collection to the main processing centre for a consultant opinion. Throughout these occasions donor confidentiality was maintained so as to avoid public or peer censure. So as to avoid ambiguity and avoid any embarrassment to questions they were agreed nationally both through the senior medical staff, donor managers and central authorities. I held meetings with the medical and nursing staff for sessions so as to keep them up to date with requirements and this is one of the reasons that myself and others cautioned Dr Laing and colleagues to avoid any intrusive questions to donors, well known to those charged with running the sessions, and meeting face to face with the general public as distinct from purely laboratory observation. Dr McClelland in Edinburgh was equally sensitive to the importance of a

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UK uniformity of approach and his questionnaires were discussed in draft with an agreed version being printed nationally. He was prompted to draft his proposals by the additional concerns of the gay community in Edinburgh and the prevalence of intravenous drug abuse in that city. Glasgow was not so much involved in this but readily agreed to these groups being included in the questionnaires. Publicity was also widely countenanced by the Central Health Authorities and Regional Health Boards who notified their own clinics and clinical facilities. Generally I favoured a statement to be understood and read by all blood donors which avoided disclosure by self deferral, avoidance of perceived outrage at wrongful accusation and derision among work mates, family and friends. Since the questionnaires were produced nationally I believe copies would be best sought from Miss Corrie, the National Administrator of SNBTS at that time since it appears the copies of the Glasgow correspondence are not available and I can only speak from memory.

My memory of methods of distribution of the SNBTS information to donors is based on discussions which took place. Pre-donation mailing was considered by some to be useful where there was a static donor based population but not in areas for sessions heavily dependent on industrial outlets especially the revenue implications. Household directed postal services sent to previously healthy regular experienced donors and their families and their work mates would not do much for donor attendance or cooperation and could be counter productive. Donors refused at one session might attend another region for a second opinion or a "free test" especially where the only testing facility was at the BTS laboratories. Others would not read or could not read and understand the questions. A study done at one of the Glasgow sessions where questionnaires were given separately to each donor resulted in a considerable quantity of leaflets tossed on the floor unread and much to the annoyance of the Hall Keeper.

In using the expression "integrity of the donor" as stated in this supplement I was concerned and anxious to note that healthy well meaning volunteer donors found to be unsuitable for whatever reason should be treated with understanding and respect. It goes without saying in my view that there should be no harm to the donor or patient in respect of such altruism (*primum non nocere*).

There can be no doubt that the careful handling of Scottish donors, UK donors and donors elsewhere owed much to the two major Scottish centres acting in a timeous, coordinated and consultative manner. As I have noted elsewhere I believe that if the previous correspondence and laboratory records were available I could have given a more detailed and chronological account of these proceedings but my recollection is as I have stated. Any donor excluded from the service in the West of Scotland was offered help and guidance in confidence by my senior medical staff (especially the late Dr Robert Crawford) and referred to general practitioners and/or gastroenterologists/immunologists.

It is certainly not the function of Blood Transfusion to police peoples life styles but to prevent transmitted infection as stated by Lord Glenarthur.

**Statement of Truth**

I believe that the facts stated in this witness statement are true.

Signed..... *Russell Macfarlane* .....

Dated..... *2/2/2011* .....