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I am writing in response to the editorial “The Krever inquiry: time to drop the appeals” (*Can Med Assoc J* 1997;156:1401-2), in which Dr. John Hoey suggests that the Canadian Red Cross Society should withdraw its appeal to the Supreme Court of Canada.

All of us at the Canadian Red Cross Society are deeply concerned about the tragic events of the 1980s. Because we are an organization dedicated to alleviating human distress, it has been particularly painful for us to have unknowingly contributed to suffering and loss of life. I do not know of a single Red Cross employee, volunteer or board member who has not agonized over the anguish of families and the suffering of those innocent Canadians treated with contaminated blood products during that period.

For any shortcomings on the part of the Red Cross, we are deeply sorry.

We also regret the necessity of continuing our appeal to the Supreme Court of Canada. We are continuing because we are concerned about what we see as important issues regarding the protection of individual rights — not only the rights of those named in the Krever inquiry’s Section 13 notices, but the rights of all Canadians who may be involved in any public inquiry.

We believe there is a real danger in allowing a wide range of serious allegations against selected individuals within the context of a public inquiry, particularly when those individuals have been denied a fair opportunity to defend themselves. For example, in March 1995, a physician who had been the medical director of a blood centre until 1984 wrote to the inquiry with respect to measures that had

been taken by the centre in the early 1980s to discourage high-risk donors, enclosing documentary substantiation and offering to give evidence. Inquiry counsel replied indicating interest in the information but did not follow up with him further. On Dec. 21, 1995, he received a Section 13 notice. He had not testified before the Krever inquiry despite the fact that he offered to give evidence, and then he had to face unfounded allegations of misconduct. This is wrong.

It is also of great concern to the Red Cross that 14 Red Cross employees and 3 government employees are being singled out, despite the unalterable fact that funding and blood safety decisions were controlled by governments.

We believe that the public interest is not well served by a process in which people are not allowed an opportunity to defend themselves and that such an approach will ultimately reflect poorly on the conclusions and recommendations that Justice Horace Krever may reach in his report. The people of Canada must have confidence in Justice Krever’s ultimate report, and they must be satisfied that his treatment of individuals involved in decisions regarding the blood system in the 1980s is even-handed and objective.

The editorial, in a way, serves to illustrate how easy it is to pass judgement on the Red Cross in hindsight. For example, Hoey criticizes Canadian decision-makers for still using a “1 in a million” risk estimate in 1983, when in fact the US Health and Human Services Department continued to use this figure in an April 1984 publication. The inquiry was not supposed to be a trial, and this example shows why it should not be allowed to become one. The need for a fair and just legal process is what the Red Cross appeal to the Supreme Court is

all about. I expect *CMAJ* readers, as physicians, to understand that it would be unfair for the medical profession to be held responsible for the slow evolution and uncertainties of science. That is very nearly what the Red Cross and its current and former employees are facing.

We, like you and many others, are also anxious to receive the inquiry’s recommendations so that they can serve a useful role in helping decision-makers define Canada’s blood system for the future.

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We were surprised to find a review of *HIV and the Blood Supply: An Analysis of Crisis Decisionmaking*¹ published as an editorial, with added statements of Dr. Hoey’s views about Canadian events, to which that book makes no reference. Hoey might have taken note of the authors’ caution about hindsight: “The risk of hindsight is unfairly finding fault with decisions made by people who had to act long before scientific knowledge became available to dispel their uncertainty.”²

The Institute of Medicine (IOM) Committee has been criticized for failing to observe its own caution, and many of its findings have been challenged.³ It has also been suggested that a radical, recent change in public perception of the risks of transfusion has led to severe criticism of actions taken in the 1980s, although “decisions made by the medical and managerial guardians of the blood supply, faced with this new and puzzling epidemic, were not better than those made by other public health officials. But there is no evidence that they were slower, or less considered, than