



## “For any shortcomings on the part of the Red Cross, we are deeply sorry”

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*<sup>1</sup> 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.”<sup>2</sup>

The Institute of Medicine (IOM) Committee has been criticized for failing to observe its own caution, and many of its findings have been challenged.<sup>3</sup> 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



other AIDS related decisions made at that time."<sup>4</sup>

Such reservations about the IOM report are not noted in Hoey's review; they apply equally to Hoey's critique of Canadian events.

Hoey's further suggestion that the Red Cross and its coappellants give up recourse to the Supreme Court of Canada to define the scope of the Krever inquiry report seems to be a *non sequitur*. The appeal, which the court has agreed to hear, addresses the rights of the appellants to fair treatment by the inquiry. It also raises legal questions about the powers and conduct of public inquiries in general, which are relevant as well to the recent inquiries into charges against nurse Susan Nelles, into the Ontario government's connections with Patricia Starr and into actions of the Canadian Armed Forces in Somalia. As coappellants, we have no intention of letting these questions go unresolved.

The appeal does not in any way impede Justice Krever from addressing proposals for the future, which we are at least as anxious to see as Hoey is.

**Martin Davey, MD**

Toronto, Ont.

**Roger Perrault, MD**

Ottawa, Ont.

*Drs. Davey and Perrault are principal Canadian Red Cross Society witnesses before the Krever inquiry. — Ed.*

#### References

1. Leveton MB, Sox HC, Stoto MA, editors. *HIV and the blood supply: an analysis of crisis decisionmaking*. Washington: National Academy Press; 1995.
2. Leveton MB, Sox HC, Stoto MA, editors. *HIV and the blood supply: an analysis of crisis decisionmaking*. Washington: National Academy Press; 1995:vi.
3. Zuck TF, Eyster ME. Blood safety decisions, 1982 to 1986: perceptions and misconceptions. *Transfusion* 1996;36:928-31.
4. Blajchman MA, Klein HG. Looking back in anger: retrospection in the face of a paradigm shift. *Transfusion Med Rev* 1997;11:1-5.

I agree completely with the article by Dr. Hoey.

Blood is a complex and complicated brew of healthy and effete red cells; living, dead and dying white cells; platelets in various forms; known and unknown viruses (some benign, some not); living, dead, dying and fragmented bacteria; cationic peptides; endotoxins; enzymes; occasional malignant cells; proteins; salts; cellular debris; hormones; fats; antibodies; and what have you.

It is a very personal concoction, specific to each individual. Added to this are more worrisome things, such as various strains of HIV and Creutzfeldt-Jakob disease. Who knows what other constituents, which may attack recipients in mysterious ways and prove incurable, may be discovered?

I would have to be in dire straits to let such a conglomerate mixture be injected into my body. All that money should be spent on grants for blood research. It will do far more good, for example, to find a suitable blood substitute in cases of hemorrhage.

Is this not the nub of the whole problem?

**Frank I. Jackson, MB, ChB**

Edmonton, Alta.

#### [The author responds:]

The apology from the Canadian Red Cross Society, expressed by Mr. Normand, will be welcomed by many in Canada who have felt betrayed by this noble agency. *CMAJ* applauds the Red Cross for publicly acknowledging its shortcomings and for taking responsibility for its actions in the early 1980s.

The Krever inquiry, like all inquiries, can use only hindsight to determine what went wrong with the Canadian blood supply in 1983-85. Its recommendations will, in effect, adjust the rear view of the Canadian blood supply system so that, in fu-

ture, administrative and scientific decisions come closer to the mark. Our argument is simply to get on with it.

Davey and Perrault continue to defend the 1983-85 decisions, arguing that the present criticism of those decisions derives from a "radical, recent change in public perception of risks of transfusion." The public's perception of those risks certainly has changed, but does this mean that the faulty decision-making of public officials and medical professionals may be excused by the fact that members of the lay public were not alarmed? Moreover, in their perception of risk, members of the public have little choice but to take cues from the experts. The IOM report contains evidence that, at least in the US, deliberate efforts were made to withhold information specifically because the public was interested and would have fully appreciated the risks.

**John Hoey, MD**

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*CMAJ*

### Pity the student who makes the wrong career decision

From a recent Pulse column by Lynda Buske entitled "Are medical students ready to make career choices?" (*Can Med Assoc J* 1997;156:1248), I learned that nearly two-thirds of medical students interviewed in 1996 felt well prepared to make a career choice. This is gratifying, but it would also be very interesting to know how many 1993 graduates still feel they made the right career decision and how many 1996 graduates are to be interviewed in 1999.

It is encouraging to know that today's medical students are so confident about their career choices, because many pathologists and anesthesiologists of my generation and acquaintance were not as confident at a comparable stage of development. Most of us entered