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PEERS URGED TO DITCH 'DANGEROUS & MISGUIDED' MEDICAL INNOVATION BILL

The patient safety charity Action against Medical Accidents (AvMA) is urging peers to ditch or radically amend the Medical Innovation Bill when they debate it in the House of Lords tomorrow (24th October). The charity proposes an independent commission to look at how innovation can be supported and what barriers might exist. The bill has been promoted by Lord Saatchi, its author, as being about providing a last chance for dying cancer patients. However AvMA's briefing points out that the bill would apply to any form of medical treatment - including purely cosmetic surgery - allowing an individual doctor to persuade patients to undergo untested and dangerous treatment. Responses to a Department of Health consultation about the bill from all leading medico-legal organisations confirmed that the bill was based on a false premise - that potentially beneficial treatment is being held back because of fear of litigation. There is no evidence to back up this assertion. Opponents to the Bill include most medical royal colleges and the British Medical Association. Most fear that the bill would have the opposite of the desired effect - making responsible innovation more difficult by creating a confusing and bureaucratic set of rules and regulations. The Ebola nurse Will Pooley was recently treated with an unlicensed drug, demonstrating there is no problem with doing so, where appropriate.

AvMA chief executive Peter Walsh said:

"This bill may be well intentioned but it is both dangerous and misguided, based on emotion and anecdote. It poses a threat both to patient safety and justice, and fails to do anything to support responsible innovation. Blaming a lack of innovation on patients who have been injured as a result of negligent treatment is absurd and unfair. Everyone would like a miracle cure when they are in a desperate situation but sometimes there just isn't one. When a treatment is turned down it will almost always be because the NHS refuses to fund it, or because doctors agree it would do more harm than good. This bill would help rogue doctors prey on vulnerable patients as happened with Dr Ian Patterson in the Midlands with his own 'innovative surgery'. It would also put good doctors under pressure from pharmaceutical companies pushing untested drugs. Instead we propose an independent commission/inquiry to look at what the evidence about barriers to innovation are and how innovation can be supported."

ENDS