

1. Mr. Barn  
To see  
2. Mr. Turner ✓  
R 16/3/64

I attended on the 11th March the meeting of members of the G.M.S. Committee and Sir Derrick Dunlop, Professor Witts, and Dr. Cahal.

Dr. Davies, the Chairman of the Committee, declared that the Committee supported the proposal that doctors should co-operate in sending in reports on adverse reactions to the Committee on Safety of Drugs. They had not, however, been given a complete assurance by their solicitors that doctors would be free from legal action.

Sir Derrick Dunlop said that he understood that any difficulties over ethical problems had been settled. The register would remain confidential. He felt that there was little difference between the production of the doctor's report and the production of the prescription for the drug.

Dr. Cahal indicated that the data received in the reports would be coded and followed up if there were other adverse reactions. It would therefore not be possible to destroy the reports too quickly, but if there were many adverse reports and a decision had to be rapidly taken, it would be easier to destroy. Doctors could obtain the views of the Committee if they asked for them.

Mr. Leigh Taylor said that he had three worries. The first was that general practitioners were too conscious that they might be liable for the misuse of a drug, and they want a blanket assurance; and secondly coroners might make a habit of asking doctors if they had reported adverse reactions to the Committee. Thirdly solicitors would always wish to see the reports if they thought that these might help their client's case. Destruction of the reports was the only method of removing the doctors' fears.

Dr. Ridge indicated that doctors might be more accurate in their reports to the Committee than they would be in their own recording, and they could either protect themselves in their records or even destroy them, however wrong that was.

I then made the point that we seemed to have moved from the position under the letter of 30th December, 1963 when the fear was that a doctor might be called to give evidence in a case against a drug firm. I indicated that in such a case a doctor would be called to give evidence and to produce his records and that this was very much an occurrence in the ordinary course of his business as a practitioner. I did not feel that the existence of a report made by him to the Committee would in any way have jeopardised him, as he would be liable to cross examination on the facts of the case if called as a witness. I then made the point that as I saw it, the issue had narrowed to one of a remote possibility of liability ~~and~~ negligence. Both Mr. ~~Leigh~~ Taylor and I agreed that any report would be subject to qualified privilege as being a report made in pursuance of ~~the~~ social duty. I then emphasised that the information asked for in the report appeared to be very similar to what a doctor would

so far as  
defamation  
was concerned

Reference.....

record either in a hospital note or in his G.P. records. Therefore the fact that the report might be produced would in no way add to what he would normally have to say in the witness box or to what should appear in his own records. Accordingly I expressed the view that the possibility of the report being produced added little to whatever risk the doctor had. That risk in fact depended on whether he himself had been negligent in individual cases, i.e. had he prescribed or administered the drug with knowledge of adverse reactions, which should have made it apparent to him that use of the drug was unsafe?

After a further discussion, Mr. Leigh Taylor felt able to advise that if a G.P. wrote in to the B.M.A. asking if there was any risk in making a report, the answer would be, "Almost certainly, no".

Dr. Davies summarised by saying that the Committee still felt a little difficulty and considered that the destruction of the records would help considerably. He hoped the Committee on Safety of Drugs would consider this, but the risks were minimal and ought not to deter practitioners. He hoped to agree a formula which the B.M.A. could use in reply to practitioners who asked if there was any risk.

J. O. Hall

13th March, 1964.