

Blood money

**Paul Gilroy on
Frank Bruno**

**Philip Whitehead
in the USSR**

**Steve Platt on
telephone sex**

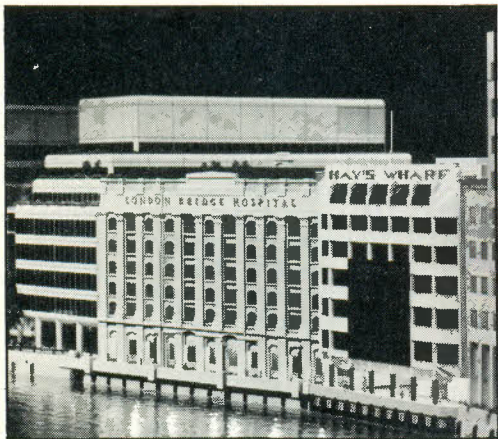
**Spring books:
Martin Luther
King; women in
opera; secrets of
freemasonry**



A doctor and a vet set up shop together. They claimed they could treat the incurable. The treatments cost a fortune. Most of the patients died. Welcome to private medicine.



Sharp practice



The private London Bridge Hospital provided Sharp with the respectability of a hospital's name, but without NHS ethical and scientific checks

The government wants the NHS to turn itself into a medical marketplace. But in the marketplace, medical ethics are a novel concept. In an exclusive report prepared with the BBC *Watchdog* programme, Duncan Campbell reveals how dying patients in one of London's largest private hospitals were experimented on by an unscrupulous clinic set up to profit from their diseases

Today, in a well-appointed private hospital room overlooking the Thames, Margueritte Blanco lies dying of Hodgkin's disease, an exceptionally painful form of cancer. The Spanish government has already paid £50,000 for her to receive specialist private treatment in Britain, treatment it has been led to believe offers hope of curing her. But Margueritte is one of over 30 dying people who have been victims of unethical experiments by an unscrupulous doctor and an Iraqi vet—experiments for which sufferers have paid more than £100,000.

Suzie Brown was another victim of the doctor and the vet. One of the first women in Britain to be diagnosed with Aids, Suzie's immense courage and endurance in the face of terrifying illness won the hearts of millions of people when in 1986 she faced and overcame the stigma of Aids. Suzie first made a TV appeal for the Aids drug AZT urgently to be brought to Britain; later, she was filmed talking to and mixing with teenagers to show them that Aids could be faced and fought with courage and pride.

But even Suzie could not fight the Aids virus for ever. After two years with Aids, Suzie succumbed and died last November, aged 25. Now, Suzie's parents are penurious through having paid thousands of pounds to a clinic run by Doctor James Sharp and his employee Abdul Jabbar Sultan, the vet who until last week was running London Bridge Hospital's "Adoptive Immunotherapy" Unit.

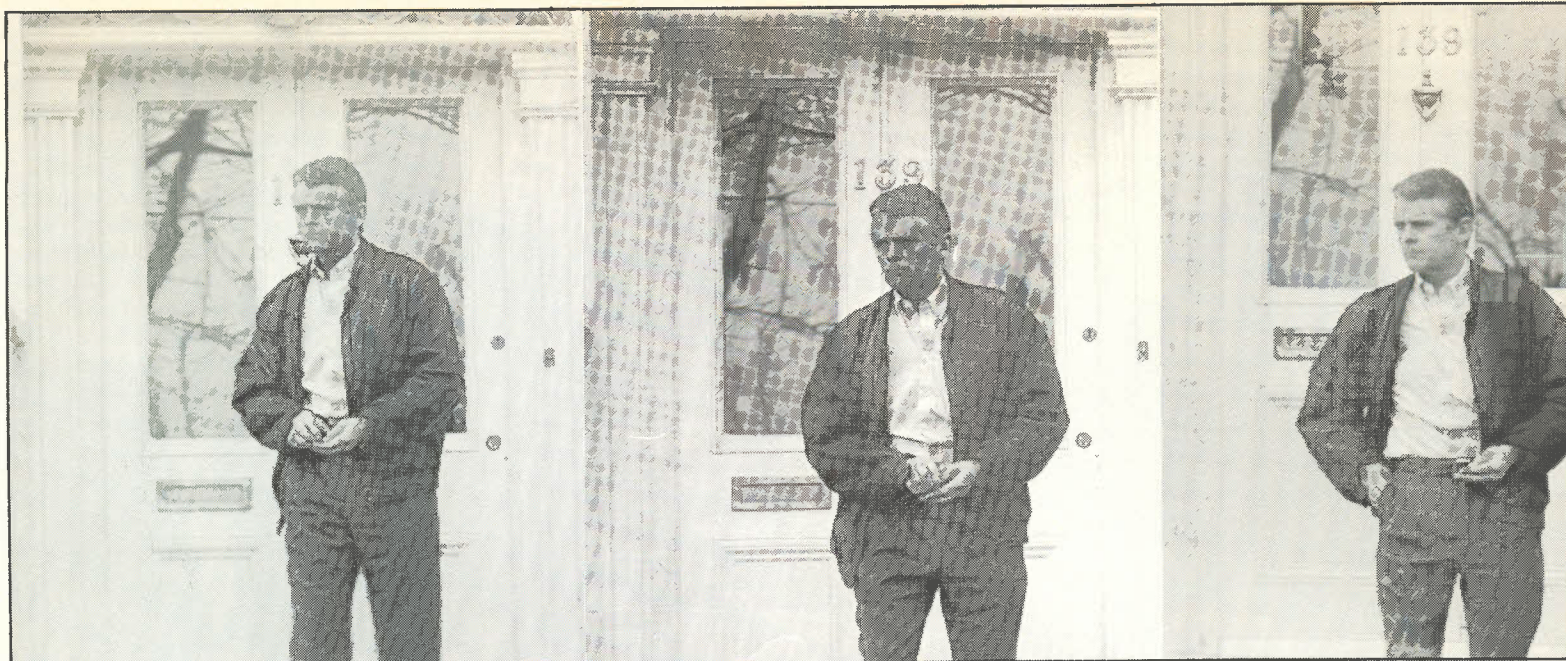
But the immunotherapy "treatment" was, cruelly, worthless. Sharp's form of "immuno-

therapy" wasn't and isn't a recognised or established treatment anywhere in the world. Nor was it a reasonable last-ditch attempt to save someone facing terminal illness. Dr Sharp had never formally treated an Aids patient before he started his money-making experiments. Worse, he and Sultan had repeatedly been warned by senior doctors not to experiment on human beings until they had shown (if they could) that the experiments might do more good than harm to seriously ill patients.

But Sharp and Sultan ignored these warnings. "It's not my problem", said Sultan—whose only qualification is to practice veterinary medicine in Iraq. He couldn't wait to get his hands on human guinea pigs on whom to try out his ideas. In an interview last week, he remained unshakably convinced that he had invented an all-purpose cure for Aids, cancer and other diseases. So far as Sultan was concerned, the treatment was "successful". When I pointed out that all the Aids patients and most of the cancer patients he had experimented on were now dead, he claimed "that is not how you judge a protocol".

Sultan and Sharp's approach to cancer is as unsubstantiated as their scheme to cure Aids. Last year, one of Britain's top cancer surgeons challenged Sharp to produce bodyscanner evidence backing up his claims successfully to have eradicated cancer tumours by "immunotherapy". No evidence was produced.

No one except Sharp and Sultan themselves now dispute that what they did was unethical. But until last week, no one had been able to stop



Dr James Caveney Sharp (above) has many initials after his name; Abdul Jabar Sultan (below) failed a PhD in London, but says he's a qualified Baghdad vet

them. The Sharp scandal is a dramatic illustration of the dangers to the public of the newly flourishing, poorly regulated private enterprise medical industry. London Bridge Hospital admitted to us last week that, unlike every NHS hospital, they did not have (and were not legally obliged to have) an Ethical Committee to supervise experiments. It was, chief executive Christopher Leeworthy admitted on Wednesday, "questionable whether sufficient soundings were taken by the company before [Dr Sharp's] programme was allowed to commence."

For Doctor James Caveney Sharp, MB ChB, MRCP, DCH, RCPS, the Sultan "cure" appeared to offer a lucrative opportunity for medical investment. Sharp didn't tell patients of his overwhelming conflict of interest; that he and his wife owned and controlled the clinic which would treat them. He didn't tell them that his so-called "treatment" for cancer and Aids was at best an unpromising experiment.

According to the director of the London Bridge Hospital, Sharp told senior doctors there that he had "ethical approval" for his Aids and cancer experiments from an NHS hospital, King's College Hospital. This was quite untrue. In January 1988, King's College Hospital informed the London Bridge Hospital that Sharp had only gained limited permission to treat terminally ill *leukaemia* patients for whom at least two conventional treatments had already failed, and that only at King's College itself.

Early in 1988, Sultan and Sharp were warned by one of Britain's foremost Aids specialists that their experiments, if they had any effect at all, were more likely to harm Aids patients than help them. They ignored the warning. Last spring, Sharp started treating three Aids patients, including Suzie Brown. Within six months, all three were dead. Their relatives and friends have been asked for more than £20,000 for the experiments—money they now want back.

Our secret visits to Dr Sharp

A fourth Aids patient went to consult Dr Sharp for treatment at London Bridge Hospital just three weeks ago. The patient, Harry Wilson, told Dr Sharp that he had been diagnosed with Aids early in 1988 and was desperate for anything that might save his life. Before he had even seen Sharp, Wilson was told at Browning's Clinic that the treatment had made six Aids patients "alive and well and better", and that their method had successfully "got rid" of Aids. A friend who accompanied him, Duncan Sinclair, was then asked to pay £10,160 for "a cure".

But Harry Wilson didn't have Aids. In fact, Wilson is clinically well, does not suffer from any disease, and is not infected with HIV. Wilson's friend, "Duncan Sinclair" was me. Strapped to my leg was a radio transmitter connected to a concealed microphone. As we went in to Browning's Clinic and then the London Bridge





Businessman Philip Barker believed Sharp and told terminally ill patients "those who have had it are in no danger of dying". Then he asked for money

Hospital, an unmarked BBC recording van drew up nearby, staffed by members of the BBC *Watchdog* programme.

My undercover visit to Browning's Clinic and the London Bridge Hospital had been motivated by extremely disturbing reports I received three months ago from friends of Suzie's. They were concerned that she and her family had been exploited. Like Suzie Brown, all the patients whom Sharp offered to treat faced serious, painful, and terminal illness. Like Suzie, they were dying people, often only too ready to clutch at any straw that might lengthen their lives. They, as well as their friends, relatives and carers are usually at the end of their tethers, and may be acutely vulnerable to exploitation. So, in conjunction with *Watchdog*, we decided jointly to investigate exactly how Sharp and his colleagues dealt with patients. We needed to obtain incontrovertible evidence of what patients were told, and how they were treated.

I rang London Bridge Hospital at the beginning of March, and asked about treatment for Aids. I did not identify myself as a journalist. I was told to contact Dr Sharp.

Before we met Dr Sharp, we were told that we first had to be interviewed by Philip Barker, the Managing Director of Browning's. He told us that "we have treated patients with Aids very effectively. Those who have had [the treatment] are in no danger of dying". Barker then added "it's terribly important you are treated as soon as possible ... [then] you should be feeling a lot better". The treatment, he claimed, was "absolutely harmless".

These statements were quite inaccurate. Of three Aids patients treated by Sharp, three were dead. And Sharp's treatment was riddled with actual and potential hazards to patients.

Money was essential: "If you couldn't afford it, we wouldn't do it," he advised us. As "Sinclair", I told Barker that I was willing to mortgage my house to pay for Wilson to be cured. Barker asked me to pay £5,000 to Browning's "straight away".

Next, we saw Dr Sharp himself. He wasn't very interested in his patient's welfare:

- The interview took place in a small ward office, not a consulting room. Sharp spent less than six minutes asking about Wilson's medical history, and neither asked for nor wrote notes.

- Without medically examining or even touching Wilson, Sharp prescribed him a £10,000 course of immunotherapy treatment starting the very next morning. He offered him hope, "We're looking for indefinite survival."

- Without asking for the name of his doctor, Sharp told him immediately to stop taking anti-Aids drugs. It is professional misconduct, and may be very dangerous, for one doctor to interfere in this way with treatment being given to a patient under the care of another doctor, without consulting the other doctor first.

- Wilson described symptoms which any novice Aids doctor would have diagnosed immediately as an imminent attack of lethal pneumonia. Sharp didn't even have a stethoscope.

- Wilson told Sharp that Kaposi's Sarcoma cancer has just been found in his mouth. Sharp didn't look in Wilson's mouth, yet told him that the treatment "will have an effect" on the Sarcoma. There was no cancer.

- Dr Sharp described his treatment as posing "absolutely no danger" to Wilson. Leading immunologists and Aids doctors say the opposite is true: harm was theoretically likely.

- Sharp was confused about how many patients he had had and whether they were alive or well. "We've had successful responses in five out of six [Aids patients]", Sharp told us. Then he admitted that *two* patients were dead.

The time we spent with Sharp and Barker

spanned barely half an hour. No consent forms were sought. Yet Sharp told Wilson to start treatment "the sooner the better".

Harry Wilson's visit was the second of two test consultations with Sharp. In the first case, Peter Baker, a man who suffers from the Aids-related complex (ARC), was referred to Sharp for consultation on 23 January. During the consultation, Sharp didn't carry out any medical examination, or take any notes. He didn't propose to contact the doctors at St Mary's Hospital where Peter was being given real treatment. Peter and his mother were told by Barker that Sharp's "treatment" would keep him alive "for 10-15 years". Just one week later, Browning's Clinic sent Peter an invoice for £5,088—which he was asked to pay before treatment began.

Any claim that Peter might hope to live for 10-15 years is at present quite ludicrous, even with the best of proven Aids treatments. Peter has been on AZT for two years, has suffered many illnesses and lost a great deal of weight, and now needs blood transfusions just to stay alive and active. Peter told me last week that he probably has less than three years left to live, and fears he will be dead long before his 40th birthday. The claims made to him by Sharp and Barker he found laughable—"they're a bunch of greedy and unscrupulous charlatans," he said.

Experienced doctors throughout Britain, told of such claims, have been uniformly horrified. "The issue is that people who are incredibly vulnerable are being taken for a ride... that is offensive," said Professor Michael Adler, who heads the Middlesex Hospital Aids team. "The medical profession have a responsibility not to trade in and capitalise on people's anxiety and vulnerability when they have a fatal disease."

How the scam started

Sharp, who now lives in Camberwell, South London, left London's King's College Hospital in 1986 to go into private practice. Jabar Sultan, the vet from Iraq, although often called "doctor"

has no legal qualification to practice medicine in Britain. He was told to leave King's College in 1987, after his head of department and two leading experts in immunology reviewed his work and found it worthless. Sultan had hung about in a dilapidated laboratory for some years after his research grants had run out, not achieving any useful scientific work. "It was trivial... insubstantial... there was no way you could draw conclusions from it," we were told. He was failed for a PhD, and kicked out.

While still at King's College, Sultan had proposed trying immunotherapy treatment on Aids patients. But his plan was turned down. "I told them—categorically, no," said one virus research specialist who reviewed the idea. Experts warned Sultan that it would be quite unethical for him to try his ideas out on patients unless and until he had done extensive laboratory research first. "You mustn't even think about going to patients," a senior doctor warned him. On theoretical grounds, it was likely that Sultan's scheme would, if anything, accelerate Aids.

This was spelt out to Sultan, but he ignored the warning. Instead, he went back to Sharp, who decided to set up Browning's Clinical Pathology Services Ltd late in 1986. In May 1987, London Bridge Hospital agreed to accommodate and promote Browning's "Adoptive Immunotherapy Unit", which Sharp owned and ran. The clinic and unit began operation in June 1987. Sultan was given laboratories at London Bridge Hospital in which to experiment.

Browning's now has opulent premises at 60 Wimpole Street and 43 Devonshire Street, both in the Harley Street area. Until six weeks ago, Sharp and his wife were the sole directors and majority shareholders. A brochure distributed internationally by the hospital advertised the services of the immunotherapy unit in treating "malignancies". A printed schedule of treatment charges prepared by Sharp when he began his Adoptive Immunotherapy Programme says a year of treatment will cost £20,000.

Many distinguished British doctors and medical professors have been well aware for up to two years that Sharp, Sultan, and the London Bridge Hospital were charging large sums of money to vulnerable patients, for unacknowledged experiments which were likely to be ineffectual or harmful. In private meetings, the two have been described as "cowboys" and "complete clowns". But this private knowledge has been of no value to potential victims, since there is no simple way to challenge the ethical conduct of physicians working outside the NHS.

Sharp and Sultan's "immunotherapy" was "gobbledegook", according to clinical immunologist Dr Matthew Helbert. A senior colleague of Helbert's added that Sultan's "inventions" were "naïve, ill thought out, and flawed in concept". Sultan himself, we were told, lacked the ability to do responsible or careful research: "What he did varied so much from one day to the next, it might as well have been adjusted according to the phases of the moon."

But the pair pressed on. In October 1987, seeking "human guinea pigs" on whom to do a first experiment, Sharp approached an NHS hospital in Newham, East London. With the agreement of the hospital's senior consultant, Dr Tony Wisdom, two men with early symptoms of Aids were passed on to Sharp for the

experiment. Wisdom says that neither man was asked to pay and that they were neither better nor worse after the experiment finished. They are still alive—but as they did not have "full-blown" Aids, this was to be expected. Wisdom said last week "I haven't seen that they have benefited from the treatment."

Unethical publicity

After trying out their methods on just two patients for only three weeks, Sultan and Sharp started claiming that they had made a "breakthrough" in treating Aids. In December 1987, an article in the *Daily Express*, contained the quote "We're beating [the] virus". The article was written by a personal friend of Sharp's, Rosemary Carpenter. He told her that the two "guinea pig" patients had shown "significant improvement". "We expect an avalanche of interest", he told Ms Carpenter. "But there's no way we could cope with all the Aids patients in the country."

Further reports about Sharp and Aids appeared in May 1988 in the *Daily Telegraph*. He had not done any more research. But now he claimed that his results showed that Aids patients could "at least be stabilised and possibly cured". The patients' natural immune response was restored, Sharp was claiming, adding that his treatment would "definitely stabilise Aids" and enable patients to survive. Another article appeared at the same time *New Scientist*.

But Sharp's claims to have stabilised or cured Aids were preposterous. Neither of his "guinea pig" patients even suffered from full-blown Aids in the first place. And they didn't get better, as claimed. This Monday, 23-year-old Johnny Matthews rang me to say that he had been one of the two "guinea pigs". He was angry that, after

ADOPTIVE IMMUNOTHERAPY

Adoptive Immunotherapy is a valid medical research technique and is based on helping the body's own killer cells to destroy cancer tumours. The killer cells—naturally occurring white blood cells—are extracted either from the patient's own blood, or from a suitable donor, and are then activated in a test tube using special chemicals called lymphokines. They are then reinjected into the patient. The theory is that the activated killer cells—called LAK cells—get boosted into attacking tumour cells, and destroy them.

Immunotherapy with LAK cells has been researched in the last ten years in the United States as a possible treatment for cancer. It has recently been approved by the US Food and Drugs Administration as a treatment for kidney cell cancer and some skin cancers called melanomas. But it is not approved or recommended for use in leukaemia or other cancers, and has never been suggested to have any value whatsoever in treating Aids.

Genuine LAK cell therapy is complicated and expensive and requires days of hospitalisation. By contrast, the Sultan and Sharp method involved about a pint of white blood cells. LAK cell therapy has never been used or thought worthwhile by anyone dealing with Aids. It is "probably a loser", say the experts. ●

months in which Sharp had taken no interest in his welfare, he was suddenly contacted by Philip Barker. Barker wanted to find out if he had spoken to the BBC; and "was he well?"

No he wasn't. He had suffered severe side effects from the treatment. He had not gained weight or seen the disappearance of thrush in his mouth, as Sharp and Sultan had claimed in their rejected scientific papers. In the months since Sharp had experimented on him, he had got worse; he had pneumonia and other progressive effects of HIV disease.

But the articles had the desired effect—*real* Aids patients now came to him to pay for the "treatment". Joanna Green (27), a young home counties wife, 25-year old Suzie Brown, and Andrew White (28), a film producer living in London were all Aids patients at the same west London hospital. They were all very ill, and knew that they would die before they were 30. They read the articles, and went to see Sharp. A fourth patient, an American man infected with HIV, flew over from Los Angeles.

Sharp relieved them all of large sums of money. Suzie's parents were asked for £6,000; Andrew's friends paid at least £4,000 for him to be treated; a major Aids charity threw in another £2,500 for Suzie. Until we intervened last week, friends of all three patients were being pursued for yet more money by Browning's Clinic and the London Bridge Hospital. Joanne's husband Mike—who himself became HIV positive and now faces the prospect of Aids—received demands from Browning's for over £10,000. It was money he could only have paid by selling the house where he lives.

Sharp's conduct once again illustrates weaknesses in the surveillance of private medical malpractice. It is an offence for a doctor to advertise for business, or to make public claims that his treatment is better than others. It's especially wrong to do so when, in what the GMC calls an "extreme case", the doctor sets out to raise "illusory hopes of a cure".

Other attempts by Sharp to win genuine scientific respectability have been completely rebuffed. In January 1988, he tried to publish reports of his work in *Nature* and the *British Medical Journal*. His paper was sent back. In February 1988, he approached St Mary's Hospital in search of new patients. He was sent packing. Undeterred, in June, he submitted an application to the Medical Research Council (MRC) asking for a grant of £96,000 to experiment on six more patients. The half-page long application was turned down out of hand by the MRC, some of whose committee members regarded it as almost a sick joke; "It was an insult to an application form."

Worse was to come. At a meeting of the British Society of Immunology (BSI) in Kensington Town Hall on 11 November 1988, senior doctors watched in astonishment as Jabar Sultan publicly described his experiments on leukaemia, cancer and Aids sufferers. One top consultant said: "I've never seen anything so appalling in my life—it was Mickey Mouse stuff, it was unethical." Dr Angus Dalgleish, a leading Aids researcher at Northwick Park Hospital told us: "It was the most scientifically unfounded presentation I'd ever heard."

In a synopsis of Sultan's talk at the BSI, he and Sharp claimed to have found "a significant, long-

lasting clinical improvement" in their three Aids patients. The truth, as Sultan knew, was different. Two of the patients had died soon after starting "treatment". As he spoke, he knew that the third patient, Suzie Brown, lay on her deathbed just half a mile away. Suzie died six days later.

Sharp is sacked

We are not the only organisation to have investigated Dr Sharp's medical and business practices in the last three months. Sharp's financial backers in setting up Browning's Clinic are the Norwegian Bergen Bank, whose UK subsidiary have now invested about £1 million in the clinic, and risk losing most of it. By the end of last year, they had become disturbed and soon found that the company did not have enough liquid funds. Rather than pull out, they decided to bail out the clinic—which also supplies conventional pathology services—with further loans.

They also wanted Sharp put under control. On 13 February 1989, they insisted he resign as managing director of the clinic, and appointed Philip Barker to take his place. They also demanded that Sharp and his wife Elizabeth surrender their 60 per cent shareholding in the clinic "or else". Sharp submitted. But he stayed on as Browning's medical adviser and consultant. Barker now claims that, after Sharp was sacked, he found the company to have assets of only £500,000, and large debts. Sharp and Browning's quickly became entangled in a complex financial and legal battle.

As the battle developed, and news went out about our inquiries, the new managers of Browning's became as concerned about Sharp's medical standards as about his business skills. Two leading doctors were called in and asked to review what Sharp and Sultan had been doing. Their verdicts were damning.

Aileen Keel—like Sharp a consultant haematologist—is Director of Pathology at London's largest private hospital, the Cromwell Hospital in Kensington. I met her there two weeks ago, still in my disguise as "Duncan Sinclair". As we talked in her basement pathology laboratory, the BBC *Watchdog* recording van was once again parked outside. She offered a completely honest, ethical and frank re-assessment of the value of Sharp's experiments and Barker's pronouncements. "I don't hold out any hope", she said. "I'd be very pessimistic about potential benefit. [There are] theoretical hazards of making the disease worse. [It isn't] a worthwhile form of treatment for someone who was 18 months down the line."

Charging patients, Dr Keel said, had been "unethical" and Sultan's procedures had been quite valueless. "A proper study hasn't been done," she said. "It's just not good enough to say that a treatment won't harm somebody. You've got to be able to demonstrate some kind of benefit for it before you do it." She said she had ordered the treatment stopped.

Professor Roland Levinsky, an immunologist at the Great Ormond Street Hospital, told me last week that what he had seen was an unethical, unscientific shambles. "I was asked to look at their proposals—they were appalling. The fact that they were charging money for it was totally unacceptable... It's unethical." He

considered the exploitation of dying patients to be unconscionable: "There's a lot of questionable medical science. But to actually charge people when they are vulnerable and have high hopes—I think that's beyond anything."

Some of the immunotherapy ideas involved, Levinsky added, might be worth testing. But Sultan's scientific skills well matched Sharp's medical ethics. "There's no science in this lot," he said. "The data didn't hold up. The information I was given was frankly bad. There were three different protocols on three different patients. There was no follow up. My advice to the managing director was to close the whole show down. Get out of it as quickly as possible."

Confrontation

Finally, last week, I spoke to Philip Barker in my real identity, and told him of our inquiries. His attitude changed entirely. He reaffirmed that Sharp's procedures had simply been "clinical research". He did not dispute that charging patients had been unethical. "The cancer and leukaemia patients have died...it's not very successful," he said. All the Aids patients had died. He admitted that he had never seen any ethical approval for Sharp's experiments.

Barker now told me that the minimum amount of money patients were asked to pay had been arbitrarily doubled, from £5,080 to the £10,160 that "Sinclair" was told the treatment would cost. This was done on Sharp's orders, says Barker, before he even knew Wilson's name. Barker says that the only reason Harry Wilson was told he needed the extra "treatment" was because the clinic was losing money.

I and other BBC and NSS researchers have spoken to more than 20 leading British and international cancer, Aids and immunology specialists since our inquiry began. All condemned the practice of charging patients.

Sharp at first refused to talk to us, but then agreed to meet me and *Watchdog* editor Nick Hayes last Friday. He admitted that the clinic he ran had charged cancer, Aids and HIV patients tens of thousands of pounds for "experiments". He admitted that he had recommended £15,000 worth of treatment to Harry Wilson and Peter Baker, without medically examining them.

Amazingly, Sharp failed entirely to recognise me as Duncan Sinclair, the "friend" who he had met with prospective patient Harry Wilson. He lied about what had occurred at that meeting. He claimed that he had told us that his therapy was "experimental". He claimed that his meeting with Wilson had been witnessed throughout by a

London Bridge Hospital nurse. These statements are both untrue. Unaware that I had a transcript of the meeting, he said several times that telling a patient to stop an existing treatment without consulting their doctor first (as he had done) was "absolutely not proper".

Dr Sharp did not understand some basic medical terms, and did not even know the clinical definition of Aids. He agreed that he was advised early in 1988 that his experimental data was "preliminary". But he admitted then having price lists drawn up which would sell the experiments as "treatments" to HIV and malignancy patients, at a cost of £20,000 or more a year. Nevertheless, he claimed that, "My conscience is absolutely clear."

So would he do the same again as he did to Suzie, asked Nick Hayes. "It depends", said Sharp. "I intend to continue to do immune manipulation. I intend that this programme will go forward." Throughout the interview, he was evasive and sometimes clearly dishonest. He left at the point when we asked him to confirm that he had not known that all three of his full-blown Aids patients were dead.

This week, a group of senior doctors are reporting Sharp's activities to the General Medical Council. If the GMC uphold their and our complaints, he faces being struck off and barred from further medical practice.

On Tuesday last week, Sultan invited me and the BBC *Watchdog* cameras to come and see him and his laboratory, and tried to justify what he had done. He maintained that he was right, and that everyone else was wrong. As we discussed his experiments, it emerged that he probably had a poorer grasp of the science involved than I did. On Wednesday, Barker ordered him to stop doing any more adoptive immunotherapy experiments on patients. London Bridge Hospital had already decided to terminate their lease, and close the unit. On Friday, Sultan's laboratory was closed, and is now to be dismantled.

Finally, we asked London Bridge Hospital to explain why Sharp and Sultan had not been required to justify their experiments to an expert ethical and oversight committee, as would always be required in the National Health Service. We asked how it was possible that a hospital could have allowed Sharp and Sultan to operate on their premises, unchecked, for nearly two years.

Hospital director John Rabjohns told us that they had no Ethical Committee, and that the hospital's Medical Advisory Committee had simply accepted Sharp's claims to have ethical approval and scientific backing for what he did. Sharp had submitted a sample "patient consent form". But the form did not say that Sharp's procedures were experimental, or give the detailed information which is customary on such forms in the NHS. Nor, Mr Rabjohns admits, did the hospital take steps to see that patients actually signed the forms, or were given adequate information before they did. "In view of what you're telling me, we will review our procedures," he said. "I will consider the establishment of an Ethical Committee." And not before time. ●

With the exception of Peter Baker, all names of patients, their relatives and carers have been changed in order to protect their privacy and well-being.

ADOPTIVE IMMUNOTHERAPY PROGRAMME	
CHARGES	
Pheresis consumables	£165.00
Cell treatment	£477.00
Reinfusion	£25.00
The three procedures listed above form the Adoptive Immunotherapy treatment programme. The length of treatment is dependant upon the individual patient's condition. In one year, a patient may require twenty-eight such procedures. The charge in this case would therefore be £18,676.	