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Mr. Milburn: I am grateful to the hon. Gentleman for his remarks. Indeed, I agree with many of them. As he rightly says, the chief medical officer's report does not apply to Northern Ireland, but discussions on how best to make progress will be necessary with colleagues in Northern Ireland.

The hon. Gentleman is right to say that coroners' post-mortems do not require consent, for the good reason that they take place in cases involving unusual circumstances--perhaps murder or death during surgery. However, it is now painfully clear that the coroner's rules have not been applied as they should have been; they have been broken. For example, hospitals have no right to retain organs beyond the point necessary to establish the cause of death, yet that has happened.

As the Alder Hey report makes graphically clear, there will be patients who have been promised a decent burial for their children when the investigation has taken place, but that has not happened. We must learn the lessons of those events. We must therefore review not just hospital post-mortem procedures, but how the coroner system operates in tandem.

Mrs. Louise Ellman (Liverpool, Riverside): I thank the Secretary of State for commissioning these very important reports and for his clear commitment to change. Has he any further information on how the parents and their families will be helped to cope with new and traumatic information? What progress has he made in improving accountability at Alder Hey hospital itself and at the university?

Mr. Milburn: Accountability issues have to be addressed not only in the NHS, but in the education

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system. Inevitably, many colleagues' questions have dwelt on the role of the Royal Liverpool Children's NHS trust, but the university of Liverpool authorities need to answer some profound questions, and the NHS and higher education will need to answer some joint questions, too.

We have tried to make support available today for those parents who wish to read the report and to ensure that counselling, and so on, is available. I believe that if a properly informed consent regime is to operate in all parts of the NHS, it will be necessary for hospitals throughout the country to invest appropriately in bereavement services. Some do, some do not; but all will have to in future.

Mr. David Watts (St. Helens, North): Does my right hon. Friend agree that two parties are responsible for this tragedy--the hospital trust and the university? Given that he has described how he will hold the health service accountable today, is it the intention that the Secretary of State for Education and Employment will make a further statement to deal with the other issues that have arisen?

Mr. Milburn: No, it is not--at least, not so far as I am aware--but I have held discussions with my right hon. Friend the Secretary of State for Education and Employment, and I can assure my hon. Friend that he and my right hon. Friend the Home Secretary--who is responsible for the coroner system--take very seriously indeed the fault lines that have appeared not just in the NHS, but in the coroner system and, indeed, the university system in relation to Alder Hey.

Mrs. Joan Humble (Blackpool, North and Fleetwood): May I reinforce the point that was made earlier about information being passed to parents? On Friday, I was approached by two parents who had lost baby girls in the early 1980s. They have not yet received a reply to a letter sent in July last year asking for information about what had happened to their babies. They know that organs disappeared, but they do not know what, they do not know why and they do not know how. Will my right hon. Friend please ensure that those parents who are still waiting--some others have waited for as long as my constituents--get some form of reply? It might not be in the detail that they want, but they deserve at least the courtesy of being given some information.

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have waited for as long as my constituents--get some form of reply? It might not be in the detail that they want, but they deserve at least the courtesy of being given some information.

Mr. Milburn: I very much agree with that sentiment. I shall certainly take what steps I can to ensure that those parents receive information. People should not wait that long; they should receive replies. As my hon. Friend will be aware, the information has not always been available in the way it should have been, so the authorities have not been able to reply to parents in the way they should have done. However, I hope that the advent of the new commission will help to cut through some of that bureaucracy and to provide a streamlined system so that parents and other relatives receive the information that they require.

Mr. Ivan Lewis (Bury, South): I congratulate my right hon. Friend on the way he is bringing this tragic and scandalous cover-up to some kind of conclusion. I know that several of my constituents have been victims of the Alder Hey case and they will be grateful for the apology

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that he has made today on behalf of the national health service and, more important, for his determination that similar events should never happen again.

Is my right hon. Friend aware of the case of my constituent, Mrs. Elaine Isaacs, who, 12 years after the tragic suicide of her husband, Cyril, by chance discovered that his brain had been retained without the consent of the family? That fact was confirmed by a message left on her answering machine by a doctor. Will my right hon. Friend assure me that he will insist that that case is investigated thoroughly and that the whole issue of the retention of brains in cases where the cause of death may have been related to mental illness will be considered specifically? Many fear that what happened in this case has been common practice in the NHS for many years.

Mr. Milburn: I am extremely grateful to my hon. Friend for his kind remarks. I will look into the specific case that he mentioned. He is right to suggest that it has broader implications, and we have to ensure that the new informed consent regime applies across the piece. It should apply not only to the relatives of children, but to the relatives of adults who suffered from mental or physical illness. Over the next few weeks and months, there will be an opportunity to explore how best we can put in place an informed consent regime that will apply to all parts of the national health service.

Mrs. Ann Cryer (Keighley): This morning I had a meeting with a representative of the National Kidney Research Fund. Both he and I are a bit concerned that the Alder Hey findings could have a negative impact on the donation of organs. According to my colleague, the shortage of kidneys already means that 5,000 would-be recipients, many of them children, wait an average of nine years for a kidney transplant. Does my right hon. Friend agree that the media could play a positive role by encouraging the carrying of organ donor cards at all times, particularly in our ethnic minority communities where the shortage of organs is even more acute than in the rest of the population?

Mr. Milburn: I am very grateful to my hon. Friend for her extremely sensible remarks. It is important that the results of the Alder Hey case do not have an adverse impact on organ donation. She is right to say that we face a shortage of organs, and there are a variety of reasons for that--some good and some bad. The fact that there are fewer road traffic accidents and the great advances in neurosurgery in recent years mean that we do not have the number or quality of organs that are required for transplant purposes.

A vigorous campaign is encouraging more and more people to carry organ donor cards, and many people--about 8 million or about 14 per cent. of the population--already do. My hon. Friend conveys an important message, and I hope that those who cover these events will act responsibly and ensure that the messages that are imparted to the public do not do lasting damage to the number of organ donations.

Dr. Lynne Jones (Birmingham, Selly Oak): My right hon. Friend said that there had been many

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Dr. Lynne Jones (Birmingham, Selly Oak): My right hon. Friend said that there had been many complaints. It is clear that they were not taken seriously; otherwise the extreme practices that are described in the report would not have taken place for so long. That revelation and my

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casework lead me to conclude that hospital authorities in the NHS fail to investigate complaints properly, especially when they are against senior staff who are able to influence the promotion prospects of their colleagues. Is he confident that the changes that are being implemented in the NHS complaints procedure and other arrangements will deal with the problem of how such matters are investigated?

Mr. Milburn: My hon. Friend makes a cogent point. The existing complaints procedure is inadequate. It must be changed and made more independent. However, we should not use the failures in the system to excuse the failures of individuals at Alder Hey. The complaints were clear and consistent, and did not come just from patients. Ironically, many of the complaints about van Velzen's procedures came from other doctors. For example, there was a huge backlog in the number of post-mortem cases and he did not undertake the appropriate histological examination. Doctors in the trust complained about that to van Velzen, to the pathology department and, as the report makes clear, to managers. Sadly, the appropriate action was not taken. We must learn the lesson of that and ensure that internal procedures work. We need checks and safeguards but, more important, we must use external complaints from patients to introduce change rather than to cover up problems.

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