Access to Medical Treatments (Innovation) Bill

We are writing to you as a member of the Access to Medical Treatments (Innovation) Bill (AMTIB) committee. Our purpose is to explain why we collectively are unable to support this Bill and outline our reasons before your meeting.

Between our various organisations we represent patients, researchers, doctors and medico-legal experts. Whilst we wholeheartedly support greater medical innovation we fundamentally disagree that this Bill is a sensible way of achieving this aim. On the contrary we think that if enacted this Bill will actually harm good innovation by weakening patient protection, adding unnecessary bureaucracy and undermining good scientific practice.

The AMTIB is based on the false premise that medical innovation is being stifled by a fear of litigation held by doctors. There is no evidence of this from the Medical Protection Society, Medical Defence Union, the General Medical Council (GMC) or our various memberships.

Our principle objections to the Bill are:

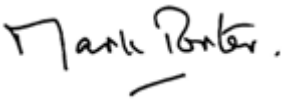
- No acceptable definition of innovation has been provided.
- By adding to existing regulations the AMTIB would actually stifle innovation.
- Patients could risk untested treatments rather than enter the well-regulated clinical trials that are the current route to innovation.
- Doctor/patient relationships may be undermined.
- The Bill would allow doctors to 'depart from the existing range of accepted medical treatments' as long as they obtained the view of another doctor, however, they would not have to take the advice of the second doctor nor would they have to obtain independent peer review. This opens the possibility of 'unacceptable' treatments being carried out without any proper checks, which is contrary to the principles of valuing and promoting informed patient choice and good, evidence-based scientific practice.
- The proposed 'register of innovations' does not mandate recording of results meaning that lessons would not be learnt, unsuccessful/dangerous treatments may be repeated.
- The register would recognise individual 'successes' without requiring any long-term follow up to check for side-effects and undermine good quality assurance.
- The Bill only covers England and Wales, creating disjunction between different parts of the UK and only covers doctors, not other medical professionals.

We believe that time and energy would be much better spent on reducing obstacles to research in the context of the current regulatory framework rather than adding a parallel route of questionable benefit. We do not think that there are any amendments to the Bill that would make it acceptable and ask that the committee calls for a complete rethink.

Our organisations are more than happy to take part in a new process that starts from the basis of what patients, researchers and health professionals believe actually hinders innovation and what would help in practice.

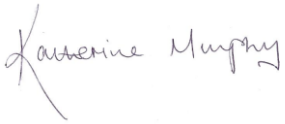
Yours Sincerely,

Professor Dame Sue Bailey, chair, Academy of Medical Royal Colleges



Dr Mark Porter, chair of council, British Medical Association

Dr Suzy Lishman, president, Royal College of Pathologists

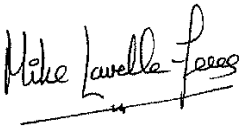


Katherine Murphy, chief executive, Patients Association

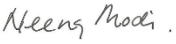
Dr Pallavi Bradshaw, senior medicolegal adviser, Medical Protection Society

Professor Jane Dacre, president, Royal College of Physicians

Professor Sir Simon Wessely, president, Royal College of Psychiatrists



Mr Mike Lavelle-Jones, president, Royal College of Surgeons of Edinburgh



Professor Neena Modi, president, Royal College of Paediatrics and Child Health