

Safe blood and corporates

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RECENTLY when somebody from the Ramco group required 10 units of blood for a kidney transplant operation, an appeal was made on the Internet "to all the friends and well-wishers of the company".

"Some 15-20 people walked into our blood bank. We were happy at the response, but we also know that all of them were one-time donors who had come forward to help that particular patient. This one incident proves how much influence corporate houses have and

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what a big role they can play in making available safe blood," says Dr. P. Srinivasan, Director of the Chennai-based Jeevan Blood Bank and Research Centre.

But what distresses him is the near-total absence of commitment or effort by corporate houses to translate this clout to educate and motivate their employees to donate blood.

For blood banks, it is always a hand-to-mouth existence. According to Dr. Srinivasan,

in a place like Chennai, six lakh units of blood are required annually, but barely half is actually available. This shortfall leads to loss of lives that could have been saved otherwise.

Only 'lending, not donating'

Passionate about the cause of safe blood, he cannot understand why there should be "this deficit account". For after all, he says, "as somebody put it, it is not really a donation. What you are doing is lending about 12 oz. of water, a teaspoonful of salt, some haemoglobin and proteins, and a little bit of

minerals and vitamins. The body readjusts the liquid volume in a few hours and the rest in a few weeks. So a person can give blood once in three months".

What is frustrating for Dr. Srinivasan is that there has to be a crisis before some thought is given to blood and bloodbanks. "Everybody thinks it is the responsibility of the medical profession to make available safe blood. But it is the community, and especially the large and organised corporate sector, that needs to get involved in the blood donation campaign".

According to Dr. Manoj Mathur, secretary-general, Indian Red Cross Society, India has 1,108 blood banks, of which 616 are not licensed. Shockingly, 528 of the unlicensed banks are managed by the government. This, according to Dr. Saranya Narayan, a Director of Jeevan, is because of these units not meeting criteria of a minimum space of 1,500 sq. ft., not having equipment for mandatory screening for HIV, hepatitis B, malaria and filariasis, of sexually-transmitted diseases, and inadequate storage facilities. According to him, the blood tested and declared 'safe' by many blood

banks may not be so entirely because of the use of "rapid screening devices". "By compromising on the tests, these blood banks tend to get wrong results. By using rapid tests, they may save money — a rapid HIV screening test costs Rs. 45 against Rs. 60 for a conventional test — but the compromise is on as crucial an area as human lives."

The cost of safe blood

Safety does not come cheap. It is common to hear patients' kin grumbling that their relatives and friends donated blood, they were charged by the hospital or the blood bank. This is because a blood bank like Jeevan spends around Rs. 2,000 on every voluntary donor. The triple bag in which the blood is collected costs Rs. 330. Separating the blood into three different components — red cells, platelets and plasma — as it should ideally be done, costs Rs. 1,600. So the actual cost of each unit of a blood component comes to Rs. 700-800.

One reason for blood shortage in India is that most surgeons who use whole blood for transfusion are wasting what is already a scarce commodity. "It is actually the medical community which has to take the responsibility for the shortage of blood. Because of our

by the fact that in 1994 the US used 15 million units of blood, and over 95 per cent of this was used in the form of components. Against this, even in 1996, Indian doctors used over 95 per cent of the blood as a whole.

The lenders and the shirkers

It is interesting to note that volunteers who donate blood regularly come mostly from the middle-class. Says Dr. Saranya: "The very rich are somehow just not interested in donating blood. Students are a big group of voluntary blood donors. And the biggest shirkers come from the medical community itself. We find that doctors are most reluctant to donate blood. They somehow do not like it and the common excuse is that they are too tired to donate blood!"

At present about Rs. 50 lakhs is spent every year in foreign exchange in importing blood products. "If only one section of the community, like the industrial houses, motivate their employees to donate blood, we could be exporting blood products", Dr. Srinivasan says.

According to him, corporates which have displayed social responsibility through in-house blood donation campaigns are Tisco, Shriram Investments, some companies in the

TVS group, and MRL. But Dr. Srinivasan underlines the need for small and more frequent blood donation camps rather than large, infrequent ones. It is a waste to collect 100-150 units from one camp, because of shortage of storage facilities and the small shelf life. Only plasma can be stored for a year at -30 degrees Celsius; platelets have shelf life of seven days, and red cells, 42 days. "When we collect blood, our limit is 50 units," he adds.

While contracting hepatitis after a blood transfusion remains a

major problem because of the indifference of the blood banks in giving screened and safe blood, the threat of picking up HIV infection is what frightens people most.

Says Dr. Sunithi Solomon, Director of Chennai-based YRG CARE (Centre for AIDS Research and Education): "Of the 142 blood banks in Tamil Nadu, I know quite a few where not a drop of blood is being tested for HIV. What is more, most blood banks collect blood from anybody who walks in, without bothering to ask any questions.

The window period for anybody who has picked up an HIV infection is about three months. The blood of such a person donating blood before this three-month period will be negative for HIV. But the recipient is getting HIV-infected blood and can develop the infection."

In the US, donors have to fill up forms that ask pointed questions. Those who find a question inconvenient just walk away without donating blood. "We also need to counsel our donors before collecting blood," Dr. Sunithi Solomon adds.



Will corporates take more initiative in organising blood donation camps?

ignorance and reluctance to change, we are wasting whole blood when we can judiciously use what we have as components. If we do that, the blood taken from one person can help three different individuals," says Dr. Srinivasan. For instance, he says, a patient with burn injuries requires only plasma, and "when such a person is given whole blood, not only is there a waste of blood; it could also lead to fatal consequences".

Similarly, dengue fever needs only platelets. "Further, no surgery, including a coronary bypass, requires whole blood. The only indication for whole blood transfusion is massive and rapid loss of blood, with whole blood available on hand, something which is very rare".

The reason why doctors prefer whole blood, and many blood banks too provide only this, is that there are no equipment and trained manpower to separate whole blood into its components within the stipulated time of collection. If blood is stored whole beyond 24 hours, the platelets lose their efficacy and "what you get is just liquid and red cells", Dr. Srinivasan says.

How whole blood is wasted is best illustrated