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Blood Donors and the Transfusion Service

In a Fabian Tract¹ *Choice and the Welfare State* published in 1967 the late Richard Titmuss included the Blood Transfusion Service in an argument designed to develop the concept that social and medical services had special moral features which made them ill suited for serious analysis in terms of economic viability and exposure to market forces. The following year Cooper and Culyer² documented their opposition to Titmuss's thesis and suggested that as they had evidence of a national shortage of blood the time might have come to accept the inevitable short-comings of a completely voluntary blood donor system and consider supplementation with a professional element. Perhaps in response to this challenge Titmuss made a more specific study³ of the Blood Transfusion Service in the United Kingdom and in doing so made certain, perhaps unfortunate, comparisons with what he had observed in the United States and Japan. More importantly he emphasized that the act of a voluntary blood donation was part of an inner psychological drive expressing itself as a "gift relationship," and that this phenomenon was a prerequisite for a stable and effective blood transfusion service. The latest turn of events in this saga is the publication of *The Economics of Charity*⁴ by the Institute of Economic Affairs, in which 10 authors (including Cooper and Culyer) seem to have been selected in order to mount a sustained counter-attack on the Titmuss hypothesis.

One feature of the publications on this theme since 1967 has been the amount of effort expended and heat generated in the presence of so little data. There has been much social philosophizing but little evidence of social science. The central area of conflict between Titmuss (a total voluntary blood donor system) and Cooper and Culyer (supplementation with a professional donor element) rests on the assumption by the latter that there is a genuine national shortage of blood in the United Kingdom. The evidence they presented in 1968 to support this claim, and thus the subsequent proliferation of manuscripts, would not withstand even the mildest examination. Indeed scrutiny of the results of their extraordinary survey might well suggest that in 1967-8 there was no widespread shortage but some isolated and atypical regions with specific difficulties. Can we then rest on our laurels in Britain? The answer is unequivocally "No." The increasing demand for red cells and platelets over the last five years has produced

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moderate difficulties in some regions, but it is now apparent that there is a serious national shortage of certain plasma fractions. There is, for instance, a very large gap between the quantities of coagulation factor VIII concentrates made available by the Blood Transfusion Service and that required for the care of haemophiliac patients.⁵ Pharmaceutical concerns have been quick to see these gaps and have introduced products such as concentrates of coagulation factor VIII, factors II, VII, IX, and X, and human antitetanus immunoglobulin; others, no doubt, are on the way. For the first time in Britain we have begun to rely on professional donors: not from Leeds, Liverpool, or London, but from people in such countries as Puerto Rico, Chile, and Colombia.

Is this trend inevitable, desirable, or necessary? Does it confirm Culyer and Cooper's hypothesis that a total voluntary blood donor system cannot meet the demands of modern medicine and surgery in Britain and we must, therefore, look towards a professional element? Again the answer to all these questions is "No." Setting aside the emotional, moral, and possibly political problems inherent in the use of professional donors from other countries, the introduction of human plasma fractions from commercial sources could in the next 10 years prove to be a serious drain on the financial resources of the N.H.S. It is also certain that the cost to the taxpayer of producing similar products would be distinctly less if undertaken by the N.H.S. Finally, there is no evidence to support the conclusion that the failure of the Blood Transfusion Service to meet these increasing demands rests at the feet of the voluntary blood donor. Indeed the evidence suggests that there is no shortage of voluntary donors in Britain prepared to come forward and contribute to local and national needs. The problem rests on the quality of management (or lack of it) which has led to a steady decline in the British Blood Transfusion Service since the late 1950s. There has been no effective national planning; the regional and protein fractionation centres now lack sufficient staff, accommodation, equipment and the basic organizational units to do the job. Moreover, the medical staff in the centres are often geographically and administratively isolated from the care of patients. The remedy, then, is not for a topping-up exercise with donors offered theatre tickets or nylon stockings but for an urgent appraisal (for the first time) of a national policy for the procurement and eventual distribution of a natural resource which, unlike oil, will be still readily available in 100 years' time.

The Americans, so heavily criticized by Titmuss, have already completed the first phase of such a national exercise. Similar moves have occurred in Japan: both countries have formally elected for a total voluntary donor system. We should not underestimate the task for us in Britain, for it is likely to concern most sections of a reorganized Health Service. What we ought to understand is that the ball, so effortlessly kicked towards the feet of the voluntary donor by the Institute of Economic Affairs, needs to be tapped back to where it belongs—the Department of Health and Social Security. Perhaps the most effective way in this era of community involvement in medical care would be for the donor to do the tapping, for he ought to know whether the Government and the medical profession are making the best use of his donation. Above all he might wish to seek assurances that should his wife or children, in the opinion of those caring for them during some illness, need a particular blood product then any restriction on its availability was genuinely due to the limitations of the voluntary donor system rather than to administrative inadequacies. It is perhaps time also for Mrs. Castle herself to be briefed on this topic, because as we look into the crystal ball through the dim haze of the present economic climate

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the nation cannot afford the Blood Transfusion Service (which ramifies into almost every corner of the Health Service) to remain the lame-duck that it so clearly is.

¹ Titmuss, R. M., *Choice and the Welfare State*. London, Fabian Society, 1967.

² Cooper, M. H., and Culyer, A. J., *The Price of Blood*. London, Institute of Economic Affairs, 1968.

³ Titmuss, R. M., *The Gift Relationship*. London, George Allen and Unwin Ltd., 1970.

⁴ *The Economics of Charity*. London, Institute of Economic Affairs, 1973.

⁵ Biggs, R., *Lancet*, 1974, 1, 1339.

3 British Medical Journal

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