

Will I have a Transfusion, Doctor?

Recent articles in newspapers and programmes on radio and television have made us equipy aware of the possibility of catching AIDS from blood transfusions. This publicity has made many patients and their relatives worried about whether they will need to have a blood transfusion and whether there is any real danger that they will become indicated with the AIDS virus.

Of course the media are absolutely right to draw our attention to these problems. Unfortunately this publicity can also make us worried out of all proportion to the true risks. Partly this reflects the exaggerated emphasis and dramatic headlines of some of the media coverage. It is, therefore, most important to get the true facts into perspective. Very few cases of AIDS have actually occurred from blood transfusions in the United Kingdom. Most of these occurred before the cause of AIDS was discovered and before screening tests could be introduced. In fact since the screening programmes began the risk has been estimated at less than one in a million. These screening procedures are continually being reassessed and improved so we expect the figures to remain exceptionally

The Transfusion Service is making every effort to ensure the safety of blood transfusion. The most important steps include: (i) A careful enquiry into each blood donor's state of health.

small.

(ii) People at increased risk of harbouring the AIDS virus are told that they must never donate their blood.

(iii) At the Blood Tansfusion Laboratories all blood is tested for evidence of infection with the AIDS virus and for hepatitis and also for various other infectious illnesses.

As a last step your doctor will only give you a blood transfusion if it is clearly needed for your recovery. This means he or she takes all this information into account as well as your own personal need for a blood transfusion.

There have bean concerns that the tests for the AIDS virus may not be 100% reliable. It has certainly been said that occasional cases of infection may be missed, particularly in the early stages. These instances are, in fact, exceptionally few in number, hence the one in a million risk lavel stated earlier. We hope to introduce improved tests to close even this smell loophole in the very near future.

Can I have my own Blood Instead?

Yes in theory you can. If your doctor considers you fil enough it may be possible to collect block from people a week or so in advance of surgery as a procoution equinat future needs. Unfortunstely it is impossible to make even that arrangement one hundred per cent safe. Collection and safeguerding of blood for transfusion is best done by specially trained safet, uscally these of the

Blood Transfusion Service, who are aware of all the necessary precautions. The Transfusion Service cannot for various reasons organise individual collection of your own blood - most patients do not satisfy the rigorous fitness criteria for being blood donors and would have to have their blood collected in hospitals where advanced first aid facilities were close at hand. Because the blood collection would have to be carried out as a special arrangement by hospital staff who have other jobs to do, we consider the risks to be higher than that from receiving volunteer donor blood. Accordingly we do not advise use of your own blood as long as the risks of volunteer donor blood remain as low as they are.

Finally, it is important to get this very small lak from blood transfusion into perspective. The stated risk of one in a million is very small indead, far less than, the risks that confront many of us every day, during, for example driving, using domestic equipment in the home or priving many physical sports. Certainty the risks are very much less than those from smoking digarettes. We cannot take away the risk entirely - it is very small indeed and we cartainly intend to keep it that way, I do hope I have put your mind at ref.

GRO-C

Director of the Welsh Regional Transfusion Service

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	NATIONAL BLOOD TRA	ANSFUSION SERVICE (WALES)	
	GV V DAIWAETH CEINEDL/	AETHOL TRALLWYSO GWAED (CYMRU)	1.1
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	JAFN/EC	13th May 1987	
	To Consultant Haematologists, Copies to CMLSOs, Blood Banks	an a	
	Dear Colleague,		
	AUTOLOGOUS TRANSFUSION		
	As you may know I am strongly of the opin	nion that the risks attendent	
	transfused with donor blood are so very 1 deploy the considerable resources that wo establishment of autologous transfusion.	iow that it would not be justified to build be necessary for the	化大学法
	There is of any		
	of you may be under pressure to provide a	utologous transfusion arrangements.	
	the problem and I propose to send conject	patients who express an interest in	國家認識
	outpatients and antenatal clinics. If you have further suggestions to make I would be	I envisage use in surgical u are in agreement with the idea or	
	Jere use of the	leaflata	
	I appreciate that the spread of AIDS is co need to reconsider our position. My advic evidence.	ntinuing and that there may be a	
	Yours sincerely,	a is nowever based on current	
	GRO-C	• .	
	J.A.F. NAPIER		
	Director enc.		
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