

21/11/84

LIFE-BLOOD, OR DEATH?

To the infection known as Aids, acquired immune deficiency syndrome, attaches a peculiar horror, corrosive and atavistic. After events in Australia and deaths here, the public health authorities must be seen to move swiftly to protect not only supplies of plasma and blood products used in treating disease and injury but, more important still for the longer run, to sustain the unique trust that links blood donors, medical professionals and patients. Statements to date by under-secretaries and promises of leaflets are, it has to be said, insufficient. Some robust announcement by the Secretary of State for Social Services based solidly on a defensive plan for the National Blood Transfusion Service is the least that can be expected, and quickly.

Aids horrifies not only because of the prognosis for its victims. The infection's origins and means of propagation excites repugnance, moral and physical, at promiscuous male homosexuality - conduct which, tolerable in private circumstances, has with the advent of "gay liberation" become advertised, even glorified as acceptable public conduct, even a proud badge for public men to wear. Many members of the public are tempted to see in Aids some sort

of retribution for a questionable style of life but Aids of course is a danger not only to the promiscuous nor only to homosexuals. A fascinating medical detective work suggests that the infection's origins may be tropical. It follows that procedures for detecting potential carriers of Aids can be modelled on the tests the National Health Service's blood collectors now apply to tropical diseases. To ask a donor of blood for details of contact with, say, malaria is not reckoned to infringe civil liberties - nor should it be to question men succinctly about their sexual dealings.

The object of the exercise is not punitive. Blood for others' use is a precious gift: the object of policy ought to be to stimulate not extinguish the subtle motives of fellow feeling which brings people to the transfusion service's draughty halls and mobile centres. The service, creaking on its 1940s foundations and buffeted by the rancour of trade unions which would deprive patients in private health care of donated blood, will suffer from the loss of donors.

Technology is advancing. Heat treatment may guarantee the purity of certain blood products. Screening techniques

may soon eliminate the risk of contracting Aids through transfused blood and there must be urgency about making Britain independent of supplies from other countries where the prospect of profit creates greater incentive for donors to conceal the truth.

Until then, policy should proceed on two fronts. Strict questioning of donors and the rigorous exclusion of all practising homosexuals should be enjoined on the collectors of blood. In Queensland measures have been taken to fine and imprison those giving blood without disclosing their homosexual experience. Such a step, a drastic response to public outrage, may be too much for Britain but anticipatory thinking along such lines within the Department of Health and Social Security is surely needed. More positively, the Blood Transfusion Service has long been in need of some public relations revamping together with sharper management. Mr Fowler is about to make his long-awaited appointment of a super-manager for the NHS: let a programme of administrative reformation and public education for the transfusion service be one of that person's first tasks.

Mr Davies

a magisterial pronouncement!

Mr Murray

Mr Thompson! Mr Leggmonth

What a land of tosh! The pallid ghost of the Times never waves its sword.

GRO-C 21/11.

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