

# Blood Money

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**The Gift Relationship** by RICHARD M. TITMUS  
Allen & Unwin 70s and 33s

There are few people interested in the field of social theory and practice who have not been deeply influenced by the writings of Professor Titmuss. In *Income Distribution and Social Change* he destroyed the myth of a supposed substantial post-war income redistribution and identified new areas of inequality as part of a penetrating analysis of the realities of social justice. In his latest book, *The Gift Relationship*, he uses blood to illustrate one small section of human affairs and develops themes which are centrally linked once again with issues of social justice. He 'disputes both the death of ideology and the philistine resurrection of economic man in social policy'; he is 'concerned with the values we accord people for what they give to strangers: not what they get out of society'. Once again, by the painstaking application of factual interpretation, not by strident political criticism, he demonstrates why he has so dominated post-war social theory.

It is now abundantly clear that the principles of universal and free access which are the very foundation of the National Health Service are to be systematically eroded by the new government. Yet though the advocates of the National Health Service know that the allegedly smooth shift from public provision to private decision is certain to produce damaging long-term consequences, it has always been extremely difficult to measure, in terms that the political scientist will accept, the extent to which the fundamental values implicit in the National Health Service will be undermined.

Richard Titmuss claims that the National Health Service has

allowed and encouraged sentiments of altruism, reciprocity and social duty to express themselves; to be made explicit and identifiable in measurable patterns of behaviour by all social groups and classes.

This is an ambitious claim, and in this profound case-study of the provision of blood for transfusion he has quantified to an extent that has hitherto seemed impossible the real moral values that underpin the most significant piece of social legislation undertaken in the 20th century.

*The Gift Relationship* necessarily contains detailed descriptions of the nature of blood, the process of transfusion and exactly who the blood donors and sellers are. However, the inherent fascination of the topic helps to make even this detail compelling reading. It postulates that one cannot understand in Britain the National Blood Transfusion Service without also understanding the National Health Service with which it is so strongly integrated. Similarly, in the United States, which is the other main country studied, to understand the blood donor or seller one has to comprehend that system of medical care.

The demand for blood is shown to be increasing all over the world and the number of operations which call for a substantial transfusion as part of their routine procedure is rising rapidly. These developments in surgical practice and technique represent a formidable challenge to existing blood donor

programmes and blood banks and there is certainly no room for complacency about supplies even in this country.

Unlike England and Wales, the United States has no national or even state blood programme, and unlike Britain, where virtually all donors are true volunteers, the paid donor represents the majority. Contrary to the myth that the voluntary donor is the norm, Titmuss claims that in the US only 7 per cent can truly be described as voluntary community donors. Paid and professional donors form 47 per cent and the Responsibility Fee and Family Credit donors form 39 per cent. These somewhat bizarre categories are all carefully defined and the full horrors of the market mechanism relentlessly revealed in frightening detail. It is clearly shown that the private market in blood is seriously deficient in quality, largely because of the character of the donor population, and entails much greater risk to the health of the unsuspecting recipient. The commercial blood market also fails in terms of economic efficiency, for the cost alone in the US is 5 to 15 times greater than in Britain. In terms of administrative efficiency, failure is revealed by serious shortages and marked wastage. So far from giving greater consumer freedom, the market place in blood actually involves considerable consumer exploitation.

Given these facts, it is hard to imagine that even the present government could conceive of moving deliberately towards the commercialisation of the supply of blood, though it is interesting to note that that irrepressible advocate of the market place in social affairs, the Institute of Economic Affairs, has already published an advocacy of fee-paid donors. No doubt the sophisticated rebuttal to the implications of this study will be to stress that the concept of the voluntary blood donor service is not at issue, and that introducing market economics into the Health Service does not imply any change in the National Blood Transfusion Service. There is some truth in this argument, and also that initially introducing fee-paid donors would have little impact on the present number of volunteers. Titmuss himself acknowledges that it would be absurd to suggest that socialised medicine is wholly responsible for the 'generosity towards strangers' that is a part of the motivation of the voluntary blood donor. Yet as he convincingly argues:

One of the functions of atomistic private market systems is to 'free' men from any sense of obligation to or for other men regardless of the consequences to others who cannot reciprocate.

From this study it seems a fair deduction that, by introducing fee-paid donors or by introducing the values of the market place into medical care, there is a significant long-term risk that the required increase in voluntary donors will not be forthcoming, and that the present voluntary service standards will deteriorate. Titmuss argues that one cannot extend market behaviour into medical care on the basis of freedom of consumer choice without seeing such a development as part of a continuous process, a process with implications for choice in other areas which can often lead to escalating restrictions of choice and, more serious still, an actual repression of the pool of altruism within the community.

No one seeing the recent BBC-2 film *Don't Get Sick in America* can lightly espouse the philosophy of treating medical care as merely one other commodity to be bought

and sold in the market place, and when short supply merely sold to the highest bidder. The inevitable long-term effect of such policies is to turn doctors into profit-orientated businessmen, to build (as has already occurred in America) profit-making hospitals, geared to receiving profitable patients. It leads, as Titmuss spells out, to complete breakdown in the doctor-patient relationship, so that in 1969 it was estimated that one in five of all physicians in the United States had been or was being sued for malpractice. It will be hard for anyone who reads carefully through this well-documented book to doubt the final sentence: 'Freedom from disability inseparable from altruism.'