

city, one in a typical suburb, and one in a rural area. If such locally controlled comprehensive prepayment plans are successful no federal insurance will ever be needed.

It would be a disastrous mistake to impose a vast federal insurance system on this country. It would be really like building a magnificent train with no tracks on which it could run.

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Post-Transfusion Hepatitis

To the Editor: The question of litigation arising out of a patient's developing post-transfusion hepatitis should be re-examined for many reasons.

First, the numbers of patients who develop post-transfusion hepatitis will be about 1 in 33 transfused, when the blood from a volunteer population is contaminated with as much as 44 percent of blood from prison donors. The numbers of patients with transfusion hepatitis, under these circumstances, who will be able to show disability or who will die of this disease, will be approximately 0.9 percent of the total transfused. If one considers only volunteer donors, we experience one case among every 278 patients, and about one serious or fatal case among every 1000 patients transfused.¹

Second, the use of commercial blood carries a risk of causing transfusion hepatitis that is 10 to 70 times greater than when blood from volunteer donors is used.² Our 1964 California laws³ erroneously assume that the bloods from all populations carry the same risk.

Third, it is not possible in most instances for the doctor to know if the blood his patient is about to receive is from a high or low risk population.⁴

Fourth, the patient, who brings in his volunteer donors in advance, has no assurance that the blood he receives will be from volunteers.⁵

Fifth, the Au antigen test, unless vastly improved, will detect only about 25 percent of infectious bloods.⁶ Since the average patient receives 3.4 units (four units) of blood, three out of four potentially infectious bloods will escape detection and be used clinically; our present attack rate will be unchanged.

Sixth, 90 percent of post-transfusion hepatitis from blood can be traced to the use of commercial or prison blood.⁷ The elimination of the use of these donors would be of most help to reduce transfusion hepatitis to a minimum, until a test of greater accuracy can be developed to detect the infectious carrier.

We can not develop a reliable national all-volunteer blood program as long as blood insurance programs are permitted to exist, or as long as commercial blood is a part of a blood bank operation functioning under the euphemism of "not for profit." This is an important matter to the patient's health.

In Western Europe and the Western Hemisphere, it is only in the United States that the unbridled use of commercial blood continues. In our system of economics, price relates regularly to quality. Commercial blood seems to be the one conspicuous exception.⁸

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The Medi-Cal Cuts

To the Editor: It is hard for me to understand the weeping and wailing of many California doctors because of the recent Medi-Cal cuts.

If you choose to deal with a crocodile, don't be surprised if you lose an extremity.

To me the shame is that a majority of doctors couldn't resist a few easy dollars and quickly jumped aboard the socialistic Medi-Cal scheme.

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