

Donor letters

PEH/AS

26th February, 1985.

GRO-A

London GRO-A

Dear Mr. GRO-A

Thank you for your letter of 18th February, which raised a number of points and included a few misconceptions, which I would like to correct.

First of all, I am sorry that your friend was disappointed by the message on our call-up card, and that this is not a clear enough statement. We did intend to refer to male homosexuals, and we shall be making this clearer in the future. We are perfectly aware that female homosexuals are at present described as having one of the lowest risks of AIDS, and their blood donations are gratefully received. The introduction of the message on our call-up card was not as a result of "current national hysteria", but was one part of a concerted campaign at this Regional Transfusion Centre to inform all donors of the present problems relating to AIDS and blood transfusion, and to ensure that all blood transfusions administered in hospitals served by us are as safe as possible. We introduced the majority of our measures long before the current media interest, because we as a Centre have long been interested in the transmission of diseases by blood transfusion, and recognised the need to inform our donors of the current problems.

Your letter continued with a number of statements which I feel must be corrected. Firstly, we are aware of all the facts related to AIDS, risk groups, and blood transfusion. We work in close collaboration with the specialists of the Middlesex Hospital who are developing a blood test to detect antibody to the virus, and are also in contact with experts in the United States. We are peculiar amongst Transfusion Centres in having a virologist on our staff, and Dr. Contreras, Director of the Centre, is a member of the Expert Advisory Group on AIDS, advising the DHSS and the Minister of Health. We also work in close contact with the Terrence Higgins Trust.

You are quite wrong when you suggest that only those homosexual men who are promiscuous, or who have promiscuous lovers, are at risk of contracting AIDS. We have in syphilis and hepatitis B other examples of sexually transmitted diseases which are also transmitted by blood transfusion, and which occur more commonly in homosexual men. Although promiscuous men are more likely to be infected, those who only have one partner are not immune. It is simply a matter that one encounter may be enough, and we are well aware of cases of AIDS in this country which have affected monogamous homosexuals men who had no other risk factors. It is a fact of life in the United States, which numerically has far more cases

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of AIDS than this country, that any male homosexual (except possibly those celibate for many years) must be considered at risk. As we still have no clear idea of the length of the incubation period of this infection, we would not even put a time limit on the period since any male homosexual encounter at present.

The advice to donors in our Region is clearly stated in leaflets given to all volunteers attending a blood donor session; the "high-risk" groups for AIDS are:

- i) practising male homosexuals and bisexuals
- ii) intravenous drug users
- iii) individuals born in Haiti, Zaire, Congo
- iv) sexual partners of all these groups

We also include spouses of hemophiliacs, and immediate family members. All these groups are asked to refrain from donation. It is clearly impossible to print all this on our call-up card; we aimed to direct our message at the main group. Your suggested version is unsatisfactory for reasons given above, and because double negatives, as in your sentence, are notoriously easy to misunderstand.

Although we are very reluctant to ask donors to stop their generous donations, we are responsible to the patients in our hospitals, and until we know a great deal more, we shall continue our present restrictions. Contrary to your suggestion, we find that donors, both heterosexual and homosexual, appreciate the actions we have taken (and the amendment to our call-up card as only one of many). After all, any one of our donors may become a recipient in the future, and we all would like to think that every possible effort had been made to ensure as far as possible the safety of transfused blood. We all need, however, to work harder in recruiting donors to replace those we lose. I talk to every male homosexual donor who is withdrawn from the panel, and without exception they have understood why the DHSS has issued the current guidelines.

I must admit that I found your last paragraph difficult to understand. If you mean, as "a bisexual in a monogamous heterosexual relationship" that you have participated in homosexual relationships, then our advice to you would be that you should not donate blood. Of course this would be regrettable, as each well established regular donor must be replaced but that is not the main consideration. I know that you donate for the North East Thames Transfusion Centre at Brentwood and I presume you would rather contact them yourself.

I apologise for the lengthy reply, but I feel very strongly that as you have ended your letter "Campaign for Homosexual Equality" you should be fully aware of the facts. I enclose a copy of the new leaflets for donors, which you may not have seen at the time of your last donation in January, together with an "in house" leaflet produced by this Centre. The Health Education Council has also published a helpful leaflet, available at our donor sessions, and the Terrence Higgins Trust is another valuable source of advice.

Yours sincerely,

Dr. Patricia E. Hewitt  
Deputy Director

Encl.