Attitudes and problems related to voluntary blood donation in India: A short communication

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Introduction

By many, blood is considered to be the living force of our body. Even the ancient Egyptians believed in the life-giving properties of blood, and they used it for baths to resuscitate the sick, rejuvenate the old, and as a tonic for the treatment of various disorders.[1] Human blood is an essential element of human life with no substitute. The theme of World Health Day in 2000 was “Blood saves Life. Safe blood starts with me.” The use of whole blood is now a well-accepted and well-used measure in many major surgeries and emergency care of trauma patients. Blood transfusion has been responsible for saving millions of lives each year around the world. Yet the quantity and quality of blood pool available for transfusions is still a major concern across the globe, especially in the developing countries.[2]

According to the World Health Organization, Southeast Asia’s estimated blood requirement is about 16 million units per year, but it collects just about 9.4 million units annually, leaving a gap of 6 million units.[2,3] India with its huge population of over 1 billion is lagging behind in blood collection. India has 2 433 blood banks that can collect 9 million units of blood annually, but collects only 7 million.[4] From administrative point of view, India has four types of blood banks/centers. They are managed by the public (government) sector, Indian Red Cross Society (IRCS), nongovernment organizations (NGOs, on no profit basis), and commercial sectors. Roughly, about 55% blood banks are from the government sector, 5% from the IRCS, about 20–25% from the NGO sector and the rest are from corporate profit-making sectors.[5] With 909 government-promoted blood banks, 362 voluntary organizations, 684 blood banks associated with private hospitals, and 500 blood banks owned by private charity organization, the blood bank services sector is highly fragmented in the country.[3,4]

In India, the ratio of usage of blood components to whole blood is 15:75, while globally it is 90:10,[6] and there are many reasons. Many blood banks in India still lack the needed facilities to make blood components and thus most of them issue whole blood; thus, contributing to the shortage of blood and unnecessarily overburdening the patient cause harm at times, as blood transfusion reactions are more common in with whole blood transfusions.

At present, India follows a procedure of mandatory licensing under the Drugs and Cosmetics Rules for blood banks. According to National AIDS Control Organization (NACO), only 500 blood banks in India can be termed as “big banks” collecting more than 10000 units annually. Nearly 600 of the rest are “small banks” collecting around 1000 units a year. Most of the 2433 blood banks are moderate collecting 3000–5000 units of blood a year.[6]

Blood donors in India, as across the globe, include three
broad categories—voluntary donors, replacement donors and professional donors. Most donations are a result of replacement donations, which are nonremunerated donations, provided by the relatives of patients who need blood either on urgent basis or for anticipated transfusion during planned surgeries. Professional donors are those who donate blood in exchange for money. Such donations, unethical and illegal, thrive due to dearth of voluntary donors and illiteracy and ignorance of those who need blood but refrain from donating it. Also under certain circumstances, replacement and professional donors may be compelled to donate blood, in spite of having health conditions prohibiting them from such donation. Moreover, they do not help us to maintain a stock of blood for crisis situations and do not provide for blood of relatively rare blood groups, thus, indicating the need and importance of voluntary blood donations. Voluntary donors are nonremunerated donors and donate blood voluntarily, without any inducements such as money or any other substitute of money. Such donations are very useful to society by not only providing adequate round the clock availability during emergent situations, but also because they are a source of safe blood.

There has always been blood shortage in most of the blood banks because the blood banks fail to organize voluntary blood donation camps on a regular basis and depend mainly on replacement donors. As a result, there is always pressure on patient to procure blood when needed. According to the protocol specified by NACO, 25% of all blood collected by a blood bank has to be kept aside as buffer stock, to be used only in the case of an emergency. However, according to NACO out of India’s 2,433 blood banks, only 20% are able maintain the buffer stock.[6]

Ideally, there should be enough blood units in a blood bank for everyday requirement for optimum functioning of the health-care system. However, nonavailability of sufficient blood units is a major problem. The blood banks rely heavily on the replacement donors due to lack of required numbers of voluntary donors to maintain stock. Blood banks keep their pressure on doctors, nurses, and the relatives of the patient, and urge them to send replacement donors to maintain their stock. The relatives of the patients are thus pressurized to find donors and it is observed many times that professional blood donors are brought by relatives to donate blood as replacement donors. It is a well-known fact that professional donors constitute a high risk group in view of diseases transmitted by blood transfusion, as these donors tend to lie about their health and past medical history. Although voluntary donations are increasing (45% in 2002 to 59% in 2007),[5] still it is insufficient to meet the demands of blood needed.

While organizing a voluntary blood donation camp in our college campus a case study is prepared with regard to the situation prevailing in India. Besides the organizational arrangements vis-à-vis the place and staff, we mainly worked to arrange for refreshments for the donors. However, the most important aspect of the preparation was dissemination of information about the camp to educate and encourage students and other individuals to participate in this endeavor. This required tackling the rampant myths regarding blood donation amongst the public and educating prospective donors regarding benefits of donation to the society. While lot of medical students turned up for the blood donation during the camp organized by us, the response from general public was dismal. Most of the common people refrained from blood donation. We came across a lot of myths and misconceptions regarding blood donation prevalent among them. Most of them feared pain during donation and infections acquired from use of nonsterile instruments during donation. We tried to convince them by opening the sterile instruments in front of them. Many were ignorant about who was eligible for donation and time restriction for redonation. We tried our best to educate and counsel them regarding screening done for blood donation and eligibilities and restricting conditions for blood donation. Many had apprehensions about postdonation weakness. We tried to relieve them by explaining human physiology, the store of blood in body, and the way the circulating volume is restored after donation. We had also arranged for a lecture by faculty members to promote the voluntary blood donation and to address to doubts of people. While we tried to educate and counsel them regarding screening done for blood donation and eligibilities and restricting conditions for blood donation, the results were not particularly encouraging.

During the course of the camp, we tried our best to clear all the misconceptions people had but we realized that the myths were deep-rooted and a lot has to be done to further the cause. A strong action by blood donors and patients is required. Patients, if are unable to replace, should refuse to replace blood with the blood taken from blood bank if it demands replacement. It is the duty of the blood bank to manage blood by proper recruitment of blood units by organizing voluntary blood donation camps and appropriate utilization of the available blood units. However, mobilizing voluntary blood units is difficult job involving intensive
campaign, motivation, and spending considerable resources on it. The government is promoting voluntary blood donation through media but we believe more information, education, and counseling promoting blood donation can be provided in hospital setup by appropriate utilization of human resources. There is a need to stress on the fact that blood donation is essentially risk-free in a healthy individual. A little more effort by the management can help us bring a great change. It will not only help us arrange stock of blood available to reduce mortalities in casualties and emergencies, but also reduce donation by professional donors. We believe that real contribution of doctors to society lies not only in treating people, but also spreading awareness and clearing their misconceptions. Physicians are not just healers, but before anything else they are teachers.

References


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