

Students' Corner

Letter to the Editor

Blood Transfusion Practices: Leasing life or injecting death?

Madam, Blood transfusions have emerged as an important medical therapy in the current century. From elective surgery to trauma patients, from patients with haemoglobinopathies to thalassaemics, blood transfusions are benefiting patients in a wide spectrum of clinical settings. However, like the two sides of a mirror, blood transfusions are fraught with serious risks that must be addressed with the utmost vigilance to ensure patient safety. Events such as transmission of infection, incompatibility reactions and transfusion-related lung injury have been associated with transfusions.¹

In Pakistan, the risks associated with blood transfusions have increased manifold due to the unsafe practices rampant at the many mushrooming blood banks. Commercial blood donors with infections such as HIV and Hepatitis B and C are not being subjected to stringent screening protocols prior to donation. In a study that evaluated blood bank practices in Pakistan, discouraging trends were seen with regards to appropriate screening for Hepatitis and HIV viruses, pre-donation accosting of donors regarding sexual behaviour and IV drug abuse as well as appropriate storage of blood.²

Pakistan has a high burden of thalassaemia major patients; many of whom are treated with regular transfusion regimens. However, these patients are at the highest risk of transfusion transmitted infections because every transfusion exposes them to the risk of infection. In a study done to ascertain seropositivity of anti-HCV antibodies in multiple transfused thalassaemia major patients, upto 42% patients were found positive to anti-HCV antibodies.³

On the other hand, the public perceptions about transfusions and transfusion-related risks are also unsatisfactory and need to be changed. In an interview based study across 13 major hospitals in Karachi, 80% respondents had never heard of viral hepatitis while 49% people were not willing to pay extra money for blood that was screened.⁴

The need of the hour is to establish and develop safe blood bank facilities on an urgent footing. Stricter blood donor criteria need to be put in place.³ Accountability and regulation of blood banks is imperative to ensure quality control. The public also needs to be educated about the risks associated with unsafe transfusions. Health practitioners, in turn, should be educated about the indications for blood transfusions. A less adventurous and more restrictive approach in prescribing blood transfusions on the part of

health care providers can help in offsetting some of the safe blood shortage we are currently facing.⁵

Taimur Saleem, Madiha Syed, Sidra Ishaque

Students of Class of 2009, Aga Khan University Medical College, Karachi, Pakistan.

References

1. Otsubo H, Yamaguchi K. Current risks in blood transfusion in Japan. *Jpn J Infect Dis* 2008; 61: 427-33.
2. Luby S, Khanani R, Zia M, Vellani Z, Ali M, Qureshi AH, et al. Evaluation of blood bank practices in Karachi, Pakistan, and the government's response. *Health Policy Plan* 2000; 15:217-22.
3. Younus M, Hassan K, Ikram N, Naseem L, Zaheer HA, Khan MF. Hepatitis C virus seropositivity in repeatedly transfused Thalassaemia Major patients. *Int J Pathol* 2004; 2:20-3.
4. Luby SP, Niaz Q, Siddiqui S, Mujeeb SA, Fisher-Hoch S. Patients' perceptions of blood transfusion risks in Karachi, Pakistan. *Int J Infect Dis* 2001; 5:24-6.
5. Rawn J. The silent risks of blood transfusion. *Curr Opin Anaesthesiol* 2008; 21:664-8.