Nouvelles et analyses

Canada’s new blood system nothing new for UK

Last August Dr. Nigel Legg, a consultant neurologist at Hammersmith Hospital in London, donated 3 pints of blood to himself so they could be used when he underwent a revision of a hip replacement. He was one of the few British patients to undergo autologous transfusion, and now he understands why: it took a lot of work on his part. Autologous transfusion is still rare in the UK and Sue Cunningham of the National Blood Authority (NBA) says that is because it is rarely required. In fact, hip replacement is one of the few elective operations where it is useful.

Throughout the UK, the demand for blood is rising. The 200 000 donations made in 1946 have risen to 2.5 million today, and the number continues to increase by 3% to 4% a year. The NBA was created in 1993 to replace the old National Blood Transfusion Service, which dated from 1946. The new authority covers England and North Wales; Scotland, Northern Ireland and Wales have their own centres for political reasons, but the small towns of North Wales are nearer to Liverpool than Cardiff and have, as it were, opted back into England. In the Irish republic there are regional centres in Dublin and Cork, there, as in Britain, blood is donated without remuneration and collected around the country in church halls, community centres and workplaces. The donors are usually called every 6 months.

The NBA maintains a national grid of blood supplies, and this has eliminated a lot of the regional shortages. In the 1980s it was common for operations to be cancelled because of shortages. “Now,” says the NBA’s Cunningham, “we haven’t had a panic since last January [1997], when we were down to a single day’s reserve of group 0 blood.”

Blood is supplied free to National Health Service hospitals, while private hospitals pay $75 per bag of red cells, which covers the cost of collection, processing, storage and delivery. Occasionally there is a small surplus of red cells, which can be sent abroad during emergencies. There is also a small surplus of blood products, and when available these are sold abroad at cost.

The NBA manufactures blood products, such as immunoglobulins and factor VIII, and only relatively small amounts are imported from the US and Europe. The occasional surplus is sold abroad, at cost.

Since the “mad cow” crisis hit the UK, donors are rejected if they have related risk factors: relatives who developed Creutzfeldt-Jakob disease, or if they received human-derived hormone, dura mater or certain fertility treatments.

The fallout from the tainted-blood scandal of the 1980s continues to land in Europe. In France, 2 senior hematologists were found guilty of failing to take sufficient measures to protect blood supplies from HIV contamination in the 1980s. One of them, Dr. Jean-Pierre Allain, had in the meantime been appointed professor of transfusion medicine at Cambridge University. Backed by strong support from his colleagues, he left Britain for France and served a 3-month prison sentence. While he was in jail, his job in Britain was kept open for him. — © Caroline Richmond

Physicians in difficulty

Quebec’s physicians and hospitals are being reminded that they must intervene if they consider a physician unable to practise competently because of a psychologic or physiologic problem. As well, the physician has not sought treatment voluntarily, limited his or her practice, or stopped working. The Quebec College of Physicians notes that, according to the code of ethics, the safety of the public takes precedence over other considerations in these situations.

In most cases, physicians who are unable to practise competently do stop working. In the few cases where they don’t, the treating physician or colleagues must disclose the situation and authorities at the institution involved or the college must take action. College spokesperson Brigitte Junius emphasizes that this type of disclosure is not a breach of confidentiality, but ultimately helps the physician concerned and protects the public.

The awareness campaign follows a recent case in which a pathologist was suspended and later retired. He had been treated for brain cancer since 1994. A subsequent review of medical records showed that while he was still practising between 1994 and 1997 he misdiagnosed 38 cases; 4 patients suffered significantly as a result.

In such situations, the college has the legal power to order a medical examination. However, this is a drawn-out procedure, and the college wants the government to change the Professional Code of Quebec to allow for more rapid intervention in emergency situations and to allow physicians (continued on next page)