

Concern mounts as transfusion medicine loses its lustre

Anne Mullens

In brief

TRANSFUSION MEDICINE IS IN TROUBLE. Several factors, ranging from the tainted-blood scandal to changes in the way the system operates, mean that young physicians are avoiding the specialty. Dr. Antonio Giulivi of the Red Cross says the issue is serious because these specialists act as the system's overseers, and this fact won't change when the Red Cross gets out of the blood business in September.

En bref

LA MÉDECINE TRANSFUSIONNELLE SE PORTE MAL. De nombreux facteurs, du scandale du sang contaminé aux transformations du système, poussent les jeunes médecins à éviter cette spécialité. Le Dr Antonio Giulivi, de la Croix-Rouge, affirme que le problème est grave, parce que ce sont ces spécialistes qui surveillent le système, ce qui ne changera pas après que la Croix-Rouge se sera retirée de l'approvisionnement en sang, en septembre.

Criticism of the Red Cross and Canada's blood-collection system before and during the Krever Inquiry may have been a little too successful. Physicians now appear to be shunning the crucial specialty of transfusion medicine, and observers say the legal fallout surrounding the inquiry is one reason why young doctors are giving the field a wide berth.

Their reluctance is understandable, because physicians involved in the operation of Canada's blood system faced scathing criticism during the Krever hearings. However, there was an unforeseen result. In the next few years many transfusion specialists in hospitals and blood centres across Canada are set to retire, but hardly any young doctors are willing to replace them. "It is a serious problem," admits Dr. Antonio Giulivi, associate national director, medical and scientific, of the Canadian Red Cross Society in Ottawa. "We are quite concerned."

One of Giulivi's jobs involves working with regional centres to find qualified medical staff to work in transfusion programs. The pace of that work is picking up because 6 of these doctors — 25% of the total — will retire from the Red Cross in the next 2 years.

Giulivi says specialists in the field, who are not necessarily hematologists, are familiar with all aspects of the transfusion process, including side reactions, blood components and new blood-related products. "Their job is quite crucial because they are the system's overseers," he says. "It cannot operate without them."

Even though the Canadian Blood Services (CBS) is set to take over the collection and distribution of blood products from the Red Cross in September, a shortage of qualified specialists will affect it as well. "I have been told that [the shortage] is a growing concern," says Ken Fyke, the newly announced chair of the CBS board.

No one wants this job

According to the Canadian Post-MD Education Registry (CAPER), an average of 13 physicians qualify as hematologists in Canada each year — the recent



Features

Chroniques

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**Before 1990
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of transfusion
medicine as a
high-risk specialty.**



range is 9 to 19 — but only 1 or 2 of them are choosing to specialize in transfusion medicine. Although hematopathology is another route doctors can take to enter the field, in recent years the new blood entering this tiny specialty has dropped from 5 physicians per year to 2; in 1997, only 1 resident entered the program.

“I am having a hard time finding people,” explains Giulivi. “In Canada, the field is small enough that we know most of the residents who are coming up by word of mouth, and very few are choosing this as a career.”

He recently spent a year convincing a talented resident in Toronto to take over when a physician retired. “In Ottawa, at the national centre, I am still looking for someone. Down east, 2 physicians are retiring soon and we will have vacancies there. And in Calgary, it took 9 months to find someone. People don’t seem to want the job.”

That concern is being echoed by transfusion specialists and medical educators across the country. Dr. Morris Blajchman, a professor of hematology at McMaster University and medical director at the Hamilton Centre Red Cross, is responsible for the region’s transfusion medicine program. And he is worried.

“Over the years we have trained a fairly large number of people who are now occupying positions of responsibility for transfusion medicine, both within hospitals and for the Red Cross. In the last few years we have certainly noticed that very, very few people want to do transfusion medicine.”

In recent years Blajchman has made a specific point of discussing the specialty’s career possibilities with promising residents. Dr. Tom Kouroukis, now in his second year of a hematology residency at McMaster, was buttonholed by Blajchman last year. “He told me not to be dissuaded by the difficulties in recent years and that it was still a good career option,” Kouroukis recalls. But he remained unconvinced, and has set his sights on a career in malignant hematology. “It would have taken an awful lot to sway me. It is just not what I am interested in right now.”

Kouroukis says his desire to pursue another area of hematology has nothing to do with problems surrounding transfusion medicine — he simply finds malignant hematology more interesting. Blajchman points out, however, “that most hematology residents are finding other areas more appealing says something in itself.”

Why is transfusion medicine less attractive? Four factors emerged repeatedly during interviews with knowledgeable players across the country: fallout from the tainted-blood scandal, uncertainty over design of the

new blood system, a general change in doctors’ roles in blood-service delivery, and medical-training issues.

Not everyone agreed with all points of contention and some gave different weight to different factors. On a few points, particularly conceptions of doctors’ roles in the blood-service hierarchy and the need for a different training regimen, there was disagreement among insiders. This reflects the atmosphere surrounding blood collection and distribution in Canada: it remains politically charged.

One of the primary reasons for residents’ reluctance — fallout from the tainted-blood scandal and Krever Inquiry — surprises no one. The adverse publicity and legal ramifications that arose after thousands of Canadians were infected with HIV

and hepatitis C through the blood system, and Krever’s subsequent lengthy inquiry, have taken the shine off the career.

“It has been a world-wide tragedy in which there have been a number of victims,” says Dr. Pierre Duplessis, the new secretary general at the Red Cross, “but some of the victims have been doctors who were simply trying to do their best. And as a result other doctors are reluctant to go into this field — they don’t see a future in it.”

The big chill

Blood products will always leave doctors open to future liability, especially in an era when many patients refuse to accept any risk. New infectious agents, as yet unknown, have the same potential as HIV and hepatitis C to contaminate the blood supply and infect patients before medical staff develop a way to screen for them. And the first person many are likely to visit after learning of their infection is a lawyer.

Dr. Robert Turner, head of hematology at the University of Alberta and former medical director of the Edmonton Blood Centre, says hematologists and pathologists used to think they faced a relatively low legal risk.

“Many areas of medicine — obstetrics, orthopedics, neurosurgery — are known as being very high risk, and that is accepted as being part of the specialty. But I think



Dr. Antonio Giulivi of the Red Cross:
“We are quite concerned.”



prior to 1990 people didn't really think of transfusion medicine as having a high level of legal liability. This has now entered into the new reality and for some may have put a chill on it."

But Turner, as well as Dr. Noel Buskard, director of the Division of Clinical Hematology at the University of British Columbia and former medical director of the BC Red Cross, thinks bad press and increased legal liability are only part of the problem. "If people do the best job they can, given the standards at the time, they are relatively safe," says Buskard.

Rather, Buskard and Turner point to the changing role of the physician in the hierarchy and administration of the Red Cross in recent years, and to uncertainty surrounding the operational model that will be used when the CBS takes over from the Red Cross in 3 months.

Who's in charge?

"In recent years the trend has been that doctors are no longer in charge and no longer have multiple appointments," says Buskard. "For doctors like myself it has been extremely important to have cross-appointments at different institutions — to be the medical director at the Red Cross, to have an academic appointment at the local university, to be able to carry out research both within the Red Cross and at the university, and to see patients. That symbiotic, bridging relationship is disappearing and that is making [this field] less attractive."

Buskard, the incoming president of the Canadian Society of Transfusion Medicine, and others are doing their utmost to lobby so that the cross-appointment model continues at the CBS. However, he is concerned that politicians and some of the "business-type managers, with no experience in blood-service delivery, have not yet recognized the importance of this model."

Turner, Blajchman and Giulivi all agree that the move away from the independent physician who wears a number of hats and who has ultimate responsibility in the blood agency is a disincentive for doctors considering transfusion medicine as a career.

Giulivi calls it a move toward a "pharmaceutical model" in which the physician is based in-house, reports to a CEO-style business manager and doesn't have a connection to patients or other institutions. "People are telling me that part of the problem is that [this model] is

wishy-washy on authority. Who has the authority and who has the responsibility? If a mistake comes up in the future, is the manager or the physician going to be held responsible? That wishy-washy model frightens people."

The disappearance of cross-appointments has already cost the Red Cross some talented people, Giulivi says. Dr. Anurag Chopra, former deputy medical director at the Red Cross in Ottawa, left for a pathology position in North Bay, Ont., when a chance for a hospital appointment disappeared because of hospital downsizing, even though his Red Cross appointment remained. "I would have liked to have stayed because I loved what I was doing," says Chopra, whose main Red Cross responsibilities included serving as director of the stem cell laboratory. "I wanted a position where I could still work in a hospital, do the regular pathology work — surgical pathology, blood smears, and so on — plus do the molecular diagnostics and flow cytometry at the Red Cross. It became apparent that this would not be available to me."

Trained as a pathologist and having completed a 1-year fellowship at the Red Cross, Chopra feared he would lose his pathology skills if he did not have a position where he used them routinely. Today he is director of clinical chemistry at the North Bay General Hospital and a general pathologist, with no involvement in transfusion medicine. "If a something came up in Ottawa again, I would gladly go back."

Cross-appointments disappearing

Although the new blood agency is still being designed, Fyke supports the cross-appointment of doctors to other institutions. "While I can't say yet exactly what [we] will look like, I don't see any disadvantage to keeping cross-appointments. Obviously, we have to make the job attractive or doctors aren't going to come to work for us."

As for whether doctors will be in charge in the new agency, Fyke notes that "what we had in the past was a system totally operated by doctors and I think it became clear with the Krever Inquiry that we needed to change the old system." He stresses that physician input will be "extremely important" and that "physicians will have their say in areas where physicians tell me it is very crucial that they have a say: issues of safety, availability of product and when to use the product."

Heather Kent



Dr. Tanya Petraszko: "Love those platelets!"



A final factor contributing to the shortage concerns different aspects of training. There has been a decline in the number of graduates from Canadian medical schools, and this is affecting all specialties. The Association of Canadian Medical Colleges says there has been a 18% decrease in the number of Canadian medical school graduates in the past 10 years because of enrolment cuts, with the 1997 graduating class being the smallest since 1975.

According to CAPER's Thurber, changes introduced in 1993 mean students have to choose their specialties earlier and possibilities for re-entry into specialty training have all but disappeared. "In the past, many residents didn't choose their final specialty until they had spent a year or 2 in practice," she says. "Both hematology and hematological pathology became attractive to physicians in later stages of their career."

"Not everything can be a subspecialty"

Finally, some experts believe the current system for training transfusion specialists discourages some potential applicants. Hematologist Lucinda Whitman, postgraduate dean of medicine at Memorial University, points out that transfusion medicine is not recognized as a bona fide subspecialty in Canada and there is no certified training program here. It is a recognized subspecialty in the US.

At the moment, hematology residents interested in transfusion medicine sign up for a 1-year fellowship program following 2 years' training in hematology. These fellowships, sponsored by the Red Cross in collaboration with a local medical school, are not recognized by the Royal College or outside of Canada, Giulivi says. (Blajchman doesn't think the current fellowship program is an issue: "The system works here. Not everything can be a subspecialty.")

Giulivi is concerned that Canadian hematologists who opt to enter transfusion medicine programs in the US will fail to return. "I think we need to make it a recognized subspecialty," he says.

Dr. Tanya Petraszko, a first-year hematology resident at UBC, has already decided to take transfusion training in the US after she finishes her 2 years at UBC. She then intends to return to Canada.

"I love platelets"

Unlike most of her colleagues in hematology training, Petraszko is already certain that transfusion medicine is her career choice. "I love platelets, I love red cells. I find them fascinating."

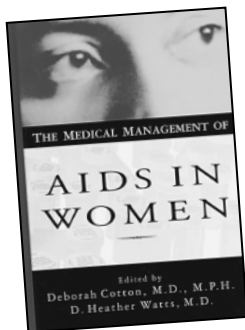
She has not been dissuaded by any of the issues contributing to the shortage of transfusion specialists. "I see this as a time of tremendous opportunity to be entering the field. Yes, there has been a shake-up, but there will always be a need for blood products."

Following the Krever Inquiry, says Petraszko, there will be a public and a political focus on the safe delivery of blood products for several years, and she thinks this will translate into more research funds. "There will be more opportunities for grant money for research into alternate methods such as cell-saving techniques, artificial blood and autologous donations, as well as patient and physician education. It is a time of great change and I think that means a time of real opportunity."

Fyke is glad to hear that. "It will be very important to keep the job attractive to physicians. I don't think we can do without them."

[In the next issue of *CMAJ*, Anne Mullens will profile Ken Fyke, the recently appointed chair of the new Canadian Blood Services board. — Ed.] ?

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