Blood transfusions: listen to the patient

In November I attended a conference on "Building a Blood System for the 21st Century" in Toronto. The participants included representatives from national medical associations, provincial and federal governments, consumer groups and other stakeholders in Canada's blood system. Of the 54 recommendations made by the 9 working groups, 20 urged that medical alternatives to blood transfusion be made more available to Canadians.

In the final report of the Commission of Inquiry on the Blood System in Canada, Justice Horace Krever recommended that because blood products will never be without risk, education and funding should be made available for alternatives to allogeneic blood.

Several conclusions can be drawn. First, "bloodless surgery" offers a practical solution to concerns about blood safety and supply. The term has been used in the medical literature for more than 35 years, and Krever used it to refer to the systematic use of combinations of medical and surgical strategies for minimizing or avoiding allogeneic transfusion.

Second, patients are becoming increasingly knowledgeable about the risks, benefits and alternatives to transfusions. Consequently, as one conference speaker warned, physicians could incur liability if they do not inform and offer patients medical alternatives to allogeneic blood.

Third, although major centres may be better equipped to provide bloodless surgery, there is a misconception that smaller regional hospitals cannot offer alternatives to donor blood. Smaller facilities can employ various advances such as electrocautery, hematopoietic growth factors (including erythropoietin) and volume expanders. Moreover, a simplified intraoperative autotransfusion system[1] that does not require a specialized technician[2] can be assembled from a volumetric infusion pump and continuous reinfusion autotransfusion collection equipment with suitable filters and administration sets. A pump costs under $2000 and the disposable items cost less than $100 per patient.

Finally, in 1996 a national Gallup poll found that "89% of Canadians, if informed they required a blood transfusion due to a surgical operation, would prefer an alternative."[3] Risk managers and medical advisory committees would be well advised to pay attention to the patients. Their concerns can be met safely and cost-effectively.

J. Mervyn Thomas, MB
Nanaimo, BC

References
1. Heimbecker RO. Blood recycling eliminates need for blood [letter]. *CMAJ* 1996;155:275-6.
2. Green DM. Perioperative autologous transfusion service: a logical extension of our role in the operating room. *Anesthesiology* 1997;87(2):458-9.
3. Picard A. Poll on blood finds anxiety. *Globe and Mail* (Toronto) 1996 Apr 23; Sect A:4.

Was an 8-hour wait really unreasonable?

The article "Despite some PR fallout, proponents say MD walkouts increase awareness and may improve health care" (*CMAJ* 1997;157[9]:1268-71), by Nicole Baer, begins with a vignette about a patient who was 3 months pregnant and "bleeding profusely." It is claimed that the patient waited 8 hours without being assessed.

I suspect that in fact the patient's case was assessed first by a nurse and then by an emergency physician. Did she really wait 8 hours to see a physician, or did she wait that long before seeing a gynecologist?

If the former, she certainly does have a beef with the medical profession, but if the latter, methinks the lady doth protest too much.

In most Ontario emergency departments, patients who have first-trimester bleeding in the face of an otherwise normal physical examination are usually treated with reassurance and sent home to await developments. If a patient demands that she see a gynecologist and undergo ultrasonography, perhaps an 8-hour wait is not unreasonable.

One hates to be picky, but the physicians in the article who are most critical of physician job action seem to be those who are no longer practising medicine! Is there a message here?

John M. Rapin, MD
Kingston, Ont.

Address unknown — or at least uncertain

The article "Recent trends in infant mortality rates and proportions of low-birth-weight live births in Canada" (*CMAJ* 1997;157[5]:535-41), by Drs. K.S. Joseph and Michael S. Kramer, and the related editorial "A warning from the cradle?" (*CMAJ* 1997;157[5]:549-51), by Dr. Graham Chance, are relevant to planners and researchers in the population health field, highlighting as they do some serious errors in birth weights in the Ontario vital statistics data and given the consequences of such errors for surveillance of low-birth-weight births in Canada.

Another serious problem has been