



cette province, comme l'illustre l'éditorial, porte à croire que le Québec aussi aura à déployer des efforts de haute lutte pour atteindre la norme qu'exige sa propre loi.

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Alternatives to blood transfusion are risky too

I would like to make 3 points in reply to Dr. J. Mervyn Thomas's letter "Blood transfusions: listen to the patient" (*CMAJ* 1998;158[5]:585) and his plea for increased use of alternatives to allogeneic blood.

It is true that patients are more aware now than they were a decade ago of the risks associated with allogeneic transfusion. However, are patients making realistic risk estimates, and are they also aware of the risks of the alternatives? Just as blood products will never be without risk, it is also unlikely that effective alternatives will ever be without risk. For example, autologous predonation is associated with bacterial infection¹ and transfusion reactions because of laboratory error.² Indeed, the frequency of these side effects may be higher than with allogeneic blood, because patients who predonate often receive more transfusions than those who do not.³ Concern remains about the risk of thrombosis associated with aprotinin⁴ and erythropoietin,⁵ and it must be remembered that relatively few patients have participated in trials of pharmacological agents. Because the frequency of severe side effects from allogeneic blood is now very low, studies of the alternatives must involve large numbers of patients to be sure that they are just as safe.

Unfortunately, the cost-effectiveness of many of the alternatives to allogeneic transfusion has not been well established. Indeed, most well-

designed studies have found the cost-effectiveness of preoperative autologous donation and erythropoietin unattractive according to conventional criteria.^{6,7}

Finally, I believe the term "bloodless surgery" can be misleading. It implies to patients that major surgery can always be achieved without blood transfusion.

Rather than providing patients with false expectations, we should be encouraging frank discussion of the benefits and risks of both allogeneic transfusion and its alternatives.

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[The author responds:]

I applaud Dr. Laupacis's recommendation for additional studies of medical alternatives to transfusion. Comprehensive blood conservation

CMAJ index

The index for volume 158 (January–June 1998) of *CMAJ* will be mailed with the **Sept. 22** issue to paid subscribers and to CMA members who have requested it from the CMA Member Service Centre. Others may order single copies for \$15 (within Canada; add 7% GST/15% HST as applicable) or US\$15 (outside Canada).

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L'index du JAMC

Les abonnés en règle et les membres qui en ont fait la demande auprès du Centre des services aux membres recevront l'index du volume 158 (janvier à juin 1998) du *JAMC* en même temps que leur numéro du **22 septembre**. Pour les personnes intéressées à commander l'index, il en coûte 15 \$ (au Canada; ajouter la TPS de 7 % ou la TVH de 15 %, selon le cas) ou 15 \$US (à l'extérieur du Canada).



programs combine appropriate pharmaceuticals (e.g., hematopoietic growth factors, hemostatic agents), devices (e.g., hemostatic surgical instruments, equipment for blood salvage) and techniques (e.g., meticulous surgical hemostasis, deliberate hypotension, hemodilution, minimal blood testing, perioperative normothermia),¹ and, as Laupacis points out, no medical intervention is without risk.

In his final report, Justice Horace Krever reminded us that we cannot tolerate complacency or inertia with regard to the use of allogeneic blood, given the inherent potential for transmission of new and emerging diseases,² and he recommended using alternatives. Had blood conservation methods that were developed in the pre-HIV era been offered to patients, some of the tainted blood tragedies would have been avoided.³⁻⁵ Let the patient decide, because it is the patient who must live with the consequences.

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Reuse of single-use medical supplies?

The issues surrounding the appropriate clinical reuse of medical supplies intended for single use are legion. The reuse question encompasses clinical, ethical, economic and legal issues that require continuing analysis and debate, particularly when health care funding is being rationed. To facilitate this discussion I have established a searchable electronic discussion forum on the World Wide Web (canmed.net/reuse/). Participants are welcome to pose questions, offer information and respond to previous postings. Any popular Web browser will work at the site. It is expected (and hoped) that

discussions concerning anesthesia, cardiologic, surgical and radiologic equipment will predominate.

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Lashing out against the term "whiplash"

I read with interest the article "BC Tackles whiplash-injury problem" (*CMAJ* 1998;158[8]:1003-5), by Heather Kent. As a physician who does shifts in the emergency department, I try to avoid using the term "whiplash" because I don't think it accurately describes the injury. I suspect that the word conjures up negative images in patients who have experienced what I prefer to call a "flexion-extension injury" — it may even invite litigation.

I strongly encourage physicians to adopt a term other than whiplash in describing these injuries to patients.

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