

Do Canadian researchers have “blood on their hands”?

Ask any Canadian researcher and they will likely tell you that the main obstacle to advancing knowledge and innovation is not a shortage of ideas, but a lack of funding for cutting-edge research. Instances where researchers completely ignore a generous funding opportunity to conduct clinical research of significant social importance would therefore be nothing short of bizarre, even inconceivable. Well, it has happened.

A half-million dollar research grant from the Canadian Blood Services (CBS) and the Canadian Institutes of Health Research (CIHR) has been completely ignored for three years.¹ The grant was promoted in the normal fashion by CIHR and CBS^{2,3} as well as in media outlets. As to why researchers did not proceed in their normal fashion, which is to fiercely compete for any relevant funding opportunity, remains unknown. However, a clue may lie in the fact that this grant aims to support clinical research necessary to justify relaxing the current — hotly contested — ban on gay and bisexual men as eligible blood donors.

This could suggest a particular bias underlying researchers' choices and if so, should be perceived as a blemish on the Canadian research community. This case also provides an illuminating example as to why it is necessary for Canadian guidelines regarding ethical conduct for research involving humans⁴ to continue to foster fairness and equity in research. The guidelines emphasize the principle of justice and the obligation of appropriate inclusion of vulnerable and typically excluded groups in research. Ignoring a grant that encourages the inclusion of sexual minorities in clinical research therefore runs contrary to national standards of scientific excellence.

Current regulations impose a life-long ban on all men who have had sex with another man since 1977 — even once — as a means to avoid any risk that blood from this population might contaminate the blood supply with HIV or hepatitis. As has been documented in these pages,⁵



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in the 1980s, the absence of reliable methods to screen for pathogens justified excluding high-risk groups from donating blood. Much has changed since then. Rapid innovation in pathogen screening methods now enables the detection of HIV and hepatitis B and C in individuals often within days following infection. In addition, the public is better informed about protection from infection.

Consequently, some scientists in the field of infectious diseases argue that the current regulations are outdated, overly restrictive, and therefore discriminatory.⁵ They argue that such regulations unduly limit the supply of an already limited medical resource. Indeed, policy-makers face significant challenges in explaining why monogamous gay couples in long-term relationships are by default a high-risk population and forever banned from donating blood, while heterosexuals that have multiple sex partners are not.

Regulations excluding gay and bisexual men as blood donors based solely on their sexual orientation, rather than their sexual practices, are unfair and stigmatizing. These perpetuate the myth of HIV as a “gay disease.” They also deprive these men of the chance to contribute a valuable resource, which deprives all Canadians of an opportunity to increase blood reserves. Moreover, these regulations contribute to the perception that members of the gay community are freeloaders who benefit from a resource without contributing to it. Such regulations thus

constitute a social injustice and are antinomic to core values of our health system, which aim to promote equity in the provision of health services to all Canadians.

It's time to prove the claim that members of the gay and bisexual community can become eligible blood donors without increasing risks of transfusion-transmitted infections to the public. Using the funding on offer is the first step in this process. While this research may be complex and may pose particular methodologic challenges, the research community should face these challenges, and funding agencies should facilitate the uptake of this opportunity by addressing the needs of researchers. Both researchers and funders should demonstrate social responsibility since this research will have important societal implications and will promote justice and fairness in establishing an evidence-based foundation for blood donation policies. Until these important responsibilities are met, policy-makers will have no choice but to continue applying controversial rules that exclude stigmatized sexual minorities from participating in an activity that is in great demand and highly regarded by society.

Jason Behrmann MSc
PhD candidate in bioethics
Vardit Ravitsky PhD
Assistant professor
Programmes de Bioéthique
Département de Médecine Sociale et Préventive
Université de Montréal
Montréal, Que.

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CMAJ 2011. DOI:10.1503/cmaj.110262