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## Tackling disinterest towards blood donation: need for urgent action

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### Abstract

*The shortage of voluntary blood donors is a problem in many countries including India. Myths regarding the ill effects of blood donation are common and many precious lives are lost for lack of replacement donations. Urgent measures are warranted to eliminate myths in the community regarding blood donation in order to encourage voluntary donation.*

The woman was in great distress. She had been brought to the medical emergency department by her husband. The mother of five, she had been ill for months. Today when her husband found that she could no longer continue to do the household chores, he thought it fit to bring her to the hospital. She was pale and breathless. She needed emergent red cell transfusion.

In most government-run hospitals, blood for transfusion to a patient is made available against the donation of blood by a relative. Of course there is a provision for life-saving transfusion

when no donors are available. However, the residents who work in the emergency department are under pressure to release as few units for life saving purposes as possible, and are often asked to justify ordering life saving transfusions. To make matters worse, myths regarding the ill effects of blood donation are so common amongst the general public that making a relative agree to donate blood is no less than a herculean task.

I told the patient's husband that his wife was in desperate need of blood and that he would need to donate for her sake. However, he was not inclined to agree. "How can I donate, sir? I have five children to look after. Who will care for them if something happens to me?" he asked. I explained to him that donation was safe for a healthy person and that he should go ahead to save the life of his wife. He tried to bargain with me: "Can't we buy it? I will pay for it." I lost my temper and asked: "We need human blood; is it available in the market?" He realised that there was no way out. Then he suddenly vanished.

Even the woman asked me how her husband could donate blood when he was weak and had recently completed treatment for tuberculosis.

I had no option but to order a life-saving release of red cell concentrate for the woman, my fifth such release for the day.

I was planning to leave the hospital the next morning after slogging for 24 hours when I realised that the patient's husband was standing in front of me. He was most apologetic. He thanked me for issuing the release order and told me that he would go and donate blood to replace the transfused red cell concentrate.

This was not the first time that I faced a situation in which a relative has refused to donate blood. Severely anaemic patients, usually women, present in advanced stages of complications of anaemia, with nobody ready to donate blood. The attending physicians or surgeons must often resort to threats that they will postpone therapy or procedures, in order to ensure replacement donations. While one may debate the ethics of such pressure tactics in ensuring donation, this is also a practical problem.

What surprised me in this case was that the woman's husband returned and offered to donate blood. I do not know what changed his mind. Perhaps his love for his wife conquered his false beliefs. But many are not able to overcome their fears and doubts.

### Problems in ensuring voluntary donation

Studies have documented that most blood donations are done to save the lives of relatives. Despite this, the rates of voluntary blood donation remain woefully inadequate. Illiteracy, employment status and socioeconomic status are believed to affect people's attitudes regarding blood donation (1). Fear of illness, dizziness, weight loss, hypertension, seizures and sexual dysfunction also contribute to a negative attitude towards donation (2, 3). There is a need to address the lack of adequate knowledge about this essentially safe practice. Studies have also shown that a positive attitude regarding blood donation may not actually result in individuals donating blood voluntarily (4). This gap between knowledge, attitude and practice needs to be handled. However, the lack of political will and the disinterest of governmental agencies hamper this process. The brunt is often borne by the doctors who have to

ensure replacement donors.

### Recommendations

In the current scenario with AIDS, high voluntary blood donation rates are very desirable. To achieve this there is an urgent need to educate people on blood donation and convince them that it is a noble practice. Campaigns regarding blood donation need to stress that it is a safe practice and there is also a screening programme in place which rejects ineligible donors. There is also a need to convince those who have a positive attitude regarding donation to actually donate blood. This will require the participation of community leaders, non-governmental organisations and the general public. For instance, the role of student organisations and unions in organising blood donation camps must be encouraged. Incentives like certificates and the promise of free blood to the donor or his family at a time of need can increase voluntary donations (1, 3, 5). Indeed, currently donors are issued donor cards for this purpose, which are valid for six months from the date of donation. Some would label such incentives as a form of payment, although these are accepted practices (6). A voluntary donor pool must be maintained and incentives provided to encourage people to donate regularly. Such a system is not yet in place. However, unless illiteracy and the myths rampant in the community are tackled, the shortage of blood and of voluntary donors will continue. All efforts should be made to tackle this through education involving the media and local the community leaders. Until that time, many lives will be lost for lack of blood.

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