[illegible] volunteers. But is altruism enough, asks JOHN CUNNINGHAM?

The blood count that doesn't quite add up

WHEN IT was over, the participants flopped on couches; cups of tea and the subdued excitement of an exhausting team event. There were official congratulations, but no trophies, when the Minister of Health arrived at a blood donor session at the Gestetner factory in North London to thank employees who are doubling the amount they give through the NHS.

Dr Gerard Vaughan used the occasion to kill a rumour. It was untrue, he said, that he was turning over to a commercial company a health service laboratory which makes blood products for haemophiliacs and burns cases. The denial meant little to his audience, nor to the 1.6 *million people on whom* the National Blood Transfusion Service (NBTS) depends.

After all, their blood bears no visual resemblance to the slabs of frozen orange plasma, which is the working material of the Blood Products *Laboratory at Elstree.* But blood is blood, and in Britain it is given without charge; there was for months a controversy over the future of the Elstree lab, because it seemed the disinterested donor service was about to be tainted by allowing a *pharmaceutical firm to make* a profit out of plasma.

The issue began unspectacularly as yet another plea for funds by an obscure part of the NHS, a lab housed in buildings considered dangerous by the Medicines Inspectorate, and failing to *keep pace with the growing* demand for plasma products, made from blood whose *shelf-life for transfusion* (21 days) had expired. An investment of *£20* million would rebuild Elstree centre and make Britain self-sufficient in all plasma factors. At the moment, about £10 million is spent on imports on albumin and Factor VIII, used to treat classic haemophilia.

Dr Vaughan decided, as *there were no sufficient State* funds, to involve pharmaceutical *firms* in discussions about a joint venture. Beecham's were the most interested of six companies approached although no companies had experience of plasma products, because the Elstree lab is *unique* in Britain. The *Department insisted all along* that the principle of not paying donors would be maintained, even though private enterprise if the deal went through, would be capitalising on the plasma they had given through the regional transfusion service.

Donors at large knew little, if anything, about the campaign waged largely by unions in the NHS and by back-bench MPs in adjournment debates to thwart Dr Vaughan's initiative. They ought to know a great deal more, because of the free *donation of blood and its* unrestricted availability to the *sick, regardless of their* financial status, is a measure of *altruism in any society.*

Taking readings of that altruism is imprecise but salutary: there is a widespread belief, even among those who *agree with charges* for drugs and medical appliances, that the business of *giving and receiving blood* should be an interaction between people; never a financial transaction.

To pay for red blood, or *for plasma, contaminates* the concept: literally, as Martin *Flannery, Labour MP for* Hillsborough, Sheffield, said *in the Commons, because* research shows that blood collected from paid donors is 10 times more likely to contain hepatitis B virus than that from volunteers.

Mr Flannery, and other campaigners, raised the spectre of Skid Row drunks *and drug addicts trading* their blood at British clinics, *as they already do in the* United States, for the price of a meal. The official reply was that, even if a commercial firm was allowed to invest in the Blood Products Laboratory, there would be *safeguards to prevent blood* ever having a street value *among the luckless.*

But as it is, there is an ongoing need to maintain an altruistic fiction that blood is beyond price. It cannot be bought and sold by individuals; the National Transfusion Service honours its obligation to supply private clinics at no charge. Yet as soon as 460 dark red millilitres, *which make one unit,* are put in a bottle, they become an item in *NHS* accounting. It costs the NHS roughly £16 to get one unit from donor to recipient. We spend about £24 million a year on a network of regional transfusion centres.

Because there is no commercial price-tag on blood in the UK, it remains possible not to *classify it as a commodity.* Yet there are always pressures to do so; if commercial organisations had been allowed to make profit from processing plasma, then some NHS donors would have wondered why they in turn should not be paid.

Or, alternatively, the National Transfusion Service might have alienated many of its donors by becoming suppliers of blood to a commercial venture. The campaign, which has been won for the moment with the Department of Health promising £1.25 million as a first, though inadequate step to *improve conditions and production* at Elstree, hinged on *this possibility.*

For although the number of units has gone up in the year just ended, the NHS cannot count on endless goodwill. Even altruism can become a casualty of the economic recession. The closure of factories and other *businesses, for instance,* means a fall in the number *of units collected from workplaces,* though this appears to have been offset by an increase at other clinics.

The psychological effects of long-term unemployment on those who donate blood has *still to be seen: will they be* less inclined to give to a *health service when and if* social services and state *benefits are being cut back?* Will they begin to put a price on their own blood?

There is the chance also that a doctor will break *ranks, and offer to pay for* blood for his private patients. No private blood banks exist in Britain, *but a* leading consultant haematologist, Dr Mark Patterson, does have a panel of former patients and their relatives and friends, which he has set up and from which he draws.

The shortcomings of the National Transfusion Service has led *Dr Patterson to do* this. He needs about 300 units a week for the 60 or 70 patients he sees on average. But the service is able to supply only about 150 units of fresh blood as quickly as he needs it; that is, within a matter of hours.

Dr Patterson has written to the North West Thames transfusion centre asking for the director's views on an idea he has to advertise on commercial radio in London for paid donors, if the NHS service does not improve. There is some theatricality *about the notion*; but it is worrying.

Would the concept of paid donations, once accepted for blood, spread to other replaceable organs? Would there be a market price for transplanted hearts and kidneys? A large part of the medical profession would shudder at such considerations but not *all: the private sector* has been growing since Barbara *Castle separated pay-beds* while she was social services secretary: its luck is that it gets blood without charge from the NHS: yet its philosophy must be that there is a market price for everything. So far, we continue to believe it is better to *give than to sell. But for how long?*

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