Paid blood donors will erode public trust

By ALLAN ROCK

President Emeritus of the University of Ottawa. He was Canada’s Minister of Health from 1997 to 2002. In 1998, as Canada’s Minister of Health, I joined my provincial and territorial counterparts in creating Canadian Blood Services (CBS). Still reeling from the approximately 32,000 hepatitis C and HIV infections caused during the “tainted blood” tragedy of the 1980s, Canadians welcomed the establishment of CBS and its sibling, Héma-Québec, as a signal for a new era. The mandate of CBS reflected the recommendations of the Krever Commission, which in 1997 concluded its exhaustive examination of the tainted blood tragedy and the lessons to be learned. The Krever Principles were aimed at ensuring that Canadians would never again endure such a “nationwide public-health calamity” and that our national blood system would be safe and worthy of public trust.

The Krever Principles are straightforward and as timely and compelling today as they ever were: blood is a public resource.

Sufficient blood should be collected in Canada so that importation from other countries is unnecessary. Only one national operator should collect blood and plasma, and no part of those duties should be contracted out to others. Access to blood should be free and universal. The safety of the blood system is paramount.

And one more: Significant efforts should be made to ensure that the blood products used in Canada are made from the blood and plasma of unpaid donors. Reflecting that principle, Ontario, B.C. and Quebec all prohibit the practice of paying donors for blood and blood products.

The Krever Commission insisted on voluntary, non-compensated donations of blood and plasma for two principal reasons.

First, as recognized by CBS, paying donors undermines the effort to encourage voluntary giving, an effort to which CBS has not seemed totally committed over the intervening years. For example, several new collection centres are planned but remain unopened. The pandemic has resulted in a sharp decline in voluntary donors in Canada over the last two years, and CBS has been working to get them back. Why not open those additional centres?

Héma-Québec adopted that approach and has since seen voluntary donations increase significantly.

And why make the task of attracting unpaid donors harder by allowing competition from paying, commercial interests?

Second, the business practices of many private sector companies that buy blood and plasma are notoriously exploitative. In establishing clinics in or near economically disadvantaged neighbourhoods, not far from homeless shelters and food banks as well as near campuses full of cashstrapped students, they attract the vulnerable and the poor.

Quite apart from the moral implications, there is another consideration: those who donate through a sense of civic duty may be a safer source of blood products.

The World Health Organization recommends that all countries engage only in voluntary blood collection. Indeed, many countries have adopted national
bans on paid donations, establishing additional collection sites instead. Australia, New Zealand, Italy, France, Belgium and other EU countries are reaching self-sufficiency levels between 50 and 90 per cent through voluntary blood donation. Canada rates far lower than any of those countries, but CBS can increase that percentage by committing to a dedicated plasma collection strategy.

Instead, CBS is negotiating with paid plasma corporations to vastly expand for-profit plasma collection. This fundamental shift means abandoning multiple Krever Principles and betraying many of CBS’s foundational elements. Blood as a public resource? Self-sufficiency? No contracting out by CBS? The safety of the blood system as paramount?

All would give way to the interests of private companies, motivated by profit and paying (largely) disadvantaged Canadians to harvest their blood.

Nor is it an answer to argue that Canada is already purchasing American plasma to compensate for the shortfall in domestic collection. That regrettable practice may be necessary until we achieve national self-sufficiency through increased donations. It is not a justification for legitimizing a large-scale, for-profit model that undermines the recruitment of voluntary donors both for whole blood and plasma, invites the exploitation of the vulnerable, and gives Big Pharma leverage in determining the quantity and price of our plasma supply, domestically and for the export market.

Most importantly, for-profit plasma collection would threaten the fragile public trust that CBS has earned since 1998. It has taken 25 years to regain a measure of national confidence in the safety of blood and its products in Canada.

Why is CBS prepared to put that trust at risk by blessing plasma for-pay rather than opening additional collection centres and redoubling its efforts to encourage voluntary donations?

It's time for the Canadian blood system's federal, provincial and territorial partners to reaffirm the Krever Principles and declare that commercial plasma collection has no place in Canada.