

BLOOD SUPPLY IN CRISIS NATIONALLY NOT AT HOME – YET

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This past September, the American Red Cross announced an acute blood shortage, which was said to be one of the worst in its history. In many parts of the country, the blood supply is at an all-time low, and heading downward.

Recent blood shortages are a simple matter of supply and demand. Blood donations have not increased at the same rate as the number of medical procedures requiring blood products. The general result of those shortages is a “rationing” by some blood centers, requiring that elective surgeries be postponed or canceled. In that state, blood centers are simply forced to release fewer units into the system than normal, in order to ensure that emergency situations will always be covered.

While the current shortage has been felt nationally, the shortage has had little impact on the blood banks in this region. The reasons for this Midwestern success story? Excellent collection and distribution of blood, and a wealth of very dedicated donors.

Planning to avoid shortages

At North Central Blood Services of the American Red Cross in St. Paul, bloodmobile production planning begins 12 months in advance. An analysis of the previous year’s needs, plus predictions of increased needs by physicians for new practices and procedures, helps to determine the annual collection goals in order to meet all local needs.

Ideally, the inventory at North Central Blood Services is a two- to three-day supply, on the shelf and ready for immediate distribution. In order to maintain this inventory, the donor recruitment department locks-in blood drives throughout the region a minimum of three months in advance.

Major holidays, although always a challenge to the blood collection system, are also well managed. As people get busy, the sources for donations slow down considerably. Yet the need for transfusions continues. Therefore recruitment goes into high gear to increase blood center inventory just prior to (or just after) those holidays.

Midwestern donor base strong, but dwindling

Nationally, only four to five percent of eligible donors ever donate blood. But the demand for blood continues to rise. This sets up an endless uphill battle for blood centers to maintain their inventories.

Although not immune to these statistics, the Midwest is fortunate to have a very dedicated core group of donors who turn out for drives and give blood every 56 days (as often as federal law and industry standards allow). Donating to save the lives of their neighbors, those valuable units of blood are initially earmarked for local use.

We are very fortunate in that more blood is collected from our donors than is needed to be transfused locally. In order to not waste donors' generous gifts, North Central Blood Services sends the remainder of the blood that is returned unused within the region to hospitals and clinics in other geographic areas of the country. This excess production means the local community enjoys an enviable cushion against the blood shortages seen in other parts of the country.

While the local American Red Cross and the Memorial Blood Center of Minnesota operate independently of each other, we have similar missions. Even with our competition for donors and customers, there is also healthy cooperation in our common quest to provide blood products and save lives.

Difficulties on the horizon

The future of the blood supply is uncertain, even locally. In this area, while the American Red Cross is collecting two to three percent more than a couple of years ago, those supply increases are not keeping pace with the demand for more blood.

While it is still strong today, looming on the horizon is a shrinking donor base. With fewer people donating, at this rate, regional populations may also become at-risk someday. This would have even wider repercussions, as we would have less blood to help other areas of the country.

Why? There is increased competition for volunteers as people's lives are getting more hectic and they are spreading themselves thinner. In addition, further erosion of the donor pool is due to more restrictions as to who can give blood, in order to reduce the risk of disease transmission.

Reducing donor pools in the name of safety

More and more potential donors are being deferred in order to protect the public from disease transmission. While making things more difficult to meet the needs for transfusions, no prudent person could argue against such a policy.

The first line of defense against disease transmission begins before the first drop of blood is given. Before even registering, donors are given information to read about what they must know before giving blood, and they are requested not to continue if they realize that they have practiced any high-risk behaviors. Then they are given a lengthy risk-based questionnaire, another opportunity for self-deferral.

The next line of defense is a health history and mini-physical, conducted by an R.N. or L.P.N., to determine the donor's medical acceptability (for the sake of the donor, as well as the recipient). During this interview, donors have an opportunity to have their questions answered in a confidential setting.

At the conclusion of this meeting, donors have another opportunity for self-deferral. They are given a form with two bar codes to choose from that allows them to confidentially have their blood excluded from circulation *after* being drawn (so as not to embarrass them in front of others). One bar code indicates that the blood should continue through the process; the other indicates that the blood should be destroyed.

We would like to think that no one would intentionally donate at-risk blood. But, because people do not necessarily know the status of their own blood, the final

safety net is extensive laboratory testing. Since the community demands a zero-risk blood supply, more sensitive tests are always being added.

Looking toward the future

Donations from older blood donors (a very dedicated group to volunteerism overall) are declining. As the years go on, a whole new generation of blood donors must be motivated to donate the gift of life.

This puts an increasing burden on young people. Educating youth today about their social responsibilities tomorrow may be one key to keeping the volunteer pool solvent. This will require ongoing education by many in the medical community that each gift of blood typically helps at least three patients and is desperately needed.

Educating youth, even those who are too young at this point to donate, may also hold the key to motivating those who are currently eligible (their parents, older siblings and teachers) and reminding them about what they can do to help. Everyone needs to remember that, at some point in time, the likelihood is great that we — or someone we know and love — will require a blood transfusion.

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