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DOSSIER ''CORE VALUES IN BIOETHICS'' /*Practices and concepts*

Blood donation and/or donated blood acceptance: The different stakeholders' ethical considerations

Le don de sang et/ou l'acceptation de don de sang : considérations éthiques des différents acteurs

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Summary Transfusion relies on blood donation that is on donors. Donors are essentially voluntary non-remunerated individuals acting altruistically and anonymously to help sick and vulnerable patients. While voluntariness is generally considered as a cornerstone of ethics of blood donation, and thus considered as essential, it is no longer enough as the donated blood must not cause harm (or must not cause disease) (with special mention to blood borne infectious pathogens). This novel paradigm has completely rebooted the sense of altruism in the field of blood donation, as a new equilibrium has to be reached. On whom is the burden of a harmful gift? Is it on the blood establishment, which has accepted it, or is it on the blood donor who has not refrained from donating? As the principle of a zero risk blood supply has slightly moved from the precautionary principle to the reality principle, blood donor deferral is most usually accepted and considered as a guarantee of quality and safety of the blood supply chain for transfusion medicine, apart from a couple of exceptional policies (or criteria). Among these is the deferral, or the former deferral—depending on the country—of men having sex with other men. This essay makes an attempt to revisit the general principles of ethics in blood donation, and to focus on the acceptance/refusal of blood donation candidacy; different stakeholders' viewpoints will thus be considered.

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Résumé La transfusion sanguine dépend de dons de sang et donc de donneurs. Ces donneurs sont essentiellement des volontaires bénévoles, anonymes et non rémunérés, dont la motivation est d'aider les plus faibles et les malades. Bien que le volontariat soit en général considéré comme la pierre angulaire du don bénévole et de l'éthique associée au don de sang, et donc qu'il soit reconnu comme essentiel, il ne suffit pas puisque le sang donné (offert) doit l'être sans qu'il porte de défaut ou de caractère vicié, comme par exemple une infection transmissible. Ce paradigme — né après les affaires dites du sang contaminé — a complètement modifié la primauté de l'altruisme pour satisfaire un autre type d'équilibre. Qui doit porter par exemple la faute d'un sang vicié ? Est-ce sur l'établissement de transfusion qui en a accepté le don, ou sur le candidat au don qui n'a pas su s'interdire de donner ? Aucun don de sang ne saurait être totalement dénué de risque pour le receveur ; cela étant, principes de et de réalité s'intriquent pour limiter les situations considérées comme « à risque ». En général, on considère que l'ajournement au don de candidats jugés « à risque » est première pour garantir la qualité et la sécurité de la composante « don » de la chaîne transfusionnelle ; ceci fonctionne à quelques exceptions près. Une exception notable est la fin de précaution pour le risque lié aux relations sexuelles entre hommes ; cette fin d'ajournement tend en effet à diffuser pays à pays, avec une réévaluation nouvelle des risques induits. Cet essai tente de revisiter les grands principes éthiques du don de sang, de prendre en considération non seulement l'ajournement au don mais la non-acceptation de la candidature au don, ce qui est différent ; des points de vue, parfois contradictoires, des différentes parties prenantes seront évoqués sur ce sujet.

Introduction to blood transfusion

Blood transfusion consists of infusing immunologically compatible blood components to a patient suffering from a lack of essential factors to oxygenate his/her tissues, particularly the heart and brain, and/or to compensate for massive blood loss. Blood transfusion is indicated when there is neither a medical or technical alternative. Blood transfusion may be a medical intervention by itself, or an essential part of a medical, critical care or surgical treatment. As such, blood transfusion carries some risk as no treatment can be 100% risk-free. Each prescription thus is based on an evaluation of the benefit of the transfusion and the possible hazards, taking into consideration that the transfusion chain process has been rendered extremely safe and that one of the major risks is no longer attributable to the infusion but rather with the delay or the absence of transfusion [1].

Although close to 400,000 transfusions are performed daily (108 million donations yearly, worldwide, according to WHO [2]), this process in not natural at all as nature has not planned blood exchange between individuals apart—to some extent—between mothers and fetuses. Besides, even siblings do not have 100% identical blood. Despite this, transfusion is possible because of two major issues:

- benevolence of individuals accepting or volunteering to share wellbeing with the weak through the donation of venous blood;
- breaches in the immune system in the rejection of foreign material, that allows infused blood to be tolerated (immunologically speaking) and ''do the job'' for a certain amount of time (hours, days or even weeks) [1].

In the majority of cases worldwide—and this is strongly encouraged by official statements of national authorities, the WHO, and professional associations, blood and blood components are donated for free, with little or no compensation and by all means no payment (referred to as the ''non-for profit'' pathway of blood donation). In some other cases, despite the fact that there still is benevolence, there may not be voluntariness and there may be some profit [1,3]. This is the reason why blood transfusion provides extensive occasions for ethical debates, an issue which is strengthened by two considerations:

- blood is by all means ''special'', full of symbols rooting as far back as human origins [4];
- blood is both a scarce and an abundant resource (a striking difference with organs or stem cells).

Blood as a resource

Blood is often considered as a resource and even a ''public resource'' (as stated by the ISBT code of Ethics, item#10) [5]. Blood is indeed absolutely necessary for the survival of a number of bleeding patients, as has been demonstrated more than a century ago, with no suitable alternative in severe cases; further, blood transfusion proved indispensible to rescue patients suffering severe cytopenia (anemia, thrombocytopenia), both in curative and preventive protocols. Reference to a so-called ''public resource'' is not absolutely clear and has even been disputed [6,7]. One may deduce that it is linked to the very absence of suitable alternatives rendering transfusion a human contribution to the fight against disease and in some way poverty, if sickness is considered poverty as opposed to the richness of wellbeing (this is more or less the concept of transfusion espoused by WHO). Examples of other public resources are water (and sanitation), access to essential food, access to non-polluted air to breath, and—more recently acknowledged—access to