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It is well at times to pause and to survey in the broadest of terms what progress has been made in any given field and to attempt assessment of trends. Blood banking is a complex affair involving, as it does, clinical considerations as well as technical details, public relations as well as economic factors, teaching and research as well as large-scale organization.

It is against a background of ten years of experience in Canada both as a clinical haematologist in various hospitals and also, until recently, as a medical director in the Canadian Red Cross Blood Transfusion Service that I reflect upon these matters. I feel that the lessons we have learned may be of wide interest and even perhaps of general value.

You will recall that Canada is a vast country with relatively small population quite thinly spread except in southern Ontario and around our metropolis, Montreal. Add to the factor of distance our extremes of climate and one can readily appreciate that we have problems of distribution which affect the supplying of blood and of blood products in all places at all times.

Blood banking started in our country as it did elsewhere, by individual effort in individual hospitals shortly before the Second World War. Such hospital banks were, in the main, confined to larger institutions in the more populous centres and peripheral spread of facilities was slow. Even a year or so after the end of that war the position, when surveyed by *Stanbury*, was found to be weak particularly as regards the rural areas, the technical standards and the supply of blood products.

The Canadian Red Cross had, during the War, collected much blood to be used solely in the production of dried serum for the Armed Forces. Blood donor recruitment for this purpose ceased with the end of hostilities and there were those who thought that a comparable programme of voluntary donors would be feasible and an asset to support peacetime medical practice.

Despite the misgivings of some, especially the authorities of certain major hospitals, the Red Cross Blood Transfusion Service was therefore inaugurated in British Columbia in 1947. For a few years thereafter one or two new areas annually were opened to the programme until about two-thirds of the total population of the country was included. An impasse then arose which depended mainly upon the reluc-

tance of key hospitals in the remaining areas to participate under the conditions originally laid down by Red Cross. I will return to this subject but here I would touch on another point of importance, that of available financial support. *Miller* has explained that as Health in Canada is constitutionally a responsibility of the Provinces, Federal support cannot be made available save in exceptional and limited instances. In effect, Provincial support is almost entirely confined to the provision of buildings in which the Transfusion Service Depots may be housed. Thus capital outlay on permanent clinic premises together with the entire burden of operating costs have to be met from Red Cross Funds which to major extent depend upon response of the public during the annual campaign for voluntary financial donations. Thus it has been estimated that the budget of the Transfusion Service, all that can be spared for the purpose by the Society, would have to be increased 50 % or more to ensure a truly satisfactory system from coast to coast. A programme of national health insurance is developing in Canada and it remains to be seen what impact this will have upon the situation.

To revert to the non-participation of certain hospitals, this depended largely upon the desire of Red Cross to act as the exclusive source of blood donors and upon their denial of the right of hospitals to levy a fee on paying patients for cross-matching and other related services. For this latter reason, even participating hospitals, where at all feasible, accepted the inducement of a full cross-matching service offered by the Red Cross in lieu of the income with which the hospitals could support their own laboratories.

The passage of time showed the weakness of these policies. Over-extended and under-financed, the Red Cross organization experienced, to an extent varying somewhat from area to area and from time to time, shortage of blood and of blood-products, sometimes acute and sometimes chronic. There arose therefore a trend, which is becoming more and more marked, for hospitals to supplement their Red Cross supplies with blood drawn on the premises from donors locally recruited, usually the relatives and friends of actual patients. And this trend, it would seem to me, cannot but be beneficial to all concerned. In some quarters it was feared that such a move would imperil the drawing power of the Red Cross appeal, but on the contrary, it has contributed by obviating criticism arising from the impotent fury of doctors and patients unable to get blood for transfusion in times of Red Cross shortage.

Of more insidious effect was the transference in most main centres of technical responsibility from hospital laboratories to Red Cross Depots. Medical interest in problems relating to transfusion failed to develop as no appropriate hospital staff appointments were or could be made under these conditions. Technical experience became concentrated in the hands of relatively few and was denied to the majority of laboratory technicians in these areas. As a further consequence of all these trends, teaching and research have inevitably shared the general lack of interest and support.

Policy reforms have recently been made to permit co-operative endeavour by hospitals in seeking new blood donors and in supplementing, when deemed desirable, Red Cross supplies. It should be made clear at this point that the Red Cross

programme did, does and, I sincerely trust, will continue to furnish the major part of the blood used in those regions in which this service operates. It is, however, beyond dispute that greater overall strength and flexibility has been secured by active hospital participation.

A second reform has resulted in permission for hospitals to recoup the costs of providing technical services and this has led to the opening or re-opening of blood bank laboratories in many major hospitals. It has further resulted in acceptance of the Red Cross programme in areas in which it was barred hitherto. The way now seems clear for ultimate extension of this compromise, complementary system to all corners of the land.

Certain facets still seem to require attention. I share with many the opinion that the potential of the Red Cross as a donor recruitment agency could be much more effectively exploited; this is a matter of having sufficient personnel of adequate calibre available to tighten up this part of the organization.

On the professional side, it would seem logical to propose that joint appointments be made as between medical schools, teaching hospitals and Red Cross Depots. Interested physicians and scientists could thus be attracted into this field and, as a consequence, we would anticipate a rise in the standard of teaching and an increase in Canadian contributions to knowledge of the subject, our contributions having been relatively few in the past.

Such, then, are my personal thoughts on a topic every aspect of which interests me greatly. I am confident that, given the guidance of individuals well versed in all the various facets of the complex problem that is large-scale blood banking, it will only be a matter of very few years before we have in Canada a system as complete and as satisfactory as human ingenuity can devise.