

Directed Donation Position Statement

Directed donation is the personal selection of blood donors. People requesting directed donors believe that picking their own donors will be safer than getting blood from volunteer blood donors.

Since the desire to use directed donors is usually made out of fear about contracting a transfusion transmitted virus such as Human Immunodeficiency Virus (HIV), it is important that patients understand the current risk of HIV in the blood supply. The best estimates available indicate the risk of contracting HIV from a blood transfusion is around one in two million.

Rock River Valley Blood Center (RRVBC) discourages most directed donations for several reasons. First, while there is no evidence that directed donors are safer than volunteer donors, there is some evidence that they may be less safe, having rates of infectious diseases higher than regular donors. This is because directed donors are more likely to have never donated blood and thus never previously been screened for blood borne infections.

Second, directed donors are not volunteer donors. The request for directed donation by a loved one or friend is a form of pressure on the potential donor. These donors may feel compelled to donate despite having risk factors. Regular, volunteer blood donors are under no pressure to donate and receive no incentive for doing so.

Third, in recent years there have been reports of another complication of blood transfusion that is nearly always fatal to the blood recipient called graft-versus-host disease. The risk of this complication is increased if the transfusion comes from close, blood relatives. The frequency of this problem is not known, but it is almost certainly greater than the risk of HIV. Exposing blood products to radiation can decrease the risk of graft-versus-host disease. This is done to all directed donor blood that comes from blood relatives. The need for radiation increases the cost of blood products to the patient.

Fourth, directed donor units must be handled and labeled in a special way to be sure they are kept separate from volunteer units. This makes the process of providing blood more complicated and increases the opportunity for clerical mistakes to occur. It is hard to justify a more complicated system for directed donations that, if anything, decreases safety.

Finally, directed donations increase health care costs not only from the increased cost of selection, screening and segregation of blood, but because of increased wastage of the components. Most directed donor blood is not required, so it is never transfused into the intended recipient. Since it is the position of RRVBC's Medical Director that directed donor blood components do not come from volunteer donors, as defined by the FDA, unused directed donation units are not made available to other transfusion recipients and are destroyed when they outdate.

Although RRVBC discourages the use of directed donation, except in circumstances when the directed donor may be the source of a rare blood type, we recognize that a few patients will delay or refuse important medical care in the absence of the directed donation alternative. Therefore, the continued provision of directed donation will be based on the following principles:

1. The physicians and patients desiring directed donation will receive this information.
2. The patient or legal guardian requesting directed donation must read and sign an informed consent.
3. Units from directed donors will be destroyed if not used for the intended recipient.
4. Units drawn from blood relatives of the intended recipient will be irradiated to prevent graft-versus-host disease.

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