

## **The precautionary principle and the social institution of blood donation**

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## **The precautionary principle and the social institution of blood donation**

As a policy instrument that is deeply rooted in technology assessment, the precautionary principle examines the effects of a given object on humans and the environment. In practice the principle is rarely used to analyze the effects of our safety measures on the object itself or the way it is produced (van den Belt and Gremmen 2002). Yet it is exactly in the effect on the blood procurement system, where blood safety regulations based on the precautionary principle have to be particularly careful, as the vast majority of blood products in the Global North are obtained through donations (Buyx 2009).

To secure sufficient and continuous cooperation, the blood system has to be perceived as fair and efficient by civil society at large. In general, the willingness to donate is highly sensitive to scandals and misinformation. Among the factors that negatively influence the willingness to donate blood we can find in the comments sections of the blood centers' social media, the deferral of potential donors, the disposal of blood, the transfer of blood to centers outside the donor's community, cases of inconsiderate treatment of donors, and rumors on preferential access. It is important to realize that hesitating donors are susceptible to finding comfort in any available excuses, which do not have to be grounded on rationality or adequate information, to avoid donating blood. For example, if blood collection centers defer willing donors, hesitating donors may interpret this as a sign that blood needs are currently not urgent. Hesitating donors may claim not to donate blood in order to force blood banks to be more careful in not wasting blood or to protest against the "unfairness" of having to cover the blood needs of other communities. Similarly, the lack of awareness of the financial costs involved in screening and handling blood donations may lead to the belief that everyone but the donors is making money out of these donations, wrongfully discrediting the system as exploitative.

As society is dependent on a voluntary act to cover the therapeutic blood needs, hesitating donors should not be blankly labeled as irrational or as lacking goodwill; instead, their worries should be identified and actively confronted. To reach and maintain an adequate supply of blood, public education campaigns should explain the reasons why blood centers reject potential donors and discard blood products while at the same time urgently calling for further donations.

It is important to acknowledge that securing a sufficient blood supply requires not only maximizing blood safety, but also addressing the worries of blood products recipients, and avoiding the stigmatization of potential donors (Sacks, Goldstein, and Walensky 2016). And it is here where Kramer, Zaaijer and Verweij's (2017) analysis proves to be of great value. The authors identify the criteria used to assess the different risk thresholds that are currently accepted or rejected by blood safety regulatory agencies, a study that is essential for the development of adequate public education campaigns on blood safety and needs. Among the identified precautionary factors that lead to the rejection of donors and blood units, it is important to highlight the following three partly overlapping justifications in public communication materials:

*Cost-containment:* the blood screening of some donors involves monetary resources that go beyond a reasonable threshold. To include these donors the healthcare system will need to spend resources that would have had a higher impact if used for other health-promoting endeavors. Hence, despite the good intentions of these donors, enabling them to supply blood will have a negative effect on the overall healthcare system.

*Temporary precaution:* some donors may pose a theoretical risk of transmitting a pathogen that is still not fully understood. To avoid contagion a number of risk groups need to be excluded from donation until the pathogen's behavior is better understood or screening technologies become available. Similarly, countering the propagation of a previously unknown pathogen may involve deferring a number of groups from donating as a precautionary measure even if adequate information is missing.

*Limitations of blood screening possibilities:* current blood screening technologies are inapt to safely and timely identify certain increased risk factors due to lifestyle choices, personal circumstances or professions.

Another important factor to be underlined in public education campaigns are the reasons for patient groups' demands for high blood safety policies. Potential donors need to be aware that some patient groups need a large amount of blood products for their treatments, relying on multiple donors and thus continuously increasing their odds of infection. Moreover, the lack of understanding of certain pathogens has led in the recent past to a very large number of transfusion-transmitted infections, leading to several thousands of deaths in the mid-eighties (Kramer, Verweij, and Zaaijer 2015; Sacks, Goldstein, and Walensky 2016).

When encouraging blood donation as a social institution that encompasses the values of solidarity and social unity, it is important to ensure that certain groups of people who strive to be socially engaged members of society do not end up excluded for pertaining to a social subgroup (Behrmann and Ravitsky 2013). This can have particularly stigmatizing effects when exclusionary policies affect groups that have suffered discrimination in the past. Blood, despite being a renewable bodily product, has a special cultural meaning (Klugman 2010). Treating the blood of some members of society as "unclean", without looking at specific contexts or providing sufficient justification, is most likely to be perceived as discrimination. Policies that unjustifiably exclude certain groups may erode their trust in the healthcare system altogether, increasing the likelihood that members of these groups become disease vectors in other settings (Galarneau 2010). Further, when some groups are excluded from donating blood, these people are not only impeded to fully support a collective commitment to solidarity (Martin 2013), but are also forcibly turned into free riders on a social good provided by others if in need of blood transfusions themselves. Due to the particular importance some people place on donating blood, policy-makers owe the groups who become excluded a public justification. The arguments used to justify such precautionary measures can be

either accepted, tolerated or rejected by those not allowed to donate. But most importantly, without full disclosure of the reasons for deferral and efforts to make sure this information is understood by those affected, those wanting to donate will most likely fail to distinguish between true discrimination and perceived discrimination.

To summarize, public education campaigns need to have a three-tier goal in mind. First, the public needs to have a good understanding of the importance of donating blood and the dangers of transfusion-transmissible infections. Second, it is imperative to encourage potential donors to disclose risky behavior (Kramer, Zaaier, and Verweij 2017). Third, to give the public a basic knowledge of the criteria for why some donors are excluded from donating blood despite the urgent blood needs. It is vital to make sure people do not reasonably feel discriminated in a social institution that portrays itself as representing the values of solidarity and social unity. The latter is even more pressing when blood donation is framed as a moral obligation (Snelling 2014).

## References

- Behrmann, Jason, and Vardit Ravitsky. 2013. "A Gift That Some Cannot Give: The Ethical Significance of the Ban on Gay/Bisexual Men as Blood Donors." *The American Journal of Bioethics* no. 13 (6):46-47.
- Buyx, Alena M. 2009. "Blood donation, payment, and non-cash incentives: classical questions drawing renewed interest." *Transfusion Medicine and Hemotherapy* no. 36 (5):329-339.
- Galarneau, Charlene. 2010. "'The H in HIV Stands for Human, Not Haitian': Cultural Imperialism in US Blood Donor Policy." *Public Health Ethics* no. 3 (3):210-219.
- Klugman, Craig M. 2010. "Blood donation and its metaphors." *The American Journal of Bioethics* no. 10 (2):46-47.
- Kramer, Koen, Marcel F Verweij, and Hans L Zaaier. 2015. "An inventory of concerns behind blood safety policies in five Western countries." *Transfusion* no. 55 (12):2816-2825.
- Kramer, Koen, Hans L. Zaaier, and Marcel F. Verweij. 2017. "The precautionary principle and the tolerability of blood transfusion risks." *The American Journal of Bioethics*.
- Martin, Dominique. 2013. "Charitable Incentives for Blood Donation Are Promising, But Require Careful Consideration." *The American Journal of Bioethics* no. 13 (6):52-54.
- Sacks, Chana A, Robert H Goldstein, and Rochelle P Walensky. 2016. Rethinking the Ban—The US Blood Supply and Men Who Have Sex with Men. *New England Journal of Medicine*.
- Snelling, Paul C. 2014. "Challenging the moral status of blood donation." *Health Care Analysis* no. 22 (4):340-365.

van den Belt, Henk, and Bart Gremmen. 2002. "Between precautionary principle and "sound science": distributing the burdens of proof." *Journal of Agricultural and Environmental Ethics* no. 15 (1):103-122.