

Directed Donation Position Statement

Directed donation is the personal selection of blood donors by a patient who may need blood transfusions. The desire to use directed donors is usually made out of fear about transfusion-transmitted infection. It is important that patients understand the current risk of the blood supply. The best estimates available indicate the risk of getting AIDS or Hepatitis C from a blood component that is negative on current testing is less than one in two million.

The high level of safety comes from several sources, in addition to current lab testing. All blood donors must be volunteers, giving for no motive other than the satisfaction of helping patients in need. All donors are given written materials outlining the behaviors that place them at risk for being infected with the AIDS and hepatitis viruses. Donors are asked directly about each risk, and prospective donors are physically examined for evidence suggesting they have used drugs with a needle. **There is no evidence that directed donors are safer than volunteer donors.** However, there is some evidence that they may be less safe, having higher rates of infectious disease tests than regular donors. This is because directed donors are more likely to be first time donors who have never been screened for blood-borne infections.

There is another complication of blood transfusion that is nearly always fatal called graft-versus-host disease. The risk of this complication is increased if the transfusion comes from blood relatives. The frequency of this problem is not known for sure because the diagnosis is difficult to make, but is greater than the risk of AIDS or hepatitis. Irradiating blood products prevents graft-versus-host disease. This is done to all directed donor blood. While the use of blood from directed donors affords little, if any, increased safety to transfusion recipients, the need for irradiation shortens the shelf life of a unit of blood and **increases the cost.**

Directed donation also increases health care costs because most of the components collected are never transfused. This is because their care often does not, in the end, require any transfusion. Directed units are kept until they outdate (up to 28 days after collection for red blood cells) to be sure they are available for the intended recipient if needed. Unused directed donations are not given to other transfusion recipients and are destroyed when they outdate.

Directed donor units must be handled and labeled specially to be sure they are segregated from regular units. This makes the process of providing blood more complicated and increases the opportunity for clerical errors, which can result in the transfusion of the wrong unit to a patient.

Ten to fifteen percent of volunteers trying to donate are deferred (not allowed to donate), and directed donors are rejected at least that frequently. The elimination of a single directed donor from 2 or 3 recruited can become known to the recipient when fewer units of blood are available than were ordered. This can lead to speculation about the reasons for deferral by the prospective recipient which can breach the donor's expectation of privacy.

Donor /recipient compatibility must be determined prior to collection, and may require additional testing for recipients and donors. Even with pre-testing, final compatibility is determined at the hospital immediately prior to transfusion. We cannot guarantee that all directed donor units will be available, compatibility issues can arise at any time.

The Blood Center discourages the use of directed donation as medically unnecessary (except when a designated donor may be the only source of a rare blood type), but provides this service when requested under the following circumstances.

1. Requesting patients and physicians will receive this statement for review.
2. The physician must request directed donation with a written order. We will provide the order form.
3. Additional testing may be requested for recipients and donors, adding additional costs.
4. The patient (or guardian) requesting directed donation must read and sign an informed consent.
5. Potential directed donors will be told of the risk to their privacy.
6. Directed units will be irradiated to prevent graft-versus-host disease.