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 related to fear about transfusion-transmitted infection. It must be distinguished from designated donation required due to unique compatibility problems.

Patients must understand the current risk of the blood supply. The best estimates available indicate the risk of getting AIDS or hepatitis from a blood component that is negative on current testing is around one in three million. This 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. There is some evidence that they may be less safe. They have higher rates of positive infectious disease tests than volunteer donors and by extension are likely to have a higher risk of very early infections that can be missed by testing. This is because directed donors are more likely to be first-time donors who have never been screened for blood-borne infections, and may be under peer pressure to donate, in contrast to the volunteer donors recruited by the blood center.

Another complication of blood transfusion that is nearly always fatal is 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 certainly greater than the risk of AIDS or hepatitis. Irradiating blood products prevents graft-versus-host disease and is done to all blood products from directed donors. While the use of blood from directed donors affords little, if any, increased safety to transfusion recipients, the requirement for irradiation shortens the shelf life of a unit of blood and increases the cost.

Directed donation also increases health care costs because many of the components collected are never transfused when the recipient's care often does not, in the end, require any transfusion. Directed units are kept for the intended recipient until they outdate (up to 28 days after collection for irradiated red blood cells) to be sure they are available for the intended recipient if needed and are destroyed when they outdate. Also, 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 expensive. Directed donors who may subsequently donate organs, marrow or stem cells to the recipient need to discuss the impact of prior recipient exposure to their blood with the attending physician.

Ten to fifteen percent of volunteers trying to donate are deferred (not allowed to donate) for a variety of health reasons and risks to recipients, and directed donors are rejected at least that frequently. The elimination of a single directed donor from a few or several 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 since 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 receive this statement for review.
2. The physician must request directed donation with a written order. We will provide the order form.
3. Potential donors, who have not previously donated at MVRBC, must present a valid blood type from a clinical laboratory ordered by the requesting physician or another blood center. The blood center can perform typing for a small charge, but that will delay the collection process. Donors must be ABO/Rh compatible with the intended recipient.
4. The patient (or guardian) requesting directed donation 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.