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We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Why blood donors need doctors

SIR,—The North East Thames Regional Health Authority has decided that "it can do without doctors at blood transfusion sessions" (3 November, p 1209).

There is misunderstanding of the functions of doctors at blood donor sessions and a need to correct the impression that the doctors are there only to stick needles into the arms of volunteers. The task of these doctors should centre on the selection and care of donors, who are usually anxious to contribute to the service and in their enthusiasm may not appreciate the hazards both to themselves and to the recipients of their gift.

Selecting suitable donors is becoming more difficult with the rapid growth in potent drugs and the presence of numerous transmissible diseases. Judgments based on a knowledge of infection and the natural history of diseases such as the various types of hepatitis, malaria, and, increasingly, the acquired immune deficiency syndrome require extensive training and judgment.

It is also now common for donors who have had cardiac bypass operations, or pacemakers inserted, who are on cardiac glycosides, antiplatelet drugs, β blockers, and other forms of treatment to wish to repay their debt to the community by donating blood for others, and it requires tact and a knowledge of the problems to dissuade them from action or to know how their particular donation can be utilised in a safe manner.

Although donation is regarded as a safe procedure, problems may occur—such as haematomas, arterial puncture, injury to

cutaneous nerves, convulsions, etc. These can have serious sequelae, and there is always the possibility of thrombosis of veins or coronary arteries. The medicolegal implications of much of this work are great, and the probability of these problems arising escalates with the pressure applied to bleed more donors with fewer staff and particularly with fewer trained staff. The effect of financial cutbacks is now becoming all too apparent, and it is not reasonable or safe to expect one doctor to care for and bleed up to 180 or more blood donors in 250 minutes of working time. In spite of all the current calls for more work from fewer staff and for more efficiency, the blood donor is entitled to respect and safety. There is now a good supply of volunteer donors and relative shortages of staff. If standards are allowed to lapse the message will soon spread and we shall be faced not only with staff shortages but also with mistrust and lack of confidence and in due course a consequent shortage of donors.

If the North East Thames region is not able to find or fund adequately trained staff for its donor sessions there should be a review of the reasons for this failure. The fundamental problems will not be solved by transferring the responsibility to nursing staff.

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the last seven or eight weeks,¹ may be partially explained by the recent decision of the regional medical officer to replace doctors by nurses in the regional transfusion centre, a decision communicated to doctors through the pages of that inestimable source of medical information the *Brentwood Gazette*. This decision is contrary to the advice of the DHSS and the Council of Europe and has ramifications beyond public relations in this service, which is beset by the scandal of the conviction of Dr Mark Patterson for conspiring to steal blood and the introduction of handling charges for blood supplied to private hospitals.

The view of the regional medical officer that "the need for a doctor on site is nil . . . nurses can do the job as well as if not better than doctors"² is questionable. It seems conceivable that safety standards will be compromised, and the issue of culpability and the potential damages that might arise in the event of mishap must be considerable. Those of us who are concerned with this matter hope that it may be debated before implementation (despite notice having already been served on the doctors providing the service).

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1 Timmins N. Blood shortage may delay surgery. *The Times* 1984 Oct 6:2.
2 Anonymous. Doctors axed from transfusion sessions. *BMA News Review* 1984 September:6.