



A Pint of Life

How dwindling inventories at the Canadian Blood Service are creating a high demand for willing donors

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Imagine getting into a car accident and being rushed to the emergency room. If your injuries are severe enough, there's a good chance one of the first procedures done to you will be a blood transfusion. At this point, your life is now in the hands of potential blood donors—not a very comforting thought, if you look at how many people actually take the time to donate.

Many Canadians take the blood transfusions for granted, and the current shortage has Canadian Blood Services (CBS) scrambling to equilibrate their national inventory.

Candace Korchinsky, communications specialist for CBS, explained that there is typically a dip in collections over the summer months due to people being on holidays. However, this year that drop reached a critical low.

"Right now, we're sitting at our lowest collection levels that we've seen since Canadian Blood Services took over management of the blood supply in 1998," Korchinsky stated.

"We're sitting at about a three- to four-day national inventory, where ideally we like to be sitting at about six days."

Korchinsky explained that across Canada this summer, CBS had about 25 000 cancellations or people who didn't attend their appointments. And for Dr Louis Hugo Francescutti, an emergency room physician at the Royal Alexandra Hospital that number is unacceptable.

"That's pretty appalling that that many people would have to cancel an appointment that they made," Francescutti said, blaming a diminishing sense of selflessness for faltering donor levels.

"Our current society is less interested in doing things than we were in the past. You can see that our sense of community responsibility is very different," he said.

Francescutti added that since it's an invasive procedure, it would be impossible to mandate blood donations, but he stressed that something must be done to reverse the trend of lowering donor turnout.

"The only thing left to do is to try and change society's perception as to why it's important to give," he explained "So maybe we need to do a far better job

explaining that one donation can help so many different people."

Dr Susan Nahirniak, medical director of transfusion services for Capital Health, explained that currently both positive and negative O- and A-group blood are in particularly short supply.

"Right now I think we are operating at a one- to two-day inventory for group O red cells," she said.

Combining the shortage with the already short lifespan of donated blood has compounded the problems that CBS is currently facing.

"If there's anyone that could be giving blood, it's [the younger] generation. Most of them are healthy and don't have blood-borne diseases, but if we can get [that] generation to give blood, that would stand us in good stead."

DR LOUIS HUGO FRANCESCUTTI
EMERGENCY ROOM PHYSICIAN

Korchinsky explained that with every donation, the whole blood gets separated into three different components: red blood cells, plasma, and platelets. Red blood cells last 42 days, plasma about a year, and platelets only five days.

"So the shelf life really isn't that long for blood products," she said. "Typically, when you come in on one day and you donate blood, for the most part that unit of blood that you give on that day is most likely going to be used up within the span of about one week."

But when dealing with shortages, Nahirniak explained that physicians are faced with the challenge of providing adequate care without adequate supply.

"When we're short in terms of the products, we may end up switching blood groups for people if they come in in a trauma; there's the possibility that we would cancel or postpone certain surgeries; and for patients who are in ICU, we will press the clinicians

to closely re-evaluate and use alternate agents other than blood products," Nahirniak said.

And while switching blood groups may be the only way to save certain patients, it can create long-term problems. In women of child-bearing age, it can cause complications in future pregnancies, and in the event that that individual was to come in at a later date for another transfusion, their body would likely react against it.

However, Francescutti pointed his finger at the younger generation of potential donors to help solve the blood shortage problem.

"If there's anyone that could be giving blood, it's [the younger] generation. Most of them are healthy and don't have blood-borne diseases, but if we can get [that] generation to give blood, that would stand us in good stead," he said.

And with an aging baby boomer population, Nahirniak also noted that students are the ideal donor group.

"They're the prime group that we want to get because most of our donors are older, and so we'd like to get more of the younger population in and get them to become dedicated donors. So if they can start and continue, that would be wonderful."

"Even though over the past couple weeks Canadians have definitely answered our call for the immediate-need messaging, we still have a lot of work to do in terms of keeping those donations up there and continuing to increase the collections over the next several weeks," Korchinsky added.

But while the immediate focus is on alleviating the current shortage, equal attention is being paid to trying to prevent further lapses in the future.

"It's an issue that needs discussion; it's an issue that needs some resolution to it, and the more we can discuss it, the more we can hopefully convince people to try to give blood," Francescutti said.

"That unit of blood will make an enormous difference in either a child's life who has leukemia, or a woman who delivered a baby and had problems afterwards and she's bleeding, or a severely traumatized patient," Francescutti explained.

"It literally does save lives."