The ethics of blood supply

SIR

Pablo Rodriguez del Pozo concludes that 'relying entirely on voluntary donors at present means tolerating shortages of blood and plasma' (1). Yet he earlier admitted that 'The all-plasma through plasmapheresis performed in unfeasible'. But he then leaps to the conclusion that this is of catastrophic failures, especially, pernicious fee-for-surgery donors at present means donors' satisfaction that the provision of whole blood only to cease within the large number of unnecessary (5). It is often well worth trying less drastic treatments, such as manipulation, before resorting to spinal surgery: 'Fifty per cent of patients with lateral entrapment were markedly improved and as a result did not require operation' (6).

Other unnecessary operations included hysterectomies - in the 1970s in the USA 500,000 were performed every year, of which only 20 per cent were clinically fully justified (7), radical mastectomies - a very large number of which are unnecessary (8), and appendectomies - 75 per cent of appendices removed in Germany were found to be normal (9).

So we can both provide more plasma and reduce the need for it, within the current all-volunteer system. In Britain we have a model system, based on volunteers and with very rigorous screening procedures: it is well planned and well organised. Commercial pressures would inevitably compromise both the high clinical standards and the effectiveness of the planning: del Pozo himself refers to the 'health dangers associated with cash blood', and it is well known that you cannot plan effectively in the anarchy of the marketplace.

Del Pozo's proposal would, if implemented, wreck our blood-collection system. Why should we destroy a system which is fair, moral and effective?

References

(2) See reference (1): 33.
(9) Lichtner S, Pflanz M. Medical care 1971; 9: 322.

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Resuscitation policy

SIR

There has been much debate since the circular sent from the Chief Medical Officer (1), regarding resuscitation policy, following a complaint from a relative who discovered his mother was assessed as being unsuitable for cardiopulmonary resuscitation (CPR). Accurate and detailed medical records are required in this era of litigation in which we find ourselves, particularly since the Parliamentary Act of 1991 which permits review of medical notes by patients and their next of kin.

There were no formal guidelines regarding the assessment of patients...