

## **Do Blood and Money Mix?**

In Canada between 1980 and 1985 at least 2000 recipients of blood and blood products contracted the human immune deficiency virus. Between 1980 and 1990 another 30,000 transfusion recipients were infected with Hepatitis C, a debilitating and frequently fatal liver disease.

As a result of the Blood Scandal, Justice Horace Krever was commissioned to analyze the causes and propose a solution to the problem. Justice Krever described a devastating level of Canada-wide organizational corruption and incompetence. He recommended the dissolution of the entire former Federal/ Provincial and Red Cross blood apparatus, creating one responsible independent agency – the Canadian Blood Agency. This recommendation was followed.

Since then, the blood services have regained some of the widespread public trust they had enjoyed before the Scandal.

The technical development over the past 30 years of a multitude of blood derivatives and a continuing marginal shortage of donated blood (following the blood scandal) has resulted in the ongoing purchase by Canada of mostly USA produced blood products.

In 2013, Canadian Plasma Resources (CPR) opened plasma clinics in Toronto, recruiting and paying donors for their plasma. Following a public outcry against payment for human bodily fluids, the Ontario Liberal government passed legislation to ban paying people for their blood or plasma. Quebec also bans payment for the donation of blood. Undeterred, CPR approached the government of Saskatchewan and was informed that the province had no plans to enact a similar ban. In February, CPR received a license to operate a plasma collection clinic in Saskatoon and opened their doors two weeks later.

A similar request has been made to the government of British Columbia. Initial response from the BC Minister of Health has

been guardedly positive, resulting in a considerable amount of reaction at the community level throughout BC.

This commentary is part of that reaction.

Some things are too important for our collective welfare to be left to the actions and operations of individuals, competitive businesses and the "free" market. Noted Scottish moral philosopher and political economist, Adam Smith made that clear. Examples include roads, common schools, community water and energy supply, air quality, law enforcement, social defense etc.. This is the fundamental position of the Canada Health Act. It was not devised to maximize rewards/profits of medical doctors, other professional personnel, medical suppliers or technicians but to guarantee reasonable access for all to medical services of defined types, within a balanced, fair recompense system for service providers.

In this context and through the exigencies of war in the 1940's, Canadians generally accepted the concept of ready access to blood and latterly, blood products, with the supply provided through voluntary donations. Thus, the donor became part of the equation. In exchange for donation, the donor and the general public could be assured of supply when needed. This model and philosophy throughout the past 65 year has become deeply embedded in our Canadian values. It has survived the tainted blood scandal and the removal of the Canadian Red Cross from the equation; it can be considered an article of common faith in our society.

To introduce into this equation a competitive parallel model of payment for donation is to open the door to possible long-term erosion of this attitude and philosophy. It is noteworthy that a core group of donors – post secondary students at universities, colleges, vocational schools and institutes of technology – is one that is in financial need much of the time. It is reasonable to assume that a "pay for blood" system would prove to be very attractive to this and other needy groups. This appears to be the case in the USA where many individuals

are basing a key portion of their income on frequent blood lettings.

Some criticisms of the proposed purchase system in Canadian provinces suggest that this process would completely erode or hollow-out a voluntary system in the longer term. This may be a stretch, depending on the actual size and geographic spread of the payment model. For example, if the payment system were restricted to a relatively small number of donor centres and a relatively small number of donors, it might have little overall effect. At this time it is our understanding that the blood products side of the blood industry is relatively restricted. Therefore it could be argued that the economic activity would have little effect. Doubtless, the proponents of the business are taking a "fairness" stance with government, and arguing that Canada is a customer of the industry (centred at this time in the USA) and therefore, Canadian business should share in the activity and the profits and employment generated.

On the other hand, we view the existing model to be one in which the industry is held at arm's length in the USA, leaving our voluntary system unthreatened.

Another approach is to use the Krever model and task the Canadian Blood Agency with creating the industry on Canadian soil as a Crown agency or subset of the CBA – with the attendant costs of capitalizing and operating the system. These would be considerable and doubtless cause an outcry over tax dollars. However, exactly the same costs are and would be involved under the present mooted private industrial model. In the last analysis, tax dollars are and would be required to purchase the product unless the blood system becomes "hybrid" with maximum access to products being available only to those with personal dollars to spend.

Thus, buried in this argumentation is the drift toward a "hybrid" system with differential rewards to the suppliers and costs to the consumers.

In the argumentation over this issue the matter of safety is brought up repeatedly. It appears to us that this is spurious. The existing blood supply from the USA is indeed drawn from many people in need and from a variety of circumstances. However, the products involved appear to be highly derived and subject to exhaustive controls and processing at the production and at the consumption end. This is a far cry from the circumstances of our tainted blood scandal. This involved whole blood or modest derivatives in a context of multiple overlapping, placid bureaucracies with their various forms of institutional decay and functional corruption.

All organizations are subject to forms of corruption because they are staffed with human beings. The Krever resolution of the problem was to eliminate the multiple organizations and jurisdictions and create one clearly accountable and responsible agency. It appears to us that herein lies the primary rationale for dealing with the matter of securing a Canadian-based blood products supply. If we want a fully Canada-based system, then it should be unitary, fully accountable and responsible to the Canadian taxpayer through its government. Relying on a competitive business model to keep things clean, efficient and honest is simple romanticism. A review of the last two decades of corporate horror stories including the current Volkswagen and FIFA shenanigans demonstrates this powerfully.

If we are not prepared to develop a unitary system based on the Krever logic, we should continue with the present model. This at least keeps the grimy side of the business south of 49 and allows us to use the power of a unitary major consumer and ongoing monitoring to deal with the suppliers.

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