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**Blood Centre**  
**Code of Ethics**

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## **Introduction & History**

The practice of transfusion medicine involves a number of ethical issues because blood comes from human beings and is a precious resource with a limited shelf life. In 1980 the International Society of Blood Transfusion endorsed its first formal code of ethics, which was adopted by the World Health Organisation and the League of Red Crescent Societies. A revised code of ethics for donation and transfusion was endorsed in 2000.

Blood donation as a gift, donor confidentiality, donor notification and donor consent, consent for transfusion, the right to refuse blood transfusion, the right to be informed if harmed, and ethical principles for establishments, are discussed in the international and Indian contexts.

## **What is Ethics?**

Ethics is basically a set of moral values or a code of conduct. The role of ethics in developing clinical practice guidelines and recommendations for health-care providers is to ensure that values that may not be adequately incorporated into the law are given reasonable consideration.

It involves a moral responsibility towards both donors and patients. Decisions must be based on four principles: respect for individuals and their worth, protection of individuals' rights and well being, avoidance of exploitation, and the Hippocratic principle of *primum non nocere* "first do no harm".

## **ISBT code of ethics**

The objective of this code is to define the ethical principles and rules to be observed in the field of transfusion medicine.

1. Blood donation, including haematopoietic tissues for Transplantation shall, in all circumstances, be voluntary and non-remunerated; no coercion should be brought to bear upon the donor. The donor should provide informed consent to the donation of blood or blood components and to the subsequent (legitimate) use of the blood by the transfusion service.
2. Patients should be informed of the known risks and benefits of blood transfusion and/or alternative therapies and have the right to accept or refuse the procedure. Any valid advance directive should be respected.
3. In the event that the patient is unable to give prior informed consent, the basis for treatment by transfusion must be in the best interests of the patient.
4. A profit motive should not be the basis for the establishment and running of a blood service.
5. The donor should be advised of the risks connected with the procedure; the donor's health and safety must be protected. Any procedures relating to the administration to a donor of any substance for increasing the concentration of specific blood components should be in compliance with internationally accepted standards.
6. Anonymity between donor and recipient must be ensured except in special situations and the confidentiality of donor information assured.
7. The donor should understand the risks to others of donating infected blood and his or her ethical responsibility to the recipient.

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**Code of Ethics**

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8. Blood donation must be based on regularly reviewed medical selection criteria and not entail discrimination of any kind, including gender, race, nationality or religion. Neither donor nor potential recipient has the right to require that any such discrimination be practised.
9. Blood must be collected under the overall responsibility of a suitably qualified, registered medical practitioner.
10. All matters related to whole blood donation and haemapheresis should be in compliance with appropriately defined and internationally accepted standards.
11. Donors and recipients should be informed if they have been harmed.
12. Transfusion therapy must be given under the overall responsibility of a registered medical practitioner.
13. Genuine clinical need should be the only basis for transfusion therapy.
14. There should be no financial incentive to prescribe a blood transfusion.
15. Blood is a public resource and access should not be restricted.
16. As far as possible the patient should receive only those particular components (cells, plasma, or plasma derivatives) that are clinically appropriate and afford optimal safety.
17. Wastage should be avoided in order to safeguard the interests of all potential recipients and the donor.
18. Blood transfusion practices established by national or international health bodies and other agencies competent and authorised to do so should be in compliance with this code of ethics.

**Ethical issues related to donors***1. Blood donation as a gift:*

The WHO recommends that national blood services should be based on voluntary, non-remunerated blood donation. No one should be forced to donate, for family or economic or any other reason. The trade of human blood and body parts is unethical. "The dignity and worth of the human being should be respected."

Non-remunerated blood donation is considered a gift and the blood centre has a right to accept or defer it if unacceptable.

Donor deferral might appear as discrimination and a violation of a human right, but the patient's right to safer blood is more important than the donor's right to not be discriminated against, as blood centres are made to help patients and not donors.

*2. Donor confidentiality, donor notification and donor consent:*

Donor confidentiality is an important issue. Personal information disclosed by the blood donor during the course of a predonation interview and information obtained from the various tests performed on the donated component, are expected to be held in confidence by the donor centre.

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**Code of Ethics**

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The blood donor, an otherwise healthy individual until notified of an abnormal result by the blood centre, may seek a physician's advice and doubt the creditability of the testing procedure and deferral policies. A more specific test might turn out to be negative and the donor may be labelled as healthy. This donor might return to the blood centre asking for compensation for the unnecessary mental anguish and the expenses incurred and might never donate again.

Blood safety depends partly on the information provided by the donor and it is also the donor's ethical duty to provide truthful information. It is unethical to wilfully conceal information about high-risk behaviour or medical history.

**Ethical issues related to patients**

Ethical issues related to patients include access to risk-free safe blood free of charge or need of replacement, informed consent for transfusion, the right to refuse the transfusion, and the right to be informed if harmed.

1. *Consent for transfusion:*

Consent for transfusion has to be informed consent. The patient should be informed of the known risks and benefits of transfusion, and alternative therapies such as autologous transfusion or erythropoietin. Only then should the consent be documented. If the patient is unable to give prior informed consent, the basis of treatment by transfusion should be in the best interests of the patient.

2. *Right to refusal:*

The patient's right to refuse blood transfusion should be respected. Some religious sects such as Jehovah's Witnesses do not accept blood transfusions.

3. *Right to be informed if harmed:*

If the patient has been transfused blood and components that were not intended for him/her, whether harmed or not, he/she has the right to be informed. Similarly a patient who has inadvertently received blood positive for a transfusion transmissible marker has a right to be informed and given due compensation.

**Ethical principles for blood establishments**

A profit motive should not be the basis of establishing and running blood transfusion services. Wastage should be avoided to safeguard the interests of all potential donors and recipients.

The National Blood Transfusion Council, with the National Blood Policy as a tool, and the Drugs Controller, with the help of the Drugs and Cosmetics Act, aim to ensure blood safety and ethical transfusion practices in India.

Currently under the Drugs and Cosmetics Act it is mandatory to test blood for anti-HIV 1 and 2, anti-HCV, HBsAg, syphilis and malaria. Consent for testing is taken and the donor is given the option of receiving the results – this is mandatory in some countries such as the US and UK. Consent is also taken for the transfer of the collected blood to other blood bank if need arises and to send the plasma for fractionation.

The Code of Medical Ethics, that is binding on doctors, honours confidentiality. However, in a court of law in India, this privilege is not absolute but qualified. Doctors can reveal information in the interest of individual or general welfare of society and when there is no mal-intention.

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## Blood Centre

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### Code of Ethics

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