

Handling of third party information in the context of blood donation

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The entire relationship between blood donors and the blood collection service is based on trust. Donors understand that the blood service has to be very careful in its selection procedures. Approximately 20,000 blood donors are seen annually in Malta and the vast majority of donors are committed, altruistic and correctly answer the screening questions designed to eliminate donors with risks to themselves or to the potential recipients.

However it is known that sometimes very few donors are not completely open and occasionally information is received by a third party about a donor which, if given by the donor, would have precluded donation. How this information is handled is critically important, since the blood service would not wish to compromise the trust which has been built with the vast majority of donors over the years. It becomes a difficult balancing act to ensure the rights of the donor and those of the third party are all respected.

The National Blood Transfusion Service (NBTS) is committed to providing safe blood components to all patients. As part of the donation process, all donors provide informed consent, undergo a detailed medical screening via a questionnaire and a medical check up. They are also offered advice on any queries that arise throughout the process. The pre-donation interview is always carried out in a private place, so that donors can be sure of not being overheard or seen while discussing personal information with the medical officer.

Third party information can be received verbally, by letter or via the telephone. It may also come from postings on the internet, social media or press articles, or through anonymous tips. Clearly some sources of information are perceived to be more reliable than others. The blood service has attempted to assess this by ranking the sources in order of reliability: identified informants, relatives of the donor, healthcare professionals, police, teachers or social workers. On

occasion third party information may be obtained about the partner/husband/wife of a blood donor, shedding doubt as to the donation eligibility of the latter.

The following are broad principles that guide what is done.

If the third party information is received during a session it will not normally be discussed with the donor during the session and the donor may be bled, as long as the donor questionnaire has been completed and the answers would (but for the third party information) allow the donation to proceed. However the donation will be discarded if the evaluation is such that it would be considered potentially hazardous to transfuse that unit of blood.

In all other circumstances where the third party information is such that (if confirmed) it would affect the donor's future as a blood donor, or the safety of the donation collected, the donor in question is contacted (by telephone and if unreachable by registered mail) and asked to come to the donation centre for clarification. Precautions are taken to ensure that this communication is done directly with the donor involved and with nobody else. The donor is met by a named medical doctor of the blood service and a confidential discussion takes place to try and assess the veracity or otherwise of the third party statements. The substance of information is made clear to the donor whilst great effort is made to introduce the information gently and in a non confrontational way. It is important to be non critical and give the donor a safe environment to say whatever he or she wishes.

The follow up action is very specific to the information gathered from all sources but, as a general guideline, where it is deemed that the source of the information is not a reliable informant, denial by the donor may be accepted and the donor allowed to continue donating in future. If on the other hand, the source of the information is a reliable informant, the donor's denial is

not necessarily to be taken as being conclusive and it may be necessary to go back to the source for further comment before reaching a final decision. Sometimes donors do not respond to the invitation to comment on the information received, or there are instances where after all avenues have been explored doubt still persists on the accuracy of the information to hand. On these occasions such donors are permanently excluded from the donor panel in the interests of safety of the blood supply.

Donors who are excluded from the panel are always told of this outcome and receive a clear explanation of the reason either when they turn up for counselling or through a detailed letter if they don't. However in all circumstances the source of information is not disclosed (even though their identity can become obvious to the donor in at least some instances).

These are very sensitive situations and any action taken will be discussed and evaluated with senior managers at the blood centre and sometimes senior colleagues and other sources, e.g. lawyers, may be consulted for counsel. This is always done in an anonymous fashion.

Detailed records are kept of all communications in connection with such situations, be they verbal or written. If third party information is communicated in writing, the letter or other documents (including a fax or e-mail) containing it will be retained for 30 years in a secure place to comply with laboratory regulations to ensure traceability. Whilst the third party is informed at the earliest opportunity that the NBTS will not normally disclose their identity to the donor unless overruled by law, donors also have the statutory right of access to their records and the right to demand that any inaccuracies are corrected. Therefore the requirements under the Data Protection Act (2002) are followed and such information is classified as "sensitive personal data".

There is not much published work in this area; however the small number of studies that exist do indicate that there is a substantial likelihood that third

party information may indeed be true (Paley, 2005). These studies have shown that, in many instances, donors who were ineligible to donate continued to give blood. This is worrying. Moreover these studies have also shown that a significant number of donors will not respond to requests from donation centre staff to discuss any third party information. This would indicate that the donor had a circumstance which he did not wish to discuss.

The scope of all pre-donation assessments is to establish a safe donor pool. Donor literature and questionnaires are made widely available to enable donors to self-exclude; however, donors might not always do so. This confirms that it is worth investigating third party information and having a robust system to handle it.

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REFERENCES

Data Protection Act, 2002. Chapter 440, Malta.

Paley, O.J., 2005. Is third party information true? Should blood donors be excluded because of it? *Transfusion Med.* 15, pp. 33-36.