Ban on payment to donors causes blood shortage in India

Ganapati Mudur, *New Delhi*

Blood banks and hospitals across India are reporting an acute scarcity of blood after a Supreme Court order to ban payment to donors came into effect on 1 January.

Blood banks in the private sector as well as in government hospitals have turned away patients, and doctors have expressed fears that the ban will drive the trade in paid blood underground.

India's annual demand for blood is about six million units but blood banks manage to collect only about three million units each year. Nearly a third comes from paid (professional) donors. Most donations are from "replacement donors"—the relatives or friends of patients who replace

blood needed in emergencies.

The Supreme Court's ruling two years ago was intended to improve the quality of blood and followed a controversial government sponsored study that indicated a high incidence of HIV and hepatitis B seropositivity among paid donors. India has around 1500 blood banks, nearly 900 in the private sector. Government hospitals in India have refused to accept blood donations from paid donors for more than five years, but private blood banks have relied primarily on paid donations.

The Supreme Court had recommended the creation of a National Blood Transfusion Council and given the government two years to phase out

dependence on paid donors. The operators of private blood banks now blame the council for not implementing any significant programme to augment voluntary blood donations. "The result is that today we have a tremendous shortage of blood, and patients are suffering," said Divya Lal, secretary of the Indian Association of Blood Banks.

The operators of private blood banks say that the government study indicating high HIV and hepatitis B seropositivity among paid donors was based on merely 120 donors. "Blood from professional donors is perhaps the safest because they are repeatedly tested for infection, as often as once every three months," said Mr Lal. A report from India's National AIDS Control Organisation last year said that HIV seropositivity among paid donors was 0.3%, compared with 0.42% among voluntary donors and 0.5% in replacement donors. □

Medicare to be extended

Deborah Josefson, *San Francisco*

The United States president, Bill Clinton, has unveiled a proposal to extend the eligibility to join Medicare to people aged 55 to 65. The plan aims to ensure that "near elderly" people, a largely uninsured and vulnerable population, have access to guaranteed health insurance coverage.

Medicare is the federally administered healthcare plan that provides basic medical coverage to 38 million people in the United States. It is currently restricted to those aged over 65 and to disabled people. The new proposal would allow those aged 62 to 65 to join Medicare early by buying into the plan with a premium of \$300-\$400 (£188-£250) a month. It would also allow those aged over 55 who have lost their jobs to buy into the programme in a similar way.

President Clinton's plan is popular but controversial because Medicare is already in financial straits. Last year government officials estimated that Medicare would run out of money by the year 2001. Republicans have criticised the plan as election year pandering and were sceptical about the results. Senator Phil Gramm, a republican from Texas, said: "If your mother is on the Titanic, and the Titanic is sinking, the last thing you want to be preoccupied with is getting more people on the Titanic." The White House countered that the programme would be self financed through participant premiums.

Another problem is that the premiums, although cheaper than many in the private sector, are still prohibitively expensive for most Americans. The administration acknowledged this and estimated that it would help only about 300 000 of the three million uninsured Americans aged 55 to 65.

However, John Rother, spokesman for the American Association of Retired Persons, said: "This is a group that needs access to health insurance, and the private market is just not functioning for them. Insurance is very expensive and people with pre-existing conditions often cannot get insurance at any price." □

US call for mandatory skiing helmets

Deborah Josefson, *San Francisco*

The recent skiing related deaths of celebrities Michael Kennedy and Sonny Bono within the same week has led to renewed calls for the use of skiing helmets to be made compulsory.

Last month a resolution at the American Medical Association's annual meeting called for mandatory use of skiing helmets by children and adolescents. At the time, however, the association's council on scientific affairs concluded that there was insufficient evidence to support the resolution. Dr Carolyn Ferree, chairwoman of the council, said that the recent deaths would prompt the association to re-examine the issue and possibly to press for legislation requiring both children and adults to wear helmets.

In its report the association estimated that 135 000 skiing accidents occur in the United States every year, of which 3537, or 2.6%, are potentially serious head injuries. Most head injuries are the result of the skier hitting a stationary object, and most

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of the deaths occur when the skier is travelling at speeds greater than or equal to 32 km per hour. Therefore, for a skiing helmet to reduce serious head injuries it would have to withstand great velocities.

In contrast with cycling helmets, no standards exist on the optimal biomechanics for skiing helmets. Moreover, no epidemiological data exist on the degree of protection afforded by currently available skiing helmets. This lack of data was a prime reason for the American Medical Association's failure to recommend mandatory use of helmets last month.

The National Ski Areas Association said that skiing was far

safer than many other sports. Tim White, director of education for the association, said: "The people who are generally severely injured or suffer fatalities are the risk takers in our communities—the same risk takers that suffer injuries in other sports such as bicycling and boating."

Evidence exists, however, that a move by industry would reduce serious injury. In the 1970s the manufacturers of skiing equipment radically reduced the incidence of broken legs by developing quick release bindings, and the number of accidents was also reduced by the development of ski brakes, which prevent "run away ski" injuries. □