



## SUMMARY

### DRAFT POLICY ON PAID PLASMA DONATIONS

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*This document is a short summary of the key points in the draft policy on paid plasma donations being considered by the Canadian Hemophilia Society (CHS). Please see full policy and background document at [www.hemophilia.ca/en/about-the-chs/public-affairs/chs-policy-on-blood--blood-products-and-their-alternatives](http://www.hemophilia.ca/en/about-the-chs/public-affairs/chs-policy-on-blood--blood-products-and-their-alternatives).*

*The CHS invites questions and comments at [chs@hemophilia.ca](mailto:chs@hemophilia.ca).*

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A private company has announced plans to open plasma collection clinics in Ontario and to pay the donors. In the ensuing debate, one key fact has been missed: thousands of Canadians with chronic blood disorders rely on plasma products from paid donors for their health and their lives.

As confirmed by Canadian Blood Services (CBS) Chief Executive Officer, Dr. Graham Sher, CBS and Héma-Québec, which do not remunerate blood and plasma donors, collect only a small percentage of the plasma needed for the manufacture of these life-saving medicines. The remaining plasma comes from paid donors in the U.S. Every year, demand for these products is rising faster than the plasma supply from unpaid donors.

The most common argument against paying donors is that payment makes the products less safe. This was true in the 1970s and 80s. In 2013, however, the facts prove otherwise. These plasma products have a 20-year safety record of never transmitting pathogens like HIV, hepatitis B and hepatitis C.

Since the tainted blood tragedy of the 1980s, the blood system has changed. Health Canada and the U.S. FDA have increased their regulation, and introduced strict rules for donor selection. Highly sensitive tests for blood-borne pathogens were introduced. Advanced, in-process viral testing and inactivation procedures, applicable only to plasma-derived products, are extremely effective.

A second argument against paid donations is that they would undermine the ability of CBS and Héma-Québec to collect fresh blood components from unpaid donors. This is certainly an issue that needs to be closely monitored by the blood establishments. In the U.S., however, where there are more than 400 paid plasma collection sites, not-for-profit blood establishments succeed in collecting from unpaid donors all the fresh blood components needed in American hospitals.

A third argument is that paying donors is simply unethical. Is relying on paid U.S. donors more ethical?

Allowing paid donations has been described as a shift in health policy. It's not. Cangene of Winnipeg has been collecting plasma for many years from paid donors to manufacture hyperimmunes for the world market, all the while respecting stringent national and international regulatory regimes. Canada is not unique. In the last ten years, Germany, Austria and the Czech Republic have opened paid plasma collection sites.

Blood product recipients, and the organizations that represent them, are perfectly justified to question developments that may affect the products they use. The Canadian Hemophilia Society (CHS) has long recognized the safety and the necessity of plasma products from paid donors. In response to the Ontario situation, the CHS has approved a more extensive draft policy and invites questions and comments. The policy states:

- Plasma-derived products from paid donors are essential to the health of thousands;
- Today's plasma-derived products are of equally high quality from both paid and non-paid donors;
- The collection of plasma from paid donors is not a patient safety issue;
- It is not defensible to reject paid donor practices on ethical grounds;
- Plasma from paid donors in Canada must respect the highest regulatory standards;
- Collection of plasma from paid donors must not affect the ability of CBS or Héma-Québec to collect fresh blood components;
- CBS and Héma-Québec should increase the quantity of Canadian plasma for fractionation from non-paid donors;
- Donors should not be exploited nor should their health be compromised. Incentives should not overwhelm their capacity to make an informed decision on donation;
- Patients have a right to be consulted on any issue that may have an impact on the safety, efficacy or supply of the products they use.

In the 1970s and 80s, blood system authorities ignored the facts, followed accepted dogma and imperiled the lives of thousands. In 2013, decisions should be based on current knowledge, not on misconceptions.

The draft policy on paid plasma donations was approved by the Canadian Hemophilia Society Blood Safety and Supply Committee.

A final draft will be proposed to the CHS Board of Directors for adoption on May 25, 2013.