Blood donation myth busters

SHOT Serious Hazards of Transfusion

MYTH: "Being deferred means the Blood Service does not want me as a donor."

FACT: Deferral is a safety measure, to protect both donors and patients.
Some donors can donate again in the future, while others may not, depending on the reason for deferral.

Being deferred can feel disappointing, but donors should always receive a clear explanation and guidance on the reason, and whether and when they may be able to donate again.
The most common deferral reason is a low haemoglobin level, which can often be improved through an iron-rich diet.

MYTH: "Donated blood and components are only used for transfusing patients in the hospitals."

FACT: The primary aim of collecting blood, platelets and plasma donations is to provide transfusions for patients in need, but there are also other clinical uses. When it cannot be used for clinical indications, it is not wasted; instead, it may be repurposed.

Other clinical uses of donated blood components include producing serum eye drops for patients with eye disease.
Donated blood is also essential for producing reagents (substances that are essential for laboratory tests) and plays a vital role in supporting medical research and scientific advancement.

MYTH: "People who have received a transfusion often go on to donate."

FACT: At present, anyone who has received a transfusion since 1st January 1980 is no longer able to donate themselves. This measure was introduced in 2004 and is one of the many ways that blood services reduce the risk of transmitting infection via a transfusion.

People who have received a transfusion are currently not eligible to donate in the UK because of the potential risk of transmitting certain infections or conditions, including very rare diseases like vCJD, that could be passed on through blood.
Anyone who wishes to give back can encourage family or friends to donate blood on their behalf.

MYTH: "Donors can give blood or components without formal consent."

FACT: Like any medical procedure, blood and component donation requires full informed consent.
Donors must understand the process and agree before a donation can be taken.

Donation staff guide donors through the entire process, with informed consent at its core. They explain each step clearly, discuss any potential risks and the safety measures in place, and provide written information so that donors can make a fully informed decision about donating.

MYTHS BUSTED

➢ **For further information, see Page 2**

Further information and relevant resources addressing each myth

Please note that while selected key resources are included here, this is not intended to be a complete or exhaustive list

- ❑ **Resources to debunk the myth "Being deferred means the Blood Service does not want me as a donor."**
  - JPAC (Joint Professional Advisory Committee to the UK Blood Transfusion and Tissue Transplantation Services): Assessment of fitness to donate - Care and selection of whole blood and component donors (including donors of pre-deposit autologous blood) - Chapters – JPAC
  - NHS Blood and Transplant: Haemoglobin and iron - NHS Blood Donation
  - Welsh Blood Service: Haemoglobin Anaemia and Iron - Welsh Blood Service

- ❑ **Resources to debunk the myth "Donated blood and components are only used for transfusing patients in the hospitals."**
  - NHS Blood and Transplant:
    Eye drops - NHS Blood Donation
    Non-clinical use - NHS Blood Donation

- ❑ **Resources to debunk the myth "People who have received a transfusion often go on to donate."**
  - NHS Blood and Transplant: https://hospital.blood.co.uk/diagnostic-services/microbiology-services/epidemiology/annual-review/
  - JPAC: Transfusion - A to Z - Whole blood and components – JPAC

- ❑ **Resources to debunk the myth "Donors can give blood or components without formal consent."**
  - JPAC: Informed consent - Care and selection of whole blood and component donors (including donors of pre-deposit autologous blood) - Chapters - JPAC