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Scientific Comment

Scientific comment on health-related quality of life among blood donors with hepatitis B and hepatitis C: longitudinal study before and after diagnosis?☆



Simone Cristina Olenscki Gilli

Centro de Hematologia e Hemoterapia (HEMOCENTRO), Universidade Estadual de Campinas (UNICAMP), Campinas, SP, Brazil

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The blood donation process is much more complex than is generally imagined and does not end with the departure of the donor from the donation center; the process transcends far beyond that. Without being aware of the fact, the donor may depart with a memory that the experience was or was not satisfactory which may last for several years after and we cannot forget that a positive donation experience has been recognized as the major determinant of donor return behavior. Accordingly, donors should be managed in a way that ensures high standards of care and assures them of the concern of the blood transfusion staff for their health and well-being.

The donation experience should always be pleasurable for several reasons: not only is the act one of altruism, which always brings a sense of satisfaction, but by donating the individual becomes an active member of the community in which he or she is inserted, enabling them to participate, at least indirectly, in promoting the health of the community.

Nevertheless, what is expected is often different to what happens; let us think why. The word at this point is information. Information in blood donation comprises a number of stages. Before the donation, the donor is informed about the procedures he/she will undergo, followed by the counseling phase during which the interview emphasizes the medical history, health and risk of infections that could be transmitted through transfusion, ending with counseling after the blood donation and testing of donated blood for blood group serology and infection markers.¹ The aims of these stages are numerous but include improving donor awareness and trust in the blood transfusion service, encouragement to adhere to the donor selection criteria, during which the individual's suitability to donate blood is carefully assessed and the counseling of donors who have uncommon red cell serology, rare blood groups or abnormal transfusion-transmissible infections. All of these are an essential part of the quality of the donation service and donor care.

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☆ See paper by Ferreira et al. on pages 381–7.

Corresponding author at: Universidade Estadual de Campinas (UNICAMP), Faculdade de Ciências Médicas, Rua Carlos Chagas, 480, Barão Geraldo, 13083-970 Campinas, SP, Brazil.

E-mail address: mona@unicamp.br

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When donors are found to be infected, they should be notified of their infection status, counseled, deferred from blood donation and referred for treatment, care and support.² Counseling after donation should always be conducted in a safe and conducive environment that protects the donor's confidentiality using a language familiar to the donor and in a culturally sensitive manner.

Because of the stigma and discrimination that may arise from having a positive transfusion-transmissible infection test result, it is vital that blood transfusion service staff understand that any sensitive information given by donors must be kept strictly confidential at all times.

The psychological impact of a positive serological result following blood donation by donors who, until that moment, perceived themselves to be healthy is mixed and may vary from a need for care, support and access to treatment to depression, blame and loss of quality of life. Previous identification of the possibilities and the use of instruments to minimize the negative impact of this information on blood donors would increase the health-related quality of life of blood donors, and would render the donation process more complete, humane and satisfactory.

In this issue of the Revista Brasileira de Hematologia e Hemoterapia, Ferreira et al. evaluate the impact of the

notification of test results for hepatitis B and hepatitis C on the quality of life of blood donors.³

Conflicts of interest

The author declares no conflicts of interest.

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