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Why Was Transfusion Medicine Not Recognized as a Clinical Discipline?

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Editorial

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Editorial

Transfusion of human blood is still not free from mystical ideas and semi-mystical interpretations. One of the principles is that human blood and solid organs are to be shared as a gift of life, during life or after death and not be offered on the market as a merchandise. Blood transfusion does not save life but supports medical interventions, medical and surgical, bridging the gap of shortage (lack of production, or loss) which threatens organs (multiple organ failure) from functioning as part of a complex organism. Unfortunately, despite all international efforts, shortages are still protracting in the large developing world, home to over 80% of the global population and are dramatically increasing due to the foreign aid cuts (financially and supportive through guidance) [1-3].

Religion and moral ethics have for a long period of centuries obstructed the development of transfusion medicine, even forbidden to work on or pay due attention to the necessary development; Popes and Universities declared their anathema over the practice. The 19th century ultimately showed progress through the scientific and humanitarian curiosity of James Blundell, John Henry Leacock, Rudolf Virchow and Karl Landsteiner and in the first half of the 20th century Albert Huestin, Philip Levine, Birger Broman and Pat Mollison, and many more [4].

However, the expressed interest in the less visible aspects of science – molecular biology, the blood group serology, preservation fluids and polymer chemistry and the growing awareness of transmission of pathogenic agents with transfused blood like Treponema Pallidum, hepatitis B and C, HIV, and many more. Even the unknown agents are scientifically chased and seemingly eradicated with costly and sophisticated 'pathogen elimination' technologies.

The human being in need was almost forgotten. With that the awareness of what physiology and pathophysiology show and learn us at the bedside faded away. Ultimately at the end of the 20th century patient safety as a modern replacement for the old Greek Hippocratic adagio 'Primum est non nocere' came back to life through an important WHO initiative 'Global Patient Safety' Action Plan 2021-2030 under the title 'Towards eliminating avoidable harm in health care' accompanied by the WHO Technical Report and Guidance 'Patient Safety incident Reporting and Learning Systems' [5,6]. In clinical practice these were translated into Patient Blood Management in a serious global attempt to tip the balance back from the laboratory environment to the hospital and bedside [7].

Transfusion Medicine is a bridging science [4], with its core in the bedside and hospital with the patients, who may need blood components that meet high standards of safety, efficacy and quality-assurance (blood establishments) with a supply of healthy non-remunerated blood donated by a panel of regular, loyal and well-informed voluntary population – blood donor [8].

Today, the comprehensive complex of blood transfusion has gained a specialist status with experienced experts still somewhat skewed to the pathology side which is largely manned by laboratories and clinical pathologists. Unfortunately, very few clinicians like haematologists, internists and some paediatricians.

Conflict of Interest

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