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More questions than answers on blood transfusions!

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More questions than answers on blood transfusions!

After a decade and a half of working in the district hospitals, I strongly believe there is a lot of **iatrogenic HIV transmission** in the African hospitals, through unnecessary blood transfusions and blood products.

Academic discussions are good, but better still are scientific facts that need to be shared with colleagues in the villages or district hospitals in the developing countries.

I have conducted operations and given anaesthesia with **'healthy'** haemoglobin (Hb) levels of 6gm% and 7gm% for caesarean sections and ectopic pregnancies with no complications or table deaths.

Being a small doctor in the districts, there was initial resistance to change from the STANDARD **'...transfuse if patient has Hb less than 10gm%...'** as we were taught by Western Medicine/Medical Schools. Now it is policy to **NOT TRANSFUSE IF HAEMOGLOBIN IS 7 GM% AND ABOVE IN OUR HOSPITAL**. On hind-sight, maybe I should have made it 5gm%!

Where is the scientific proof/documentation on the Hb levels or indications for transfusions? Have the scientists and consultants played a role in the HIV transmission in sub-Saharan Africa through the blood transfusion policies, protocols and services? Why transfuse if a pint of blood only raises the Hb levels by 0.5gm%? Is there such a thing as bloodless surgery? Do the Jehovah's Witnesses or Watch Tower Church have a 'scientific' reason for refusing blood transfusions in their church members?

Being a small doctor again, it was an issue, changing from the traditional Medical School teaching of **'starving'** c/section patients after an operation until **'bowel movements felt'** or **'bowel sounds heard'**. Our patients were eating after 12 hours post-operation. Worse still when the referral hospitals where the consultants, obstetricians, anaesthetists are based still 'starve' post-operation c/section patients.

Do medical doctors or obstetricians in Europe still transfuse when Hb levels are less than 10gm% or starve c/section patients 'until bowel sounds heard!?' If so, why? Or maybe was the change implemented a long time ago and we just never heard of it in **'resource poor or constrained'** Africa?

If one HIV transmission can be avoided by **NO UNNECESSARY BLOOD TRANSFUSION**, then my letter will have saved and served a purpose. I feel blood should not be respected, but feared and avoided wherever possible.

THE AFRICAN AIDS SITUATION HAS NOT BEEN HELPED BY THE UNNECESSARY BLOOD TRANSFUSIONS WE WERE TAUGHT TO GIVE IN THE MEDICAL SCHOOLS!

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