

# ong way off but blood donations already safe

and laboratory testing ensures the blood supply stays safe, says Dr. Larke. "We don't want to rely strictly on a blood test. We want to eliminate people from donating who are in the 'window phase' or 'silent stage' of AIDS, whereby the virus has already entered the body and may be passed on but the person does not yet test positive for the AIDS antibodies."

The importance of collecting only uncontaminated blood is vital to the Red Cross because one infected donor could potentially spread the virus to anywhere from six to twelve other people.

When people donate, they donate whole blood. But whole blood is broken down into several components before it is distributed:

- packed red cells ("red cell concentrate")
- plasma (produces blood clotting)
- platelets (for bleeders)
- cryo-precipitate (a portion of plasma for hemophiliacs)

Nonetheless, this still will not convince some people of the safety of donated blood. Since no blood is safer than your own, some people have taken this to its logical extreme in the form of "autologous" blood transfusions. This term refers to the act of giving a couple of units of one's own blood and having it stored by the Red Cross for some future scheduled operation.

Medically, this procedure is sound to a certain extent. Blood may be stored without freezing for up to 35 days. And while there is normally a three month waiting period between donations, a person's body can



U of A student donates blood.

Photo Bruce Gardave

massive bookkeeping problem. If everybody decided on directed transfusion, it would be logistically impossible to keep track of whose blood was going to which patient. "Is Fred Johnson's blood going to Agnes Smith in room 63A or Mary Smith in 36B. Or is that Ted Johnson's blood going to Agnes Smith."

The Red Cross refuses to participate in any form of direct transfusions.

What the Red Cross has done is encourage physicians to cut back on the amount of blood being given to patients. In the past,

"Every potential donor is interviewed by a trained nurse on the Red Cross staff."

says Dr. Larke, blood was overused. The common wisdom was that since the blood was already crossed and typed before the operation, the doctors thought they might as well "top them up". However, says Dr. Larke, "one unit of blood is inconsequential so 'topping them up' unnecessarily is discouraged."

At any rate, the bottomline is that if your physician advises you to take blood it's not a good idea to refuse. Ultimately, the physician knows your condition best and to refuse blood due to a fear of its safety is "unwise at best" says Dr. Larke, adding "I'll gladly take my chances with the blood supply than take the considerably greater risk of dying due to lack of blood."

"Nonetheless, it will be a long time before any potential AIDS vaccine is given to school kids..."

recuperate quickly enough with the aid of iron supplements to give blood without significant risk every two weeks.

So if, for example, someone is scheduled for an operation in ten days and it is likely he will lose some blood during surgery, he may want to donate in advance and receive his own blood back after surgery.

Autologous transfusions are useful in this limited sense, says Dr. Larke, but they can't help in cases of unexpected operations or accidents where two units would likely not be enough. Dr. Larke discounts the autologous supporters as a small group riding a trend at the moment. He reiterates that the blood supply should be safe and open to everybody.

Another type of blood donation is the "Directed" transfusion, whereby blood is donated to a specific person, such as your rich Aunt Bessy.

There are several problems inherent with this type of transfusion. Foremost is that the blood must be of the same type as the receiver. A more subtle problem is although Aunt Bessy may think her family and friends are all clean-thinking folks, the truth may be somewhat less encouraging. The wrong people may be coerced into donation, for example, to gain part of the inheritance.

As well, says Dr. Larke, there would be a

*"AIDS has posed new challenges for everyone involved: not only individuals with AIDS, but also their friends. People who are in the prime of their lives have become ill, and their prospects for a long life have been severely affected. Their suffering and fear is shared by the people close to them."*

*"When someone you know becomes ill, especially with a serious illness like AIDS, you may feel helpless or inadequate. If he or she has been a good friend you may say, 'Just call if you need anything.' Then out of fear or insecurity you may dread the call, if it comes. Here are some thoughts and suggestions that may help you to help someone who is very ill."*

● Don't avoid him. Be there — it instills hope. Be the friend, the loved one you've always been, especially now when it is most important.

● Touch her. A simple squeeze of the hand or a hug can let her know that you still care. (Don't be afraid, you can not contract AIDS by simply touching.)

## AIDS also a psychological battle

● Call before you plan to visit. He may not feel up to a visitor that day. Don't be afraid to call back and visit on another occasion. He needs you. He may be lonely and afraid.

● Weep with her when she weeps. Laugh when she laughs. Don't be afraid to share these intimate experiences. They can enrich you both.

● Help him celebrate holidays — and life — by decorating his home or hospital room. Bring flowers or other special treasures.

● Include him in your holiday festivities.

● Help her lover, care partner, or roommate. Though she is the one who is sick, they may also be suffering. Care partners may also need a small break from the illness from time to time. Offer to stay with the person who is sick in order to give her loved ones a break.

● Invite them out. Offer to accompany them places. They may need someone to talk with as well.

● Don't be reluctant to ask about her illness. She may need to talk about her condition. Find out by asking: "Do you feel like talking about it?"

● Don't feel that you both always have to. It's okay to sit together silently reading.

listening to music, watching television... holding hands. Much can be expressed without words.

● Include him in decision making. He's been robbed of so many things and has lost control over many aspects of his life. Don't deny him a chance to make decisions, no matter how simple or silly they may seem to you.

● Be prepared for him to get angry with you for "no obvious reason", although you've been there and done everything you could. Permit him this, and don't take it personally. Feel flattered that he is close enough to you to risk sharing his anger or frustration.

● What's in the news? Discuss current events with her. Help keep her from feeling that the world is passing her by.

● Don't permit him to blame himself for his illness. Remind him that lifestyles don't cause diseases, germs do. Help him through this one. It may be especially hard for him.

● Talk about the future with her... tomorrow, next week, next year. Hope is important to her.

● Bring a positive attitude. It's catching.

Story by: Cam McCulloch

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