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Article Document 1

Rothwell, Erin W; Anderson, Rebecca A; Burbank, Matthew J; Goldenberg, Aaron J; Lewis, Michelle Huckaby; Stark, Louisa A; Wong, Bob; Botkin, Jeffrey R

Concerns of newborn blood screening advisory committee members regarding storage and use of residual newborn screening blood spots.

American journal of public health 2011 Nov; 101(11): 2111-6

Abstract: We assessed attitudes and opinions of members of newborn blood screening (NBS) advisory committees regarding the storage and secondary research use of residual specimens from NBS.



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Article Document 2

Leach Bennett, Judie; Blajchman, Morris A; Delage, Gilles; Fearon, Margaret; Devine, Dana

Proceedings of a consensus conference: Risk-Based Decision Making for Blood Safety.

Transfusion medicine reviews 2011 Oct; 25(4): 267-92

Abstract: Blood safety decision making has become increasingly complex, and a framework for risk-based decision making is, thus, needed. The purpose of this consensus conference was to bring together international experts in an effort to develop the foundations for such a framework. These proceedings are described with a view to making available to the transfusion medicine community the considerable amount of information and insight that was presented and that emerged through debate by the experts, panel members, and delegates.



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Article Document 3

Gohel, M S; Bulbulia, R A; Poskitt, K R; Whyman, M R

Avoiding blood transfusion in surgical patients (including Jehovah's Witnesses).

Annals of the Royal College of Surgeons of England 2011 Sep; 93(6): 429-31



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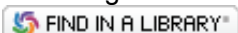


Article Document 4

Bönig, H; Müller, M

Donor safety comes first.

Vox sanguinis 2011 Aug; 101(2): 175



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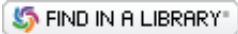


Article Document 5

Rossi, F; Perry, R; de Wit, J; Evers, T; Folléa, G

How expanding voluntary non-remunerated blood donations would benefit patients, donors and healthcare systems?

Vox sanguinis 2011 Aug; 101(2): 176-7



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Article Document 6

Petrini, Carlo; Farisco, Michele

Informed consent for cord blood donation. A theoretical and empirical study.

Blood transfusion = Trasfusione del sangue 2011 Jul; 9(3): 292-300

Abstract: Umbilical cord blood (CB) banking and therapeutic use raise several ethical issues: medical indications, legal framework, public versus private biobanks, autologous versus allogeneic use, ownership, commercialisation, quality assurance and many others. Surrogate informed consent is one of the most notable controversial ethical issues. The aim of this study was to analyse and compare informed consent forms for CB collection, storage and use in the 18 accredited biobanks of the Italian Network.



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Article Document 7

Halkoaho, A; Pietilä, A-M; Vähäkangas, K

Ethical aspects in placental perfusion studies: views of the researchers.

Placenta 2011 Jul; 32(7): 511-5

Abstract: Within the EU-project NewGeneris human placental perfusion has been used for predicting fetal exposure to food carcinogens. Within the work package of ethical aspects of the research, we studied opinions of the researchers (n = 23) who carried out perfusions of human placenta. Data were collected by focus group interviews (n = 12) and an open-ended questionnaire (n = 19 of which 8 were also attending the group session) from scientists representing 9 different nationalities. Both types of data were analysed together thematically and with data triangulation. Studied researchers considered communication between all stakeholders extremely important. Good communication was considered a prerequisite for the recruitment of mothers to donate the placenta, as well as for the process of getting the informed consent. Voluntariness, confidentiality and societal meaning were mentioned as important by all studied researchers. Educating the hospital personnel was regarded as essential in order to provide the best possible information to the mothers. The researchers also pointed out that cultural aspects should be respected, and that in Western thinking placenta is mostly considered as waste. Some researchers suggested that current guidelines and processes for obtaining informed consent should be reviewed also from a cultural perspective. With the development of biobanks, the use of human tissues, including placenta will most probably increase in the future, and the awareness of ethical considerations both in legislation and in practice need support. Thus, continuous effort for better research ethics is essential and requires research on research ethics.



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Article Document 8

Fitzgerald, Mark C; Chan, Julie Y; Ross, Andrew W; Liew, Susan M; Butt, Warwick W; Baguley, David; Salem, Hatem H; Russ, Matthias K; Deasy, Conor; Martin, Katherine E; Mathew, Joseph K; Rosenfeld, Jeffrey V

A synthetic haemoglobin-based oxygen carrier and the reversal of cardiac hypoxia secondary to severe anaemia following trauma.

The Medical journal of Australia 2011 May 2; 194(9): 471-3

Abstract: We report a case of compassionate use of a haemoglobin-based oxygen carrier in a severely injured Jehovah's Witness patient, for whom survival was considered unlikely. Severe anaemia and cardiac hypoxia were reversed after slow infusion of this agent. No vasoactive side effects were associated with the treatment, possibly

due to the slow infusion, and the patient survived.



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Article Document 9

Weiskopf, Richard B

Blood samples, repositories, and ethics.

Transfusion 2011 May; 51(5): 1123-5; author reply 1125



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Article Document 10

Emmert, Maximilian Y; Salzberg, Sacha P; Theusinger, Oliver M; Felix, Christian; Plass, Andre; Hoerstrup, Simon P; Falk, Volkmar; Gruenenfelder, Juerg

How good patient blood management leads to excellent outcomes in Jehovah's witness patients undergoing cardiac surgery.

Interactive cardiovascular and thoracic surgery 2011 Feb; 12(2): 183-8

Abstract: The refusal of blood products makes open-heart surgery in Jehovah's witnesses (JW) an ethical challenge. We demonstrate how patient blood management strategies lead to excellent surgical outcomes.



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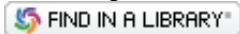


Article Document 11

Vamvakas, E C

The ethics of wasting the donor's gift of buffy coat.

Vox sanguinis 2011 Feb; 100(2): 256-7; author reply 258-9



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Article Document 12

Shin, Sue; Yoon, Jong Hyun; Lee, Hye Ryun; Kim, Byoung Jae; Roh, Eun Youn

Perspectives of potential donors on cord blood and cord blood cryopreservation: a survey of highly educated, pregnant Korean women receiving active prenatal care.

Transfusion 2011 Feb; 51(2): 277-83

Abstract: The aim of the study was to investigate the knowledge of cord blood (CB) and attitudes toward CB banking among high-potential donors (i.e., well-educated pregnant Koreans) because their voluntary donation is indispensable to the success of unrelated CB transplantation.



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Article Document 13

Boo, Michael; van Walraven, Suzanna M; Chapman, Jeremy; Lindberg, Brian; Schmidt, Alexander H; Shaw, Bronwen E; Switzer, Galen E; Yang, Edward; Egeland, Torstein;

World Marrow Donor Association

Remuneration of hematopoietic stem cell donors: principles and perspective of the World Marrow Donor Association.

Blood 2011 Jan 6; 117(1): 21-5

Abstract: Hematopoietic stem cell transplantation is a curative procedure for life-threatening hematologic diseases.

Donation of hematopoietic stem cells (HSCs) from an unrelated donor, frequently residing in another country, may be the only option for 70% of those in need of unrelated hematopoietic stem cell transplantation. To maximize the opportunity to find the best available donor, individual donor registries collaborate internationally. To provide homogeneity of practice among registries, the World Marrow Donor Association (WMDA) sets standards against which registries are accredited and provides guidance and regulations about unrelated donor safety and care. A basic tenet of the donor registries is that unrelated HSC donation is an altruistic act; nonpayment of donors is entrenched in the WMDA standards and in international practice. In the United States, the prohibition against remuneration of donors has recently been challenged. Here, we describe the reasons that the WMDA continues to believe that HSC donors should not be paid because of ethical concerns raised by remuneration, potential to damage the public will to act altruistically, the potential for coercion and exploitation of donors, increased risk to patients, harm to local transplantation programs and international stem cell exchange, and the possibility of benefiting some patients while disadvantaging others.



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Book Document 14

Tucker, Holly

BLOOD WORK: A TALE OF MEDICINE AND MURDER IN THE SCIENTIFIC REVOLUTION

New York: W.W. Norton, 2011. 304 p.

Call number: [RM171 .T787 2011](#)



Article Document 15

Shea, Sarah; Giles, Sarah

Holiday reading: An intercultural and semi-confessional reflection on blood donation.

CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne 2010 Dec 14; 182(18): 2008-9



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Article Document 16

Grinberg, Max; Cshehaibar, Graziela Zlotnik

Poll: Jehovah's Witness patient.

Arquivos brasileiros de cardiologia 2010 Dec; 95(6): 765-6



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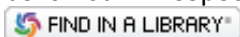
Article Document 17

Poirier, A-L; Commer, J-M; Kwiatkowski, F; Mercier, M; Bonnetain, F

[Oncology blood transfusion and quality of life: review]. = Qualité de vie et transfusion en cancérologie: revue de la littérature.

Transfusion clinique et biologique : journal de la Société française de transfusion sanguine 2010 Dec; 17(5-6): 357-61

Abstract: Blood transfusion's repercussions on quality of life are less well studied in cancer research, and rarer in palliative situation. It is necessary to look for studies dealing with anaemia to estimate its effects. In curative palliative situation, the situation is similar to that of curative stage patients. It is necessary landing quickly for anaemia to assure the patient's quality of life. Blood transfusion and more recently erythropoiesis-stimulating agents are effective treatments. In advanced palliative stage, transfusion improves symptoms (weakness and dyspnoea bound anaemia) and the patients' well being. The treatment choice must be individual and has to follow an ethical behaviour in respect with the legislation.



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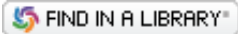


Article Document 18

Callum, Jeannie L; Rizoli, Sandro; Pendergrast, Jacob

Rapid laboratory testing for trauma patients: where a perfect result may not be in the best interests of the patient.

Transfusion 2010 Dec; 50(12): 2529-32



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Article Document 19

Zielinski, Martin D; Park, Myung S; Jenkins, Donald

Appropriate evidence-based practice guidelines for plasma transfusion would include a high ratio of plasma to red blood cells based on the available data.

Transfusion 2010 Dec; 50(12): 2762; author reply 2763-4



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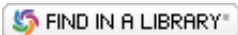
Article Document 20

Casas-Martínez, María de la Luz

[Bioethical analysis of pregnancy in Jehova Witnessess and transfusion refusal]. = Análisis bioético del embarazo en testigos de jehová y el rechazo transfusional.

Cuadernos de bioética : revista oficial de la Asociación Española de Bioética y Ética Médica 2010 Sep-Dec; 21(73): 327-39

Abstract: In Mexico, Jehovah's witnesses present letters to their doctors that exonerate them in case of a patient's decease if hemotherapy was not applied. Although those letters have no legal validity in Mexico, this topic is a hot spot for debate, especially when dealing with competent adults. Bibliography exists, both pro and against this posture, but, an empty gap is observed in the case of pregnancy. With pregnancy, we doctors, find ourselves, both in the medical and ethical area, upon two patients: mother and son. Doctors have the same therapeutical responsibilities upon them. What alternatives would be presented in our country if the Jehovah's Witness transfusional negative was accepted, and we had a pregnant patient in the need of one? Juridically, the acceptance of an adult Jehovah's Witness thesis is included under the acceptance of moral objection, however: 1) Moral objection is not a general right, but exceptional, with a justified reason. 2) It cannot produce any possible harm to third parties. The conflict of interest mother/fetus in hemotherapeutical urgencies can be tackled under three possibilities: a) Total respect to mother's autonomy. Result: high death possibility for both mother and fetus. b) Not to respect mother's autonomy. Result: high life possibilities for mother and fetus. c) Respect mother's negative to be transfused and to operate maneuvers for fetal rescue. Result: high death possibilities for mother and relative life possibilities for fetal life. The physician, when dealing with a pregnant woman, has a responsibility with two patients. As a first intention, the doctor should always offer a proper handle of the case, according to the pregnant patient's beliefs as much as possible, nevertheless he must never forget his compromise to the embryo's/fetus's life.



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Article Document 21

Devine, Karen

Risky business? The risks and benefits of umbilical cord blood collection.

Medical law review 2010 Autumn; 18(3): 330-62



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Article Document 22

Farrell, Anne-Maree; Brazier, Margaret

Consent for blood transfusion.

BMJ (Clinical research ed.) 2010 August 24; 341: c4336



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Article Document 23

Schrezenmeier, H; Seifried, E

Buffy-coat-derived pooled platelet concentrates and apheresis platelet concentrates: which product type should be preferred?

Vox sanguinis 2010 Jul 1; 99(1): 1-15

Abstract: There is an ongoing debate whether platelet concentrates (PCs) prepared from either whole-blood donations or by plateletpheresis are superior. Usage of these two product types varies greatly between countries and individual institutions. Some use mainly apheresis PCs; others prefer pooled PCs which are produced from whole-blood donations. This review summarizes the existing information on these product types. In the first part data on quality, efficacy and safety are reviewed. It is important to note that the issue cannot be answered just by comparing 'the' apheresis platelet concentrate versus 'the' pooled platelet concentrate. Other factors which determine the quality of a product, e.g. residual leukocyte count, plasma content, additive solution or storage period may be even more important. The focus of the debate should be shifted. It is much more needed to further improve the overall quality of PCs and to optimize treatment of thrombocytopenic patients than to concentrate on a single-edged view on just the preparation method. In the second part of this review we compare the product types from the donor's point of view. If PCs which are equally safe and effective can be obtained by various methods, ethics and the safety of the healthy volunteer donor tips the scales. The decision on the use of a particular product type should take into account all aspects of efficacy, side effects and availability of the product as well as the donor's perspective and the commitment to maximize the use of the valuable whole-blood donation.



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Article Document 24

López, Rodrigo; Lema, Guillermo

[Blood transfusions and Jehovah's Witnesses]. = Transfusión sanguínea y Testigos de Jehová: puntos a considerar.

Revista médica de Chile 2010 Jul; 138(7): 922; author reply 923



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Article Document 25

Schmidt, Alexander H; Platz, Alexander; Rutt, Claudia; Ehninger, Gerhard

Making the case for private cord blood banking: mission failed! Comment to Hollands and McCauley, Stem Cell Rev and Rep 2009;5:195-203.

Stem cell reviews 2010 Jun; 6(2): 234-6



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Article Document 26

Sputtek, Andreas

Re: Stem cells derived from cord blood in transplantation and regenerative medicine. Further phenomena.

Deutsches Ärzteblatt international 2010 Apr; 107(16): 293; author reply 293-4



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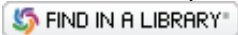
Article Document 27

Hizo-Abes, Patricia; Young, Ann; Reese, Peter P; McFarlane, Phil; Wright, Linda; Cuerden, Meaghan; Garg, Amit X;

Attitudes to sharing personal health information in living kidney donation.

Clinical journal of the American Society of Nephrology : CJASN 2010 Apr; 5(4): 717-22

Abstract: BACKGROUND AND OBJECTIVES: In living kidney donation, transplant professionals consider the rights of a living kidney donor and recipient to keep their personal health information confidential and the need to disclose this information to the other for informed consent. In incompatible kidney exchange, personal health information from multiple living donors and recipients may affect decision making and outcomes. DESIGN, SETTING, PARTICIPANTS, & MEASUREMENTS: We conducted a survey to understand and compare the preferences of potential donors (n = 43), potential recipients (n = 73), and health professionals (n = 41) toward sharing personal health information (in total 157 individuals). RESULTS: When considering traditional live-donor transplantation, donors and recipients generally agreed that a recipient's health information should be shared with the donor (86 and 80%, respectively) and that a donor's information should be shared with the recipient (97 and 89%, respectively). When considering incompatible kidney exchange, donors and recipients generally agreed that a recipient's information should be shared with all donors and recipients involved in the transplant (85 and 85%, respectively) and that a donor's information should also be shared with all involved (95 and 90%, respectively). These results were contrary to attitudes expressed by transplant professionals, who frequently disagreed about whether such information should be shared. CONCLUSIONS: Future policies and practice could facilitate greater sharing of personal health information in living kidney donation. This requires a consideration of which information is relevant, how to put it in context, and a plan to obtain consent from all concerned.



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Article Document 28

American Academy of Pediatrics. Committee on Bioethics

Children as hematopoietic stem cell donors.

Pediatrics 2010 February; 125(2): 392-404

Abstract: In the past half-century, hematopoietic stem cell transplantation has become standard treatment for a variety of diseases in children and adults, including selected hematologic malignancies, immunodeficiencies, hemoglobinopathies, bone marrow failure syndromes, and congenital metabolic disorders. There are 3 sources of allogeneic hematopoietic stem cells: bone marrow, peripheral blood, and umbilical cord blood; each has its own benefits and risks. Children often serve as hematopoietic stem cell donors, most commonly for their siblings. HLA-matched biological siblings are generally preferred as donors because of reduced risks of transplant-related complications as compared with unrelated donors. This statement includes a discussion of the ethical considerations regarding minors serving as stem cell donors, using the traditional benefit/burden calculation from the perspectives of both the donor and the recipient. The statement also includes an examination of the circumstances under which a minor may ethically participate as a hematopoietic stem cell donor, how the risks can be minimized, what the informed-consent process should entail, the role for a donor advocate (or some similar mechanism), and other ethical concerns. The American Academy of Pediatrics holds that minors can ethically serve as stem cell donors when specific criteria are fulfilled.



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* Article Document 29

Caplan, Arthur

Blood stains -- why an absurd policy banning gay men as blood donors has not been changed. [editorial]

American Journal of Bioethics 2010 February; 10(2): 1-2



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<http://www.bioethics.net/journal/issues.php> (link may be outdated)



* Article Document 30

Galameau, Charlene

Blood donation, deferral, and discrimination: FDA donor deferral policy for men who have sex with men.

American Journal of Bioethics 2010 February; 10(2): 29-39

Abstract: U.S. Food and Drug Administration (FDA) policy prohibits blood donation from men who have had sex with men (MSM) even one time since 1977. Growing moral criticism claims that this policy is discriminatory, a claim rejected by the FDA. An overview of U.S. blood donation, recent donor deferral policy, and the conventional ethical debate introduce the need for a different approach to analyzing discrimination claims. I draw on an institutional understanding of injustice to discern and describe five features of the MSM policy and its FDA context that contribute to its discriminatory effect. I note significant similarities in the 1980s policy of deferring Haitians, suggesting an historical pattern of discrimination in FDA deferral policy. Finally, I point to changes needed to move toward a nondiscriminatory deferral policy.



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* Article Document 31

Fisher, Christopher; Schonfeld, Toby

Sex and blood: a deeper exploration of discrimination in the FDA blood donor policy.

American Journal of Bioethics 2010 February; 10(2): 40-42



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* Article Document 32

Fox, Dov

The expressive dimension of donor deferral.

American Journal of Bioethics 2010 February; 10(2): 42-43



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<http://www.bioethics.net/journal/issues.php> (link may be outdated)



* Article Document 33

Vernillo, Anthony

Blood is a precious resource -- does it really matter who donates it?

American Journal of Bioethics 2010 February; 10(2): 44-45



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<http://www.bioethics.net/journal/issues.php> (link may be outdated)

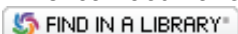


* Article Document 34

Klugman, Craig M.

Blood donation and its metaphors.

American Journal of Bioethics 2010 February; 10(2): 46-47



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<http://www.bioethics.net/journal/issues.php> (link may be outdated)



* News Document 35

Wagner, John; Rowes, Jeff

Give these donors a bone.

New York Times 2010 January 8; p. A27



<http://www.nytimes.com> (link may be outdated)



Article Document 36

Bates, Imelda; Hassall, Oliver

Should we neglect or nurture replacement blood donors in sub-Saharan Africa?

Biologicals : journal of the International Association of Biological Standardization 2010 Jan ; 38(1): 65-7

Abstract: Lack of blood is common in SSA but quantification of the overall shortfall is hampered by a lack of evidence-based targets for blood collection. Despite recommendations that all blood donors should be voluntary and non-remunerated, replacement donors are common throughout sub-Saharan Africa (SSA). Voluntary donors are generally recruited through centralised systems whereas replacement donors are recruited by families and donate through hospitals. Blood from a centralised service is more expensive than from a hospital-based service due to the higher costs of donor recruitment, quality assurance processes and the maintenance of distribution networks. Information about the contribution of replacement donors to the blood supply is scanty and inconsistent but it is likely that they currently provide over half of the blood in SSA. WHO's guidelines for transfusion services deal exclusively with voluntary donors and neglect the substantial contribution made by replacement donors. Examples of how the supply and quality of blood from the replacement donors can be improved have been published but need to be evaluated and disseminated. Political will and open-mindedness to innovative ways to improve supply and safety of blood from all types of donors are essential to promote more evidence-based approaches to blood transfusion practice in low-income countries.



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Article Document 37

Virt, G.

[Ethical aspects of human embryonic stem cell use and commercial umbilical cord blood stem cell banking. Ethical reflections on the occasion of the regulation of the European Council and Parliament on advanced therapy medicinal products] = Bioethische und sozioethische Probleme bei der Verwendung von Geweben aus humanen embryonalen Stammzellen sowie der Aufbewahrung von Stammzellen aus dem Nabelschnurblut durch private Firmen zum autologen Gebrauch. Ethische Überlegungen anlässlich der Verordnung (EG) Nr. 1394/2007 des europäischen Parlaments und des Rates über Arzneimittel für Neuartige Therapien.

Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2010 January; 53(1): 63-67

Abstract: The regulation of the European Council and Parliament on advanced therapy medicinal products also includes therapies with human embryonic stem cells. The use of these stem cells is controversially and heavily discussed. Contrary to the use of adult stem cells, medical and ethical problems concerning the use of human embryonic stem cells persists, because this use is based on the destruction of human life at the very beginning. The regulation foresees, therefore, subsidiarity within the European Member States. Although there are no ethical problems in principle with the use of stem cells from the umbilical cord blood, there are social ethical doubts with the banking of these stem cells for autologous use without any currently foreseeable medical advantage by commercial blood banks. Also in this case subsidiarity is valid.



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* **Book** Document 38

Tay, Catherine and Sim Leng, Tien

BIOMEDICAL ETHICS AND MEDICAL LAW IN BLOOD TRANSFUSION PRACTICE: CASE SCENARIOS
Singapore: Armour Publishing, 2010. 153 p.

Call number: [KPP157.4 .T39 2010](#) 



Article Document 39

Fadel, Hossam E.

Cord blood banking: ethical considerations

JIMA: Journal of the Islamic Medical Association of North America 2010; 42(1): 1-9 [Online].

Accessed:http://jima.imana.org/article/view/5197/pdf_13 [2011 March 17]



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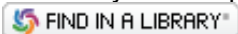


* **Article** Document 40

Cogdell, Kimberly J.

Saving the leftovers: models for banking cord blood stem cells

University of Memphis Law Review 2009 Winter; 39(2): 229-254



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Article Document 41

Grinberg, Max; Chehaibar, Graziela Zlotnik

Medical conduct in a Jehovah's witness patient from the bioethics point of view.

Arquivos brasileiros de cardiologia 2009 Nov ; 93(5): e85



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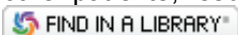
Article Document 42

Retamales P, Avelino Sr.; Cardemil H, Gonzalo

[Benefits from the exercise of autonomy and informed consent: the example of Jehovah's Witnesses]. = Beneficios del ejercicio de la autonomía y consentimiento informado: Ejemplo de los Testigos de Jehová.

Revista médica de Chile 2009 Oct; 137(10): 1388-94

Abstract: The respect for self-determination has represented a great challenge for the medical community. This debate has resulted in laws, codes of ethics, international treaties, and administrative guidelines, all with the purpose of protecting such right. In the medical field, the "Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine", known as the Oviedo Convention plays a crucial role. The doctrine of Informed Consent (IC) exists to enforce it. This principle is considered as law in some countries. In Chile, the IC is considered in the legal ordinance and in documents that are used as guidelines in the field of ethics. Jehovah's Witnesses invoke such precepts when they demand respect for their decisions. The present article outlines their position regarding blood transfusions and their contribution to the practice of bloodless medicine and surgery, which promotes the respect for patient's self determination. The experience of Jehovah's Witnesses has led to a dignified treatment of the patient and has promoted a better participation in decision-making, focusing on the patient. All these benefits can be conveyed to other patients, resulting in the protection of the dignity of the individual.



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Article Document 43

Toni-Uebari, Thelma K.; Inusa, Baba P.D.

The role of religious leaders and faith organisations in haemoglobinopathies: a review

BMC Blood Disorders 2009 August 15; 9: 8 p.



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<http://www.biomedcentral.com/content/pdf/1471-2326-9-6.pdf> (link may be outdated)

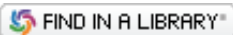


Article Document 44

Usanos, Rafael Amo

Los Bancos de sangre de cordón umbilical: aspectos biomédicos y bioéticos. = The banks of umbilical cord blood: biomedical and bioethical issues

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Should men who have ever had sex with men be allowed to give blood? [debate]

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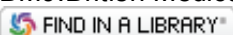


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BMJ:British Medical Journal 2009 March 7; 338(7694): 568-570



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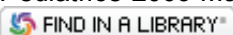


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Private cord blood banking: experiences and views of pediatric hematopoietic cell transplantation physicians.

Pediatrics 2009 March; 123(3): 1011-1017



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BMJ: British Medical Journal 2009 February 28; 338(7693): 495



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Britain: Report on infected blood sidesteps blame

New York Times 2009 February 24; p. A8



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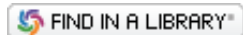


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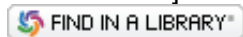


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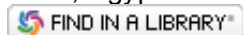


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Zayyud, Hamad Salman Sulayman

Al-Mas'uliyah al-madaniyah 'an 'amaliyat naql al-damm al-mulawwath, dirasah muqaranah fi al-fiqh al-Islami wa- al-qanún al-wad'i [Civil liability for the transfusion of contaminated blood, a comparative study between Islamic jurisprudence and positive law]

Cairo, Egypt: Dar al-Nahdah al-'Arabiyah, 2009. 733 p.





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BANNING QUEER BLOOD: RHETORICS OF CITIZENSHIP, CONTAGION, AND RESISTANCE

Tuscaloosa: University of Alabama Press, 2009. 195 p.

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VEINS OF DEVOTION: BLOOD DONATION AND RELIGIOUS EXPERIENCE IN NORTH INDIA

New Brunswick, NJ: Rutgers University Press, 2009. 233 p.

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Fajjāl, <Ādil a°kām al-taṣarruf fī al-damm al-basharī wa-āthāruhu fī al-qanūn al-madanī wa-al-fiqh al-Islamī, dirāsah muqāranah (rulings pertaining to disposal of human blood and its impact in civil law and Islamic jurisprudence, a comparative study)

Alexandria: Munsha>at al-Ma<ārif, 2009: 585 p.

Abstract: This book contains a comparative study of the rulings pertaining to disposal of human blood and its impact in both civil law and Islamic jurisprudence. Chapter titles are: reality of medical work and human blood in Islamic jurisprudence and civil law; disposal of human organs in Islamic jurisprudence and civil law; legal and sharia-based rulings pertaining to disposal of human blood; and medical liability involved in disposal of human blood from both legal and sharia perspectives.

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Liu, Yinliang

Investigation of the immature stage of the cord blood banks and their regulation in China

Journal International de Bioéthique = International Journal of Bioethics 2008 December; 19(4): 105-116

Abstract: Cord blood banks (CBBs) collect umbilical cord blood and isolate therefrom the stem cells which may be transplanted into patients serving treatment of many kinds of serious diseases. As one kind of health resource, CBBs need regulation to guarantee its fair development and safe application. During the past decade, several CBBs have been established in China and related measures have been administered to regulate their establishment and manipulation. How about the actual situation of CBBs in China, including, how are they regulated and what are the problems with the CBBs in practice? Upon introduction to cord blood and the CBBs, this paper investigates the practical situation of the CBBs in China and their regulation, and explores the corresponding problems which need to be dealt with. It is held that the CBB system in China is still at an initial stage, not only for its establishment and operation, but for its regulation as well; and, therefore, justification of a more sustainable CBB system for a better development is needed in China.

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Nursing Standard 2008 October 1-7; 23(4): 44-49



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New York Times 2008 September 9; p. F5



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Despite fines and promises, Red Cross falters with blood; years of problems in protecting the supply

New York Times 2008 July 17; p. A1, A14



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Umbilical cord blood banking: public good or private benefit?

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BMJ: British Medical Journal 2008 May 3; 336(7651): 981



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Ferguson, Eamonn; Farrell, Kathleen; Lawrence, Claire

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FDA faulted for approving studies of artificial blood; substitutes called too risky

Washington Post 2008 April 29; p. A2



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Fisk, Nicholas; Atun, Rifat

Public-private partnership in cord blood banking

BMJ: British Medical Journal 2008 March 22; 336(7645): 642-644



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New York Times 2008 March 10; p. C2



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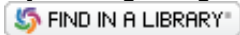


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Avis no. 42 du 16 avril 2007 relatif aux banques de sang de cordon ombilical [Opinion no. 42 of April 16, 2007 on umbilical cord blood banks]

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Gunning, Jennifer

Umbilical cord cell banking: an issue of self-interest versus altruism

Medicine and Law: The World Association for Medical Law 2007 December; 26(4): 769-780

Abstract: Stem cells from umbilical cord blood probably now form one of the most commonly banked types of human tissue. Originally stored for the treatment of haematological disorders these stem cells have now been found to be more versatile, even pluripotent, with potential for use in the treatment of a broader range of disorders and diseases and may be particularly valuable in cell therapy and regenerative medicine. This has led to the promotion of private storage of cord blood cells for autologous or family use and a rapidly growing private sector involvement. There is a growing tension between public and private banking and a number of ethical issues continue to be debated involving questions of regulation and quality assurance, ownership and commercialisation, and patenting. This paper aims to investigate some of these issues.



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Bone Marrow Transplantation 2007 October; 40(8): 729-734



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Silversides, Ann

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Women's Health Issues 2007 September-October; 17(5): 277-280



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Reddy, Deepa S.

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Supported by: NHGRI-funded population; based on fieldwork on "Indian and Hindu Perspectives on Genetic Variation Research"



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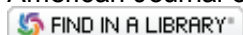


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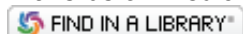


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Is there a right to donate blood? Patient rights; donor responsibilities

Transfusion Medicine 2007 June; 17(3): 161-168



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Emergency trials of blood substitutes skirt ethical questions [news]

Nature Medicine 2007 June; 13(6): 652



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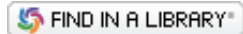


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Templeton, Allan; Braude, Peter

Umbilical cord blood banking and the RCOG

Lancet 2007 March 31-April 6; 369(9567): 1077



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Choudhury, L.P.; Tetali, S.

Ethical challenges in voluntary blood donation in Kerala, India

Journal of Medical Ethics 2007 March; 33(3): 140-142

Abstract: The National Blood Policy in India relies heavily on voluntary blood donors, as they are usually assumed to be associated with low levels of transfusion-transmitted infections (TTIs). In India, it is mandatory to test every unit of blood collected for hepatitis B, hepatitis C, HIV/AIDS, syphilis and malaria. Donors come to the blood bank with altruistic intentions. If donors test positive to any of the five infections, their blood is discarded. Although the blood policy advocates disclosure of TTI status, donors are not, in practice, informed about their results. The onus is on the donor to contact the blood bank. Out of approximately 16 000 donations in the past 2 years, 438 tested positive for TTI, including 107 for HIV. Only 20% of the donors contacted the blood bank; none of them were HIV positive. Disclosure by blood banks of TTI status by telephone or mail has resulted in serious consequences for some donors. Health providers face an ethical dilemma, in the absence of proper mechanisms in place for disclosure of test results, regarding notification to donors who may test positive but remain ignorant of their TTI status. Given the high cost of neglecting to notify infected donors, the authors strongly recommend the use of rapid tests before collecting blood, instead of the current practice, which takes 3 h to obtain results, and disclosure of results directly to the donor by a counsellor, to avoid dropouts and to ensure confidentiality.



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Kuehn, Bridget M.

Pediatrics group recommends public cord blood banking

JAMA: The Journal of the American Medical Association 2007 February 14; 297(6): 576



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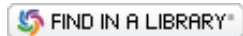


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Mayor, Susan

World's first public-private cord blood bank launched in UK by Richard Branson [news]

BMJ: British Medical Journal 2007 February 10; 334(7588): 277



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Perceptions in transfusion medicine: a pilot field study on risk and ethics for blood and blood substitutes.

Artificial Cells, Blood Substitutes, and Immobilization Biotechnology 2007; 35(2): 149-156



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Journal of Psychosocial Oncology 2007; 25(1): 45-66



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In their: From the Womb to the Tomb: Issues in Medical Ethics. Glasgow, Scotland: Humming Earth, 2007: 171-186
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Would you want to know if you had a variant CJD? [editorial]

New Scientist 2006 December 16-22; 192(2582): 5



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American Journal of Bioethics 2006 November-December; 6(6): 68-70I author reply W13-W14



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Samuel, Gabrielle N.; Ankeny, Rachel A.; Kerridge, Ian H.

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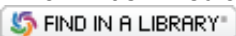


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Hutchon, David J.R.; Carpenter, Robert James, Jr.

Commercial cord blood banking: immediate cord clamping is not safe: public cord blood banking should be more widely adopted [letters]

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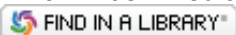


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Dutch clinic is ordered to stop giving stem cell therapy

BMJ: British Medical Journal 2006 October 14; 333(7572): 770



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BMJ: British Medical Journal 2006 October 14; 333(7572): 801-804



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A question of blood, race, and politics

Journal of the History of Medicine and Allied Sciences 2006 October; 61(4): 456-491



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Sociology of Health and Illness 2006 September; 28(6): 850-865

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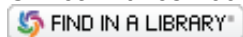


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Hewitt, P.E.; Moore, C.; Soldan, K.

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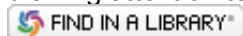
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Iffy, L.; Varadi, V.; Portuondo, N.; Ende, N.

Collection of fetal blood for stem cell research and therapy

Medicine and Law: The World Association for Medical Law 2006 September; 25(3): 553-561

Abstract: Stem cell research has generated novel therapeutic opportunities at the expense of new ethical and legal problems. Its promoters recommended early clamping of the umbilical cord to maximize the amount of acquired fetal blood. Fear has been expressed, therefore, that the donor could be compromised by this approach. Actually, the problem is more complex than generally assumed. In certain clinical situations the neonate may benefit from or become harmed by additional blood volume. Gravity influences the direction of umbilical blood flow and, thus the consequences of early or delayed cord clamping. Therefore, vaginal birth promotes blood flow from the placenta to the fetus, whereas delivery by cesarean section usually has the opposite effect. Largely ignored in the course of the relevant debates, the above facts require consideration. The controversy may be beneficial in the long run by drawing attention to this relatively neglected aspect of perinatal medicine.



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Burton, Thomas M.

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Wall Street Journal 2006 July 12; p. D2



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Burton, Thomas

FDA to weigh test of blood substitute out of public view

Wall Street Journal 2006 July 11; p. D3



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FDA to weigh using fake blood in trauma trial

Wall Street Journal 2006 July 6; p. B1, B2



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An overview analysis of blood donation in the Islamic Republic of Iran

Archives of Iranian Medicine 2006 July; 9(3): 200-203



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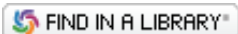
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Elhence, Priti

Ethical issues in transfusion medicine

Indian Journal of Medical Ethics 2006 July-September; 3(3): 87-89

Abstract: The practice of transfusion medicine involves a number of ethical issues because blood comes from human beings and is a precious resource with a limited shelf life. In 1980 the International Society of Blood Transfusion endorsed its first formal code of ethics, which was adopted by the World Health Organisation and the League of Red Crescent Societies. A revised code of ethics for donation and transfusion was endorsed in 2000. Blood donation as a gift, donor confidentiality, donor notification and donor consent, consent for transfusion, the right to refuse blood transfusion, the right to be informed if harmed, and ethical principles for establishments, are discussed in the international and Indian contexts.



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Eaton, Lynn

Cord blood banks' claims are often unfounded, says royal college [news]

BMJ: British Medical Journal 2006 June 17; 332(7555): 1411



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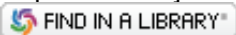


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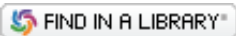


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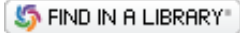


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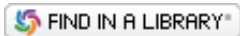


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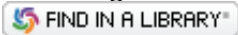
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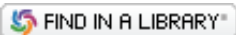


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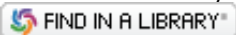


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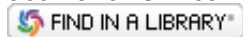


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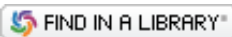


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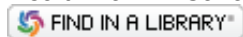


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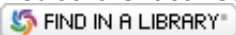


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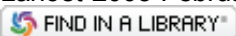


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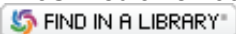


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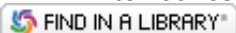
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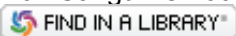


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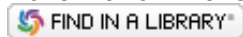
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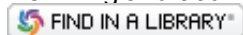


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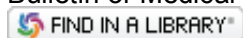
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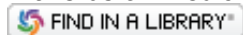


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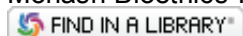
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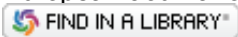


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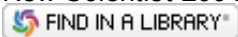


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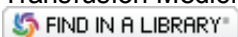


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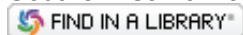


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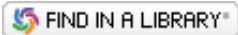


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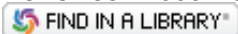


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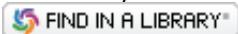


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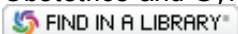


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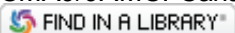


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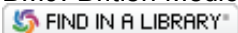


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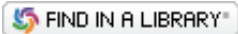


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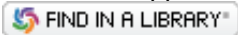
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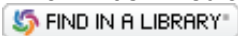


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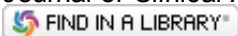


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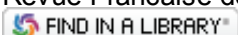


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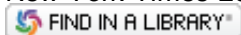


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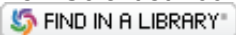


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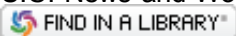


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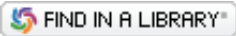
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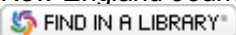


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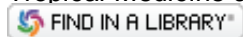


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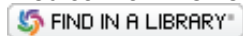


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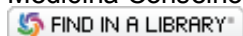
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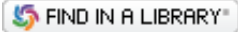


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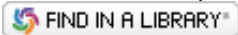


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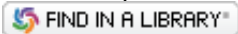


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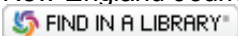


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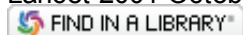


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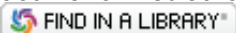


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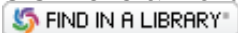


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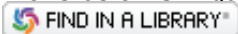


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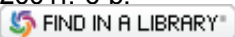


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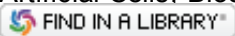


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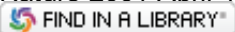


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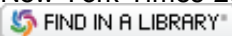


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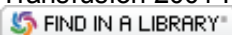


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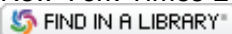


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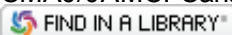
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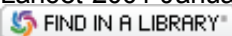


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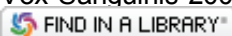


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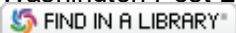
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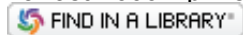


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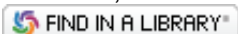


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