BRITISH MEDICAL JOURNAL

SATURDAY 17 JANUARY 1987

LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

NO 6565 BRITISH MEDICAL JOURNAL 1987 VOLUME 294 137-196
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.

WEEKLY. ISSN 0267-0623
ASTM CODEN: BMJOAE 294 (6565) 137-196 (1987)

CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Who may give blood?

SIR,—As a member of the BMA and the director of a regional transfusion centre I must protest most strongly about the statement issued by Dr John Dawson on 5 January. We all support a campaign to stop the spread of human immunodeficiency virus (HIV) in Britain, but Dr Dawson has gone much further in his alarmist statement.

There is no evidence that HIV is widespread in the heterosexual community in the UK. In fact, of 3 000 000 blood donors tested 65 were found to be anti-HIV positive. On questioning, most of those found to be positive were male homosexuals who had misinterpreted the advice given by the DHSS. Only six or seven anti-HIV positive donors have denied belonging to any of the groups at high risk of contracting the acquired immune deficiency syndrome (AIDS), giving a prevalence of HIV antibodies of about 1 in 500 000 healthy adults in the UK (Harold Gunson, personal communication). By any standards this is certainly a very low prevalence. The Department of Health and Social Security and the National Blood Transfusion Service have the situation under constant review, and the necessary modifications to cover extensions of the risk groups are made very quickly. It is very confusing for the general public to be given conflicting advice. Dr Dawson's statement could do untold harm by deterring individuals at no risk of HIV infection from giving their blood. If the public takes Dr Dawson's advice literally there could be a serious shortage of blood supplies in Britain, and the risk of patients dying through lack of blood would far outweigh the risk of acquiring HIV infection by blood transfusion.

In our experience the individuals who are likely to transmit HIV infection through transfusion have all belonged to high risk groups and have usually been men who have had sex with other men. The recent much publicised case in Glasgow would not have been prevented by Dr Dawson's statement, although the media have linked the two. The DHSS and the National Blood Transfusion Service have spent a great deal of time educating both existing and prospective blood donors and it is disheartening to see all this work destroyed by a public statement from the BMA. It would have been far better if the BMA had discussed the matter with experts in the blood transfusion service before the statement was made.

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** A joint statement issued by the DHSS and the BMA and a full account of the debate on this subject by the BMA council appear on page 192.—ED, *BMJ*.

SIR,—In what world do Dr Dawson and the BMA live if they believe that excluding from blood donation anyone who has had sex with more than one person in the past four years will not reduce the supply of blood donors? That definition surely includes most people under 30 and quite a lot of the rest of us. It would eliminate a large number of fastidious, thinking, altruistic people.

Therefore the BMA's advice must be soundly based. This I am not qualified to judge but the lack of realism in Dr Dawson's remarks and the fact that there are several conflicting views are not reassuring.

If there is a "window" of three months (nine months?) then why a four year ban? Apart from this delay in the appearance of the antibody to human immunodeficiency virus (HIV), is the test accurate or not?

I thought normal people in a normal world who have had normal affairs with normal people were statistically at infinitesimal risk of transmitting HIV and that this risk was a much lesser one than that from a national shortage of blood. The BMA says no, but what are the statistics?

Because of all the publicity about AIDS and blood patients are now beginning to refuse permission for blood transfusion, which may at least save some blood for the beleaguered blood transfusion service.

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Glucose tolerance during long term treatment with a somatostatin analogue

SIR,—Professor Louis Verschoor and colleagues write (22 November, p 1327) about the glycaemic effects of long term treatment with somatostatin analogue SMS 201-995 in acromegaly. The title of their paper suggests that "glucose tolerance" has been investigated and they conclude that the treatment has "only minor side effects on glucose tolerance." There is, however, a lack of information of direct relevance to both the title and the conclusion. No mention is made of how impaired glucose tolerance or diabetes mellitus has been defined in the study and no evidence is presented to indicate that any subject ever had a formal test of glucose tolerance. All that is reported in terms of blood glucose values is the glycaemic response to a breakfast of undefined size or composition and this cannot be considered an adequate glucose tolerance test. Perhaps sequential glycosylated haemoglobin values could have been usefully recorded.