



ISBT Code of Ethics

English

The objective of this code is to define the ethical principles and rules to be observed in the field of Transfusion Medicine.

Blood Centers: donors and donation

1. Blood donation including haematopoietic tissues for transplantation shall, in all circumstances, be voluntary and non-remunerated; no coercion should be brought to bear upon the donor. A donation is considered voluntary and nonremunerated if the person gives blood, plasma or cellular components of his/her own free will and receives no payment for it, either in the form of cash, or in kind which could be considered a substitute for money. This would include time off work other than that reasonable needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation. The donor should provide informed consent to the donation of blood or blood components and to the subsequent (legitimate) use of the blood by the transfusion service.
2. A profit motive should not be the basis for the establishment and running of a blood service.
3. The donor should be advised of the risks connected with the procedure; the donor's health and safety must be protected. Any procedures relating to the administration to a donor of any substance for increasing the concentration of specific blood components should be in compliance with internationally accepted standards.
4. Anonymity between donor and recipient must be ensured except in special situations and the confidentiality of donor information assured.
5. The donor should understand the risks to others of donating infected blood and his or her ethical responsibility to the recipient.
6. Blood donation must be based on regularly reviewed medical selection criteria and not entail discrimination of any kind, including gender, race, nationality or religion. Neither donor nor potential recipient has the right to require that any such discrimination be practiced.
7. Blood must be collected under the overall responsibility of a suitably qualified, registered medical practitioner.
8. All matters related to whole blood donation and haemapheresis should be in compliance with appropriately defined and internationally accepted standards.
9. Donors and recipients should be informed if they have been harmed.

10. Blood is a public resource and access should not be restricted.
11. Wastage should be avoided in order to safeguard the interests of all potential recipients and the donor.

Hospitals: patients

12. Patients should be informed of the known risks and benefits of blood transfusion and/or alternative therapies and have the right to accept or refuse the procedure. Any valid advance directive should be respected.
13. In the event that the patient is unable to give prior informed consent, the basis for treatment by transfusion must be in the best interests of the patient.
14. Transfusion therapy must be given under the overall responsibility of a registered medical practitioner.
15. Genuine clinical need should be the only basis for transfusion therapy.
16. There should be no financial incentive to prescribe a blood transfusion.
17. As far as possible the patient should receive only those particular components (cells, plasma, or plasma derivatives) that are clinically appropriate and afford optimal safety.
18. Blood transfusion practices established by national or international health bodies and other agencies competent and authorised to do so should be in compliance with this code of ethics.

The Code has been elaborated with the technical support and adopted by the WHO.
Adopted by General Assembly of ISBT, July 12, 2000
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