

Transcript Delivery from CNW Group

Program: Quebec AM
Date: 2013-02-26
Air Time:
Station: CBC Radio 1 CBVE
Network: CBC
City: Quebec City
Reporter: Susan Campbell
Length: 6:30
Province: Quebec
Log ID: 20130226R-0368
Words: 977
Reach: Regional

Subject: Canadian Companies Want to Pay Donors of Blood Plasma

CBC (Susan Campbell):

Joining us now is David Page, he's the national executive director of the Canadian Hemophilia Society, and we've reached him this morning in Montreal. Good morning.

DAVID PAGE (Canadian Hemophilia Society):

Good morning Susan.

CBC:

Is this a concern at all for your organization, to have companies offering to pay donors for blood plasma?

PAGE:

Not really, no. You know, I think it's a bit, you know, hypocritical for us here in Quebec and even the rest of Canada, and around the world, to, you know, to be against paid donors for plasma, when the rest, as Mr. Ménard said, we're about ninety percent reliant on paid donors from the U.S. So we're sort of saying we, you know, for ethical reasons, we can't pay our donors here but it's okay to pay donors somewhere else. You raised the safety issue, which I think is an important question. It's not the 1980s anymore. There certainly were problems in the 1980s with paid donors from the U.S., they were collecting blood in prisons. You could hardly call those voluntary donations. But things have changed. You know, we had the Krever Commission in the 1990s, and the plasma industry has changed dramatically. There have been a huge number of technological advances in testing, which have made these donations safe. The selection of donors is much tighter than it was back then. And so the result is that for those products made from plasma donations, whether they're paid donations or unpaid, the safety record is actually pretty well perfect in terms of, you know, the big three pathogens--HIV, Hepatitis B and Hepatitis C.

CBC:

Do you think it's preferable then, to have this practice going on here, as opposed to going on in the United States, in the sense that, you know, would there be more oversight if the plasma is being paid for anyway, is it better to do it here?

PAGE:

I wouldn't say it's either better or worse. The FDA in the States is quite competent in its oversight of the collection facilities. Health Canada is also, you know, perfectly competent in terms of doing that. They do inspections of CBS and Héma-Québec facilities, which do plasma freezes. They make sure that the selection of donors is according to standards and that, you know, these standards are following good manufacturing practices. So no, I don't think it's either better or worse, this is just a reality. As Mr. Ménard said, we are not self-sufficient in the world in plasma, except in the U.S., and this situation could get even worse. Right now, there are clinical trials for the use of immunoglobulins from plasma for Alzheimer's Disease. If that pans out, that turns out to be beneficial for Alzheimer's Disease, the demand for plasma is going to skyrocket.

CBC:

Just to be clear, who are the people most likely to be in need of plasma products?

PAGE:

Well, there are a whole range of plasma protein products that are used for different conditions. Immunoglobulin is the driver of the system. It's used in a number of immunological and neurological conditions. Certainly primary immune deficiency is a congenital immune problem and immunoglobulin is used for that condition. Albumin is used in a number of conditions for burn victims, for example. And then for our own members, clotting factor concentrates, factor eight, factor nine, are still made from human plasma.

CBC:

When you hear people, and there was a spokesperson for the Ontario Public Service Employees' Union quoted in one of the news stories this past week, they represent the employees of Canadian Blood Services, saying you don't know when people are filling out a website questionnaire to donate, if they're telling the truth, if they're motivated simply to earn money. Is that a concern at that level?

PAGE:

Well, I think you know, the safety of donors is always a concern and that's why there are, you know, very strict donor selection criteria and donor testing. It's not because you've given somebody thirty dollars for a plasma donation that they're, you know, that their plasma suddenly becomes unsafe. It's how you collect the plasma, how you select your donors, the proper testing that you do. And then with these plasma products, there's another whole level of safety that can be brought in which is used, which is called viral inactivation or viral reduction. So there's a number of manufacturing procedures that are used to, really to kill any viruses that did escape the selection and testing system. So these products have a perfect safety record. So no, I wouldn't think that those concerns are valid.

CBC:

And is it the case that there's a kind of a consistent need for plasma products that isn't necessarily met through the normal donation process?

PAGE:

Yeah, we have two systems in the world. We have, in the U.S. and in Canada and throughout the developed world, the system like Héma-Québec, where voluntary donors provide whole blood and even plasma and platelets, for use in hospitals. This system needs to be supported by the population, especially by young people. But we have this second system, which is really an

industrial system based on the raw material of plasma. This is just as essential. If that system were to be stopped, if paid donors were to be stopped overnight, within months there would be, you know, hundreds of people here in Quebec, thousands in Canada, and hundreds of thousands around the world, that would become sick and even die.

CBC:

Very good to get your input on this issue this morning. Thank you so much for your time.

PAGE:

Thank you Susan.

CBC:

Have a good day.

PAGE:

Bye now.