OPENING ADDRESS BY PROFESSOR K SATKU, DIRECTOR OF MEDICAL SERVICES, MINISTRY OF HEALTH, SINGAPORE, AT THE 1ST HSA-NATA JOINT SYMPOSIUM ON TRANSFUSION MEDICINE AND ALTERNATIVES HELD ON SATURDAY, 18 SEPTEMBER 2004, 8:30AM AT THE A-STAR AUDITORIUM, BIOPOLIS

Professor Richard Weiskopf, NATA Board of Directors;
Dr Tan Chor Hiang, CEO, Health Sciences Authority
Dr Diana Teo, Director, Centre for Transfusion Medicine and Chairperson of the Local Organising Committee
Distinguished Speakers;
Ladies and Gentlemen

It gives me great pleasure to join you all, this morning, at the opening of the 1st HSA-NATA Joint Symposium on Transfusion Medicine and Alternatives. May I first congratulate and commend the local organising committee and the Network for the Advancement of Transfusion Alternatives Steering Committee for successfully co-organising this important event.

I would also like to warmly welcome our overseas colleagues who have taken time from their busy schedules to be with us here and to participate in this Symposium. We are honoured that Singapore has been chosen as the venue for this assembly of international medical experts working towards safer transfusion alternatives. We appreciate the opportunity to host this Symposium and I am certain it will contribute to the development of biomedical sciences here in Singapore.

Ensuring a Safe Blood Supply

Every year, nearly 140,000 units of blood and blood components are transfused in our hospitals. This is made possible by the 70,000 blood donations made by more than 40,000 Singaporeans.
Our Bloodbank at HSA, the national blood centre operates seven days a week, every week of the year, to collect, process, test and distribute these blood components to hospitals. To ensure the highest quality and safety of the blood supply, we have put in place state-of-the-art systems and processes. With the emergence of new pathogens, such as that causing the variant CJD and the continued scourge of old pathogens like HIV and hepatitis B, we can expect the continuation of stringent screening measures and the introduction of new tests to protect our blood supply.

New tests such as nucleic acid testing and new technologies such as pathogen inactivation have been introduced to improve the safety of our blood products. With these measures the cost of processing blood and blood components will increase. Our Ministry will continue to subsidise the cost of processing blood products, so that the gift of life by our generous donors remains to an extent a gift.

All these efforts have made our blood products safe and so today haemovigilance surveillance data clearly show that the greatest risk in blood transfusion in developed countries, no longer comes from unsafe blood, but from the transfusion process itself. As blood banks worldwide recognize this, the focus has moved from ensuring safety of blood products to transfusion safety. The accumulated data indicate three critical points in the transfusion process where errors can occur; the collection of patient samples, the medical decision to transfuse, and the bedside administration of blood components.

I am glad to note that this joint symposium will focus on the medical decision to transfuse. Clinical transfusion medicine, as with other medical specialties, advances at a rapid pace. New knowledge is accumulated every day to help us make better decisions on whether to transfuse, what to transfuse, and how much to transfuse.
As clinicians responsible for prescribing blood transfusions, it is our responsibility to keep up with this knowledge and to provide our patients with the best possible clinical care. As every blood transfusion carries a small but irreducible risk of adverse complication, it is essential that we consider very carefully the risk-benefit of every unit that we choose to transfuse.

**Hospital Transfusion Committees**

To a great extent, this decision is aided by clinical practice guidelines developed by the professional organisations, and from consensus conferences on indications for blood use. Hospital Transfusion Committees, which have been in place in Singapore hospitals since 1990, also play an important role in putting in place local guidelines on administration and use of blood and blood components.

**Haemovigilance Programme**

In recent years, the Hospital Transfusion Committees also contribute by participating in the national haemovigilance programme, which collects data on transfusion complications and develops measures to reduce transfusion risks. Some Hospital Transfusion Committees have also introduced clinical audits of blood component utilisation, to encourage appropriate use. These initiatives are commendable and will be important in developing new strategies to improve transfusion safety.

**Written Consent for Transfusion**

Another development in the face of this small but definite risk of transfusion has been the introduction of written informed consent for transfusion. As our patients today are more informed, it is important that the risks and benefits of blood transfusion are explained to them. This process becomes a useful reminder for our doctors to use blood products judiciously.

**Use of Blood**

Finally we must recognize that we are today, indeed fortunate that in Singapore, we can take for granted access to an adequate supply of blood and blood components that are safe. However the increasingly stringent criteria that are being developed to ensure safe blood excludes more and more potential blood donors.
Although we do have adequate supply for our needs today, we see a shrinking donor base and anticipate a shortage of blood for transfusion. For every 5 successful donations, 1 potential donor has to be turned away because he or she does not fulfil the stringent criteria needed to ensure safe blood.

Safe blood today is truly a scarce and very precious resource. The World Health Organisation has estimated that 17% of the world’s population has access to 60% of the global blood supply.

The rest of the world has access to 40% of the global blood supply, of which only 57% is adequately tested. 80% of the global population has access to 20% of safe tested blood.

In Singapore, we are lucky to be in the 17% of the global population that has access to safe tested blood. We must therefore not only ensure that we are making the best use of every precious unit of blood component available to us but also look at the alternatives to blood products.

I am again happy to note that this conference will also address the issue of alternative blood products.

**Closing Remarks**

Summing up, as blood products are made safer they also become scarce. The need for alternatives to blood products and safety of transfusion become the issues at hand. I hope your deliberations will provide answers to these challenges. We look forward to a continued partnership with our guests in this journey towards clinical excellence in transfusion medicine.

Finally I would also like to take this opportunity to wish all of you a productive weekend ahead and wish our overseas colleagues a pleasant and enjoyable stay here in Singapore.

Thank You.