



Registered Nurses' Association of Ontario (RNAO)

Speaking Notes to the Standing Committee on Social
Policy

Bill 21, *Safeguarding Health Care Integrity Act, 2014*

December 1, 2014



Good Afternoon. My name is Doris Grinspun and I am the CEO of the Registered Nurses' Association of Ontario (RNAO). With me today is our senior policy analyst, Lynn Anne Mulrooney. RNAO is the professional association for registered nurses, nurse practitioners and nursing students who practise in all roles and sectors in Ontario. Our mandate is to advocate for healthy public policy and for the role of nurses in enhancing the health of Ontarians.

The RNAO appreciates this opportunity to provide feedback to the committee looking at Bill 21. We have provided each of you with a detailed written submission that analyzes each area of the Bill: voluntary blood donations, regulation of pharmacies and other matters concerning regulated health professions. This afternoon, I will focus my remarks on blood donations. We can take questions on any areas of the Bill.

Blood is a precious public resource. Allowing the commercial plasma industry to harvest blood from vulnerable people in return for payment in Ontario is in direct opposition to evidence-informed policies of the World Health Organization. It contravenes the findings of Justice

Krever's commission of inquiry into the blood system in Canada that was necessitated by the "public health calamity" of thousands of infections and deaths caused by contaminated blood products collected from paid donors. Having a self-sufficient national blood system compromised of altruistic donors with strong Canadian regulatory enforcement will honour the precautionary principle.

RNAO is asking our political leaders to put safeguarding the public ahead of profit. There are strong economic forces at work that are seeking to generate revenue from a growing demand for body parts, including organs and blood. In a world of increasing economic inequality, those who are often invisible are those who are forced into selling their body parts because they are desperate. What we can learn from the organ trade is that those who sell their organs are left in worse health, with lower incomes, and their communities have a declining willingness to donate.

Donations of whole blood and blood components should be fully voluntary as, like any invasive procedure, there is always a potential for harm. The overall incidence of complications directly related to blood donation is one per cent. This may seem to be a small number but it is worthy of concern given the large quantities of blood collected each day across the world. It is important to remember that the reason why many countries prohibit paying people for blood is the great harm done, not only to the recipients of contaminated blood products but to the donors. Since the 1970s into the 1990s, outbreaks of blood-borne diseases such as HIV, Hepatitis B, and Hepatitis C have been attributed to commercial plasma centres in Austria, Mexico, India, and China. While the science and technologies on blood safety have advanced since then, it is still true that the most vulnerable people in our societies are prone to selling their blood and their health must be protected.

RNAO urges the Standing Committee on Social Policy to resist market forces that would compromise our blood supply for profit by joining the province of Québec in prohibiting for-profit collection of

blood and blood products. Instead of moving away from the World Health Organization and Krever Commission recommendations, the Canadian blood supply must build self-sufficiency. This can be done by ensuring the blood and blood products are used responsibly; cost savings generated through a national pharmacare program; and ensuring that blood donor criteria are evidence-based to account for actual risks rather than stereotypes. Until 2013, Canada had a lifetime deferral for men who have had sex with men that was in force for almost 30 years until it was changed to a five-year ban. This contrasts with Argentina, Australia, Hungary, Japan, and Sweden that have one-year deferrals and the more effective approach of Italy and Spain screening on a case-by-case basis for high-risk sexual practices.

Detailed analysis and references to support RNAO's recommendations on each area of the Bill may be found in our full written submission.

In closing, I just want to leave you with RNAO's recommendations:

- **Prohibit for-profit collection of blood and blood products. Instead of moving away from the World Health Organization and Krever Commission recommendations, the Canadian blood supply must build self-sufficiency. This can be done by ensuring the blood and blood products are used responsibly; cost savings generated through a national pharmacare program; and ensuring that blood donor criteria are evidence-based to account for actual risks rather than stereotypes**
- **Implement recommendation #2 of the Standing Committee on Social Policy's Report on Diluted Drugs in order to strengthen transparency and accountability of procurement processes using public funds.**
- **RNAO looks to the government of Ontario to provide leadership for a pan-Canadian standardized, publicly funded and publicly controlled pharmacare program.**

- **Advance amendments to the *Regulated Health Professions Act* that will promote public safety, confidence in the self-regulatory system and accountability of regulators, while promoting fairness to the health-care professionals involved.**

On behalf of Ontario's nurses we thank you, once again, for the opportunity to appear before this Committee. My colleague and I would be delighted to respond to any questions.