

The Value of Social Sciences to Blood Donation

Cees Th. Smit Sibinga, MD, PhD, FRCP Edin, FRCPath

Emeritus Professor University of Groningen, NL

IQM Consulting, Zuidhorn, NL

Editorial

Transfusion Medicine is a multidisciplinary bridging science that over the past 80 years (post-World War II) has extensively grown. For over a century it has been dominated by laboratory sciences, but step by step it developed through different though closely related episodes including blood group serology and immunohematology; preservation of blood and blood products; separation of blood components; transmissible infectious diseases (e.g., hepatitis B and C, AIDS); community, donors and ‘soft sciences’; quality management and blood safety; patient blood management (PBM) and rational blood prescription; organization, governance and leadership; ICT including artificial intelligence, RFI and digital foot printing. Evidently these episodes show an overlap and a bridging with a variety of exact or beta sciences, gamma sciences and over the past sixty years also soft or social sciences [1,2]. Social sciences represent a large array of scientific interests devoted to research on human societies and the relationships and interactions among individuals and groups within those societies,

including those who suffer from diseases. The recognition started during the period of enlightenment, where reason, science, humanism and progress were leading. According to a definition of United Nations (UN) demography is the science of human populations with respect to their size, their structure and their development. Originally social science was restricted to sociology or the science of society, a structured and developing population [3]. During the 20th Century the field has broadened and today encompasses a wide range of academic sciences including anthropology, archaeology, economics, human geography, linguistics, management and marketing science, media studies, musicology, political science, psychology, behavioural science and environmental social science, welfare and nursing studies, religious and Western esoteric studies, and today also social history [4].

What happened

In 1970 the British sociologist R.M. Titmuss published his famous book ‘*The Gift Relationship*’ exploring the human behaviour in relation to

altruism, voluntarism and blood donation [5]. Oswalt, one of the first social scientists with an interest in human behaviour, environmental psychology in relation to blood donation, summarized his scientific observations and concluded in 1979 that '*essentially the same information (on donor motivation) has been forthcoming for the last twenty years or so*' [6]. The observation was confirmed in 1981 by Boe and Ponder in their review of the research done and published on expressed motives of donors and non-donors [7] and in 1990 by Piliavin who summarised the research on the question '*Why do they give the gift of life?*', a review on the research on blood donor motivation since 1977 [8]. But what has been done with that knowledge? [9].

With the advances in clinical medicine that took place since the immediate post World War II decades, the need for a different and evidence-based blood supply and bedside practice became recognized, leading to the 1975 World Health Assembly Resolution WHA 28.72 addressing utilization and supply of human blood and blood products [10]. Renown sociologists like R.M. Oswalt, R.M. Titmuss, G.P. Boe, L.D. Ponder, J.A. Piliavin, Ch.A.J. Vlek and A.P.M. Los pioneered the field of altruism and voluntarism. Particularly the creation of public awareness of the need to share brought marketing and media science and environmental psychology in close contact with the developing science of Transfusion Medicine. Where since World War I the Uncle Sam finger pointing '*I need you*' strategy to 'recruit' people willing to donate a unit of blood became the strategy of choice and remuneration in kind was developed in the attempt to attract and retain blood donors, little to no scientific interest was shown in motivation: The humanities, behaviour and environmental psychology aspects of communities and specific groups and age categories in these communities.

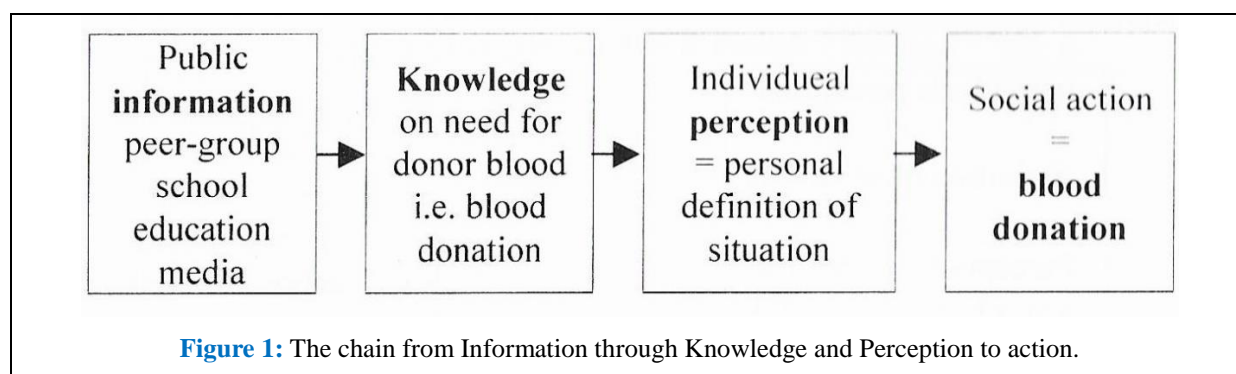
Consequently, blood collection, supply and safety were a continuum of swabbing the floor while keeping the tap open. In many situations in the world, particularly the developing world this is still a daily practice.

And further

Those active in the field of blood. platelets and plasma collection (the community interface) awakened from their dormant existence, changing policies and strategies to reach out into their communities and look scientifically for what appeals, attracts and motivates people (social marketing) to create and establish social awareness and solidarity, a culture, to donate voluntarily blood – as Titmuss said: '*The Gift of Life*'. Of special interest became the arguments and motives why people do not donate voluntary their blood, such as fear (needle, pain), selfishness, and apathy (no body came to ask me). The American scientist William Thomas revived the pre-World War II theorem '*If man define situations as real, they are real in their consequences*' [11] was unknowingly the first bridging Social Sciences with the young science of transfusion medicine, emphasizing the fact that in human behaviours it is not the objective situation that triggers action but the individual's perception and definition of that situation (Figure 1). A prerequisite for developing a perception of a defined situation such as donating blood is that the person must know, at least have heard about, that situation. Knowledge about the existing blood system and blood donation can be obtained from various sources such as public information, media, education and peer groups (promotive advertisement). Studies on donors and the 'why' of blood donation conclude that usually the peer group of the individual (family, friends, colleagues) plays an important role in the change of behaviour. Similarly, continuous education and sustained PR

are of importance in the creation and maintenance of awareness and motivation that should lead to

such social action.



Conclusion

Social sciences in their current multi-faceted academic diversity are of undeniable importance to the science, culture and practice of Transfusion Medicine. Achieving globally 100% blood collection from voluntary and preferably regular blood donors [12] will only happen when Transfusion Medicine acknowledges, adheres to and practices the values of Social Sciences.

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