Scientific aspects of Transfusion Medicine are often reported. Professional “transfer” of scientific knowledge, however, isn’t reaching all concerned specialists yet. In most European countries, little undergraduate education in Transfusion Medicine is given, few training curricula exist for specialisation in Transfusion Medicine, and in other medical specialities. The prevalent attitude of most clinicians is still an “expecting” one. It is however becoming accepted that clinical medicine, in order to provide patients with the safest possible blood, has more to give than to receive. ESTM activities are largely oriented towards the contribution of clinical medicine to blood safety. Out of 80 ESTM courses performed so far, 40 were dedicated to clinical transfusion practice! A “Cooperation Agreement” as “partner organisation” was signed in 2006 with New European Surgical Academy (NESA). The need for better understanding between clinical and transfusion specialists became evident after the analysis performed in 2002 at the ESTM meeting in Lecce and the conclusions of the 2005 course in Belgrade on “The contribution of clinical medicine to blood safety”. A previous course in 2002 in Lviv on “Blood-sparing medicine and surgery: the absolute need of safe autologous and homologous blood donation” focused on blood-sparing procedures, also discussed in Riga in 2004. Similar problems of reciprocal support had been dealt with in 2002 in Sofia at the course on “Basic clinical and organisational requirements for implementing an effective haemovigilance”, and increasingly debated during other ESTM courses (2002 Portorož, 2003 Piacenza and Napoli, 2004 Barcelona). Adequate knowledge on clinical transfusion practice by all medical specialists is an absolute target. Education in quality management is a proper common way to overcome national differences in transfusion safety. Time has come to stimulate proper attention for all what concerns the clinical side of Transfusion Medicine, and particularly blood sparing. Pressure by Scientific Societies of relevant clinical disciplines could be of considerable help. A passionate appeal from any clinical Scientific Society to all other Societies, to collect specific information on postgraduate specialisations, could allow acquisition of knowledge on already existing situations, for further discussion on how to attain a better quality of patients’ care.

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- Teaching of Transfusion Medicine (U. Rossi, J.D. Cash: editors)
  First SIITS-AICT Symposium for European Cooperation - Cernobbio (Italy), 1st October 1990
- Voluntary blood donors Associations: present and future (U. Rossi, V. Fresia, B. Genetet: editors)
  Second SIITS-AICT Symposium for European Cooperation - Cernobbio (Italy), 6th October 1990
- Teaching and education in Transfusion Medicine (U. Rossi, J.D. Cash: editors)
  Main session of the 3rd ISBT Regional (2nd European) Congress - Prague (Czechia), 15th October 1991
- Therapy with plasma and albumin: production and clinical use (U. Rossi, W.G. Van Aken, M. Orlando: editors)
  Third SIITS-AICT Symposium for European Cooperation - Rome (Italy), 6th June 1992
- Mass media and blood donation (U. Rossi, I. Cipriani, V. Fresia: editors)
  Fourth SIITS-AICT Symposium for European Cooperation - Rome (Italy), 6th June 1992
- Teaching of Transfusion Medicine to undergraduate medical students (U. Rossi, H. Seyfried: editors)
  Symposium of the 4th ISBT Regional (3rd European) Congress - Barcelona (Spain), 15th June 1993
- Therapeutic haemapheresis (U. Rossi, A. Bussel, M. Valbonesi: editors)
  Fifth SIMTI Symposium for European Cooperation - Genova (Italy), 9th June 1994

Perspectives of the new European political situation were discussed in 1991 by the SIMTI Board. One felt time had come to help colleagues facing new problems. In 1992, ESTM was founded in Milano, as a non-profit Association aiming at harmonising Transfusion Medicine within a “wider” Europe.

80 courses have been organised in 31 countries, within and outside Europe. 118 coordinators and 595 teachers (from 32 European countries, and some from outside Europe), and more than 3,000 participants (from 41 European and 19 non-European countries), have been involved.
ESTM work recognition

Increasing request for joint ESTM activities is shown by many national, European and international Organisations caring about transfusion. ESTM received in 2002 the ISBT Award. ESTM courses are accredited by the Royal College of Pathologists (London) since 1995, and by the European Committee for Accreditation in Haematology since 2003. Collaboration since 2004 with the Arabic Transfusion Medicine Courses (ATMC). A Latin-American ESTM-like initiative is currently being discussed. In 2006, ESTM gained recognition by the Italian Ministry of Foreign Affairs as “NGO”, being fit for international cooperation in Transfusion Medicine education. A “Cooperation Agreement” was signed in 2006 with NESA (New European Surgical Academy), ESTM becoming a “partner organisation” for educational aspects concerning Transfusion Medicine.

Towards a European clinical transfusion practice

Clinical transfusion practice was largely driven in Europe by feelings of apprehension and fear, surprisingly coexisting with often unjustified prescription and astonishing abuse of blood transfusion. It has by now gained a wider acceptance, however, the fact that any hope of significantly improving blood safety today in Europe mainly lies in the clinical side of Transfusion Medicine, by increasing the transfusion/clinical interaction. The need for such a reciprocal support became clearly evident after the analysis performed on the data on clinical transfusion practice in South-Eastern Europe (collected for the Meeting in 2002 in Lecce), and the conclusions of a specific course on “The contribution of clinical medicine to blood safety”, held in Belgrade (Serbia) in 2003. Integration of Transfusion Medicine into the national policies of public health and clinical medicine was also discussed.

Within this frame, the activities of the ESTM in the last few years have been oriented towards a more full appreciation of the critical relevance of the contribution of clinical medicine to blood safety. Out of 80 ESTM courses performed in 28 countries in the last seventeen years, on several topics of Transfusion Medicine, 40 were dedicated to clinical transfusion practice!

Clinical responsibilities for the future of blood safety

Migrations, and business and tourist travelling from high-income to low-income countries are increasingly frequent in Europe, and the occurrence of travellers receiving unsafe emergency transfusion has become correspondingly higher: potentially disrupting, once back, the expensive epidemiological barrier erected in their high-income home-country. No decision on blood safety in any European country should then anymore be taken without considering its reflexes on the whole of Europe: a generalised minimal blood safety is far more important than an isolated maximal but vulnerable one. Agreement was reached on basic requirements for transfusion safety, and special attention was increasingly given to the contribution of clinical medicine to it.

The prevalent attitude of most clinicians, in most European countries, is still an “expecting” one. One exacts that “safe blood” should be exclusively cared for and provided by someone else. It is however becoming generally accepted that clinical medicine, in order to provide patients with the safest possible blood, has much more to give than to receive, to do than to wait, to care for than to expect from. How? Phasing out replacement donation, offering their medical authority to publicly promote voluntary donation, contributing to scientifically clarify some medical misconceptions hindering safe blood self-sufficiency.

Developing the above-mentioned behaviours in the world of clinical medicine, inducing clinicians to become properly co-responsible of the safety of blood given to their patients, is an obliged scenario of European Transfusion Medicine today.

The goal of this effort is to give a better service to patients, but also to acquire a more secure legal and professional shelter, and to achieve a more rewarding moral gratification: blood is too important in our life to be left only to others!

Blood-sparing medicine and surgery

An ESTM course on “Blood-sparing medicine and surgery: the absolute need of safe autologous and homologous blood donation”, held in Lviv (Ukraine) in 2002, focused on blood-sparing procedures, autologous haemotherapy, restrictive indications on the basis of critical thresholds, and discussion of cost-efficient solutions, in close cooperation between neighbouring countries. A preliminary step was moved
towards a better understanding between clinicians and transfusion specialists, and towards medical integration in Transfusion Medicine in North-Eastern Europe, continued during the last course in Riga (Latvia) in 2004. A further important step has been the course on “Basic clinical and organisational requirements for implementing an effective haemovigilance”, held in Sofia (Bulgaria) in 2002. These basic requirements have been increasingly debated during other ESTM courses, in 2002 Portoroz (Slovenia), in 2003 in Piacenza (Italy) and Napoli (Italy), and in 2004 in Barcelona (Spain).

Education to quality

Education in “quality management”, being fairly independent from financial resources and mainly addressed to human behaviour, can be considered an adequate common way to overcome national differences in Transfusion Medicine in Europe. Responsible voluntary donors, essential blood testing, rational clinical use of blood components, and therefore blood safety can only be the result of a continuous “education to quality” of the public at large, of school children, University students, general practitioners, medical doctors, surgical and transfusion specialists, nurses and technicians, and public officers.

Learning to recognise “non-quality”, and teaching to analyse and avoid its (so far little recognised) disastrous disadvantages, may well turn out to be the most important didactic task for all of us in the next future. “Quality as a way of life”, once generally accepted and practiced, can greatly contribute to improve transfusion safety and patients’ care.

Conclusion

In this general frame, I feel time has come to stimulate and reach a proper European attention and care for all what concerns the clinical side of Transfusion Medicine, and particularly all aspects of blood sparing.

Pressure by National Societies of relevant clinical disciplines, on national academic and political Authorities, for specific introduction of basic transfusion knowledge in all clinical specialisation curricula, could considerably quicken the process.

A passionate appeal from any clinical National or International Society to all other Societies in Europe and elsewhere, to collect specific information on the above issue, could allow the acquisition of a simple database on already existing situations, as a stimulating tool for further discussion and sensitisation on how to attain, not only all over Europe, a better quality of patients’ care.