

# 一切始于尊重

朱永明

血液安全论坛暨

淮安市医学会输血专科分会四届二次学术年会

淮安 2017.8.18



CGTN

14 mln donations  
in 2016

▲ 6.1%  
y-o-y



CHINA 24

WORLD BLOOD DONOR DAY

China recorded 14 million blood donations in 2016

2016年全国无偿献血1400万人次，较2015年增长6.1%  
，为近年来最高增幅

国卫办医函〔2017〕240号



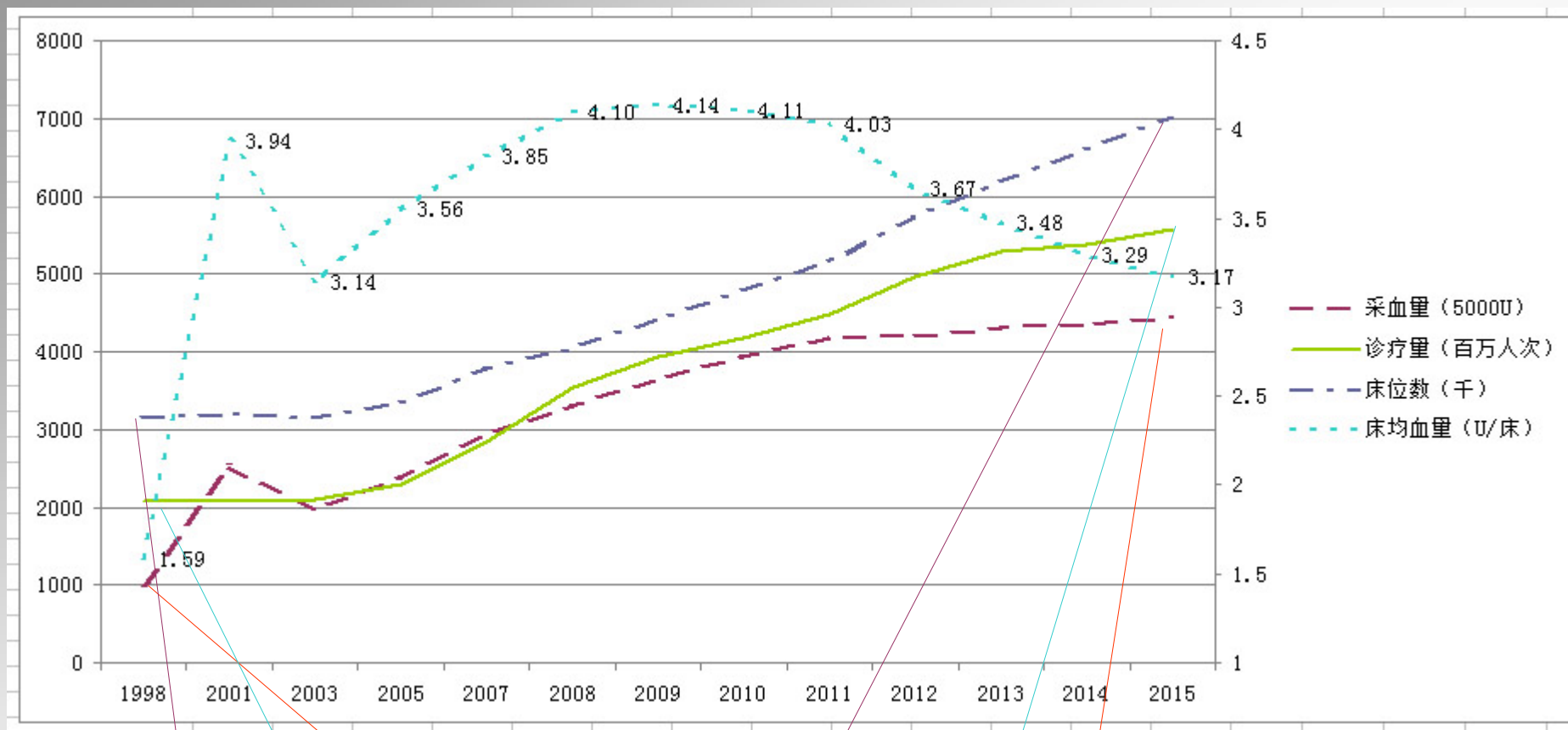
Shanghai Blood Center

WHO CC for Blood Transfusion Services



2

[ymzhu@sbc.org.cn](mailto:ymzhu@sbc.org.cn)



314万张 (3,000,000)      498万U (5,000,000)      20.8亿人次 (2,000,000,000)

701万张      55.7亿人次      2221万U

—数据来源 《中国输血行业发展报告(2016)》 P10等



# 《献血和输血的伦理规范》

国际输血协会

目的：限定输血医学领域必须遵循的伦理规范  
和原则。





### A CODE OF ETHICS FOR BLOOD DONATION AND TRANSFUSION

The objective of this code is to define the ethical principles and rules to be observed in the field of Transfusion Medicine.

- |  |   |
|--|---|
| 1- Blood donation including haematopoietic tissues for transplantation shall, in all circumstances, be voluntary and non-remunerated; no coercion should be brought to bear upon the donor. The donor should provide informed consent to the donation of blood or blood components and to the subsequent (legitimate) use of the blood by the transfusion service. | 9- Blood must be collected under the overall responsibility of a suitably qualified, registered medical practitioner.   |
| 2- Patients should be informed of the known risks and benefits of blood transfusion and/or alternative therapies and have the right to accept or refuse the procedure. Any valid advance directive should be respected.  | 10- All matters related to whole blood donation and haemapheresis should be in compliance with appropriately defined and internationally accepted standards.                                  |
| 3- In the event that the patient is unable to give prior informed consent, the basis for treatment by transfusion must be in the best interests of the patient.  | 11- Donors and recipients should be informed if they have been harmed.  |
| 4- A profit motive should not be the basis for the establishment and running of a blood service.   | 12- Transfusion therapy must be given under the overall responsibility of a registered medical practitioner.  |
| 5- The donor should be advised of the risks connected with the procedure; the donor's health and safety must be protected. Any procedures relating to the administration to a donor of any substance for increasing the concentration of specific blood components should be in compliance with internationally accepted standards.                                | 13- Genuine clinical need should be the only basis for transfusion therapy.   |
| 6- Anonymity between donor and recipient must be ensured except in special situations and the confidentiality of donor information assured.  | 14- There should be no financial incentive to prescribe a blood transfusion.  |
| 7- The donor should understand the risks to others of donating infected blood and his or her ethical responsibility to the recipient.  | 15- Blood is a public resource and access should not be restricted.   |
| 8- Blood donation must be based on regularly reviewed medical selection criteria and not entail discrimination of any kind, including gender, race, nationality or religion. Neither donor nor potential recipient has the right to require that any such discrimination be practiced.   | 16- As far as possible the patient should receive only those particular components (cells, plasma, or plasma derivatives) that are clinically appropriate and afford optimal safety.          |
|  | 17- Wastage should be avoided in order to safeguard the interests of all potential recipients and the donor.  |
|  | 18- Blood transfusion practices established by national or international health bodies and other agencies competent and authorised to do so should be in compliance with this code of ethics. |

The Code has been elaborated with the technical support and adopted by the WHO.

Adopted by General Assembly ISBT, July 12, 2000

## 献血和输血的伦理规范

# A Code of Ethics for Blood Donation and Transfusion

★ 发布：国际输血协会

★ 日期：1980.8，第16届ISBT大会蒙特利尔

★ 修订：2000.7，第26届ISBT大会，奥斯陆

★ 世界卫生组织接受，并提供技术支持

★ 18条





### A CODE OF ETHICS FOR BLOOD DONATION AND TRANSFUSION

The objective of this code is to define the ethical principles and rules to be observed in the field of Transfusion Medicine.

#### Blood Centers: donors and donation

1. Blood donation including haematopoietic tissues for transplantation shall, in all circumstances, be voluntary and non-remunerated; no coercion should be brought to bear upon the donor. A donation is considered voluntary and non-remunerated if the person gives blood, plasma or cellular components of his/her own free will and receives no payment for it, either in the form of cash, or in kind which could be considered a substitute for money. This would include time off work other than that reasonable needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation.

The donor should provide informed consent to the donation of blood or blood components and to the subsequent (legitimate) use of the blood by the transfusion service.

2. A profit motive should not be the basis for the establishment and running of a blood service.
3. The donor should be advised of the risks connected with the procedure; the donor's health and safety must be protected. Any procedures relating to the administration to a donor of any substance for increasing the concentration of specific blood components should be in compliance with internationally accepted standards.
4. Anonymity between donor and recipient must be ensured except in special situations and the confidentiality of donor information assured.
5. The donor should understand the risks to others of donating infected blood and his or her ethical responsibility to the recipient.
6. Blood donation must be based on regularly reviewed medical selection criteria and not entail discrimination of any kind, including gender, race, nationality or religion. Neither donor nor potential recipient has the right to require that any such discrimination be practiced.

7. Blood must be collected under the overall responsibility of a suitably qualified, registered medical practitioner.
8. All matters related to whole blood donation and haemapheresis should be in compliance with appropriately defined and internationally accepted standards.
9. Donors and recipients should be informed if they have been harmed.
10. Blood is a public resource and access should not be restricted.
11. Wastage should be avoided in order to safeguard the interests of all potential recipients and the donor.

#### Hospitals: patients

12. Patients should be informed of the known risks and benefits of blood transfusion and/or alternative therapies and have the right to accept or refuse the procedure. Any valid advance directive should be respected.
13. In the event that the patient is unable to give prior informed consent, the basis for treatment by transfusion must be in the best interests of the patient.
14. Transfusion therapy must be given under the overall responsibility of a registered medical practitioner.
15. Genuine clinical need should be the only basis for transfusion therapy.
16. There should be no financial incentive to prescribe a blood transfusion.
17. As far as possible the patient should receive only those particular components (cells, plasma, or plasma derivatives) that are clinically appropriate and afford optimal safety.
18. Blood transfusion practices established by national or international health bodies and other agencies competent and authorised to do so should be in compliance with this code of ethics.

The Code has been elaborated with the technical support and adopted by the WHO.  
Adopted by General Assembly of ISBT, July 12, 2000  
Amended by the General Assembly of ISBT, September 5, 2006

## 献血和输血的伦理规范

### A Code of Ethics for Blood Donation and Transfusion

★ 发布：国际输血协会

★ 修订：2006.9, 第29届ISBT大会, 开普敦

★ 被世界卫生组织、国际红十字会和红新月会联合会、欧洲议会等接受

★ 增加自愿无偿献血定义

★ 调整表述

★ 分成二部分, 依旧18条



# 《输血医学伦理规范》

Code of Ethics Relating to Transfusion Medicine

国际输血协会

International Society of Blood Transfusion (ISBT)

2017.6.19 会员代表大会通过

The ISBT logo is rendered in a stylized, orange-outlined font. The letters 'I', 'S', 'B', and 'T' are interconnected, with the 'S' and 'B' being particularly prominent and rounded.

Shanghai Blood Center  
WHO CC for Blood Transfusion Services





CODE OF ETHICS RELATING TO TRANSFUSION MEDICINE

Purpose

This Code defines the ethical and professional principles that the International Society of Blood Transfusion (hereinafter the Society) as a body of transfusion medicine professionals believes should underpin the establishment and activities of a Blood Service and identifies ethical and professional standards for practitioners active in the field.

Introduction

The availability of a safe, effective and sufficient supply of blood and blood products (hereafter defined as 'blood') as well as their optimal use for patients, underpins the practice of modern medicine. Blood is a medical product of human origin and its availability is dependent on the contribution of the donor who gives blood for the benefit of others with no physical benefit to her/himself. It is therefore important that the contribution of the donors and their donation is respected and that all reasonable steps are taken to protect their health and safety and that appropriate safeguards are in place to ensure that the products derived from the donation are used appropriately and equitably for the patients.

The Society endorses the principles contained in the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (Oviedo Convention 1997)<sup>1</sup> and also the recommendations contained in the World Health Assembly Resolution on the Utilization and supply of human blood and blood products (WHA28.72)<sup>2</sup>. Consistent with this we affirm the importance of the principle of voluntary non-remunerated donation as the basis for the establishment and development of blood services.

Blood Services provide blood for patients and information and advice to clinicians to support the appropriate use of blood. The rights and responsibilities of donors and patients are of equal importance and the health, safety and well-being of the donor should not be compromised in order to meet the needs of patients.

This Code of Ethics outlines the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

The Code also includes the responsibilities of Professionals involved in the field of transfusion medicine to donors of blood. The autonomy and dignity of the donor, including potential donors, must be respected at all times. The donor does not physically benefit from the donation, thus the donor should be exposed to as little harm as possible, in compliance with the principle of non-maleficence.

Code of Ethics 170517 - for General Assembly Copenhagen

Table with 2 columns: Principle (Dignity, Autonomy, Beneficence, Non maleficence, Justice) and Description.

1. Definitions

- 1.1 "Blood" means human blood that is collected, including whole blood and blood components collected by apheresis and hematopoietic stem cells, either for direct transfusion or for use in the preparation of a medicinal product for human use.
1.2 "Donor" means any person who voluntarily gives blood or blood components
1.3 "Blood Service" means any structure or body that is responsible for any aspect of the recruitment of donors, collection and testing of blood, whatever their intended purpose, and their processing, storage, and distribution when intended for transfusion.
1.4 "Professional" means any professional involved in either the activities of a Blood Service or in the clinical use of blood.

The use of the terms 'must' and 'should' have been carefully controlled within this document. The term 'must' identifies something as mandatory. A professional will have the ability to control if this can be achieved. In contrast 'should' identifies a term where either the principle is outside of the control of the professional (i.e. a stewardship statement) or where the ability of the professional to make a decision might, in individual cases, be constrained by external factors such as public health or legal requirements and resourcing decisions.

4. Stewardship

Health authorities have a responsibility to ensure that Blood Services are established and progressively developed so as to secure the needs of the patients using an ethical framework encompassing the care of both donors and patients.

The Society endorses the principles contained in the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (Oviedo Convention 1997)<sup>1</sup> and also the recommendations contained in the World Health Assembly Resolution on the Utilization and supply of human blood and blood products (WHA28.72)<sup>2</sup>. Consistent with this we affirm the importance of the principle of voluntary non-remunerated donation as the basis for the establishment and development of blood services.

The Society therefore urges Health Authorities to ensure that the activities of Blood Services are undertaken in a manner consistent with the contents of this Code of Ethics and that in addition the following key principles should underpin their governance and delivery.

4.1 Dignity and Beneficence

- 4.1.1 Donated blood should be seen as a 'community good' in order to ensure the dignity of the donor and of their donation and not as a commodity to meet others' ends. Therefore, the establishment and running of a blood service should be based upon non-profit principles.
4.1.2 Blood donation should be voluntary and non-remunerated<sup>3</sup>. A donation is considered voluntary and non-remunerated if the person gives blood, of his/her own free will and receives no payment for it, either in the form of cash, or in kind which could be considered a substitute for money. This would include time off work other than that reasonably needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation<sup>4</sup>.
4.1.3 Any form of incentive<sup>5</sup> that might influence the underlying reason to donate blood should be actively discouraged and must be prohibited if it will either impact on the safety of the blood, result in exploitation of the donor or lead to inequity of access for recipients.
4.1.4 Donation is a civic act for the benefit of others and contributes to social cohesion. There is no right to donate.
4.1.5 Blood donor selection should be based on current, accepted and regularly reviewed scientific data. The ability to donate should not be unnecessarily restricted and blood

1 Council of Europe (1997): No. 108 Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine. http://www.coe.int/t/t09/bioethics/bioethics\_convention.asp
2 World Health Organization: Resolution 28.72 on the utilization and supply of human blood and blood products. 28th World Health Assembly, Geneva, 1975.
3 Council of Europe: Technical guidance in Article 7 of the Convention on Human Rights and Biomedicine.
4 Based on the International Letter for Human Blood: Donation for medicine and research. World Health Organization: WHO/Transfusion and Biomedicine/2004/007/Donor\_CoE\_2004\_report.pdf

Code of Ethics 170517 - for General Assembly Copenhagen

2. Ethical Principles Relating to Patients

In addition to equitable access to treatment, the patient has a right to expect that her/his autonomy is respected, and that a decision to transfuse is made for her/his benefit and avoids the risk of unnecessary or unreasonable harm to her/him.

2.1 Autonomy

- 2.1.1 Specific consent must, where feasible, be obtained prior to the transfusion. The consent should be informed and in order to achieve this, information must be provided on the known risks and benefits of blood transfusion and any possible alternative therapies in order to enable a decision whether to accept or refuse the procedure. The information must be provided in a way that is comprehensible to the potential recipient.
2.1.2 In the event that specific consent cannot be obtained the basis for treatment by transfusion must be in the best interests of the patient.
2.1.3 Any valid advance directive should be respected.

2.2 Beneficence and non-maleficence

- 2.2.1 The patient has a right to be treated with dignity and therefore decisions on the need for transfusion should be based on genuine clinical need.
2.2.2 Transfusion therapy must be given under the overall responsibility of a registered healthcare Professional who is competent to do so.
2.2.3 Patients should be informed if information becomes available following a transfusion that indicates they have, or may have been, harmed by the transfusion.
2.2.4 Information concerning the patient and the treatment that they receive should be managed in a confidential manner.

2.3 Justice

2.3.1 donation criteria should not be justified on the basis of gender, race, nationality, religion, sexual orientation or social class.

- 4.1.6 Neither donor nor potential recipient has the right to require that any such discrimination be practiced.

- 4.1.7 No coercion should be made on the donor to give blood

4.2 Justice

- 4.2.1 Blood and blood products should be considered as a public resource. Access to the products should be based on clinical need taking into account the overall capacity of the local health system. Discrimination based on factors such as patients' resources should be avoided.
4.2.2 Wastage of blood should be avoided in order to safeguard the interests of all potential recipients and the donor.

4.3 Non-maleficence

- 4.3.1 All matters related to donation of blood and its clinical use should be in compliance with appropriately defined and internationally accepted standards.

Code of Ethics

Code of Ethics 170517 - for General Assembly Copenhagen





# 《输血医学伦理规范》

- ★ 目的
- ★ 必要性
- ★ 定义
- ★ 五项关键伦理原则
- ★ 与献血者有关的伦理原则
- ★ 与患者有关的伦理原则
- ★ 与血站有关的伦理原则
- ★ 卫生行政部门职责



# 目的

- ★ 确定伦理及专业原则，以指导和规范
  - 血站的建立和活动
  - 采供血领域的从业人员行为



# 必要性

- ★ 提供安全、有效和充足的**血液**及其对患者的最佳使用，是现代医学实践的基础。

*血液安全：用于输注的血液和血液制品安全并普遍可及，以及安全输血实践*

*Universal access to safe blood and blood products for transfusion and safe transfusion practice*

--WHO

- ★ 血液 (1) 来源于人体 (2) 医疗资源 (3) 可获得性有赖于献血者的奉献。
- ★ 献血者出于利他目的献血，而不谋取个人的物质利益。
- ★ 血站 (1) 为患者提供血液，(2) 向临床医生提供信息和咨询，以支持血液的合理使用。



# 必要性

- ★ 因此，尊重献血者的奉献以及他们献出的血液是极其重要的。
- ★ 必须：
  - 采取所有合理的步骤来保护献血者的健康和安全
  - 采用适当的安全措施确保由这些血液制备的制品被恰当和公正地用于患者
- ★ 献血者和患者的权利和责任同等重要。
- ★ 献血者的健康、安全和福祉不能因为满足患者的需要而受到损害。



# 定义

- ★ **血液**：采集的人类的血液，包括全血、单采的血液成分以及造血干细胞，用于直接输注给患者或用于制备为人类所使用的血液制品。
- ★ **献血者**：任何自愿捐献血液或血液成分的人。
- ★ **血站**：任何负责献血者招募、血液（无论预期用途）采集和检测，以及血液加工、储存和向临床发放过程中的任何方面工作的机构或团体。
- ★ **专业人员**：是指从事血站或临床用血工作的专业人员。
- ★ **必须**：强制性。只要这个强制性的要求是可以达到的，专业人员就有能力控制（达到）此要求。
- ★ **应当**：某些原则超出了专业人员的控制范围（例如管理者声明），或指在个别情况下，专业人员作决定的能力受到诸如公共卫生、法律要求和资源考虑等外部因素的限制。



# 定义

## ★ 五项关键伦理原则

- 伦理Ethics：处理道德原则的学科的一个分支
- 四项生物医学伦理学原则：**自主、善行、不伤害、公正**
- 一项特别原则：**尊严**。尊严覆盖了所有四项原则。

★ 尊严Dignity: 人与生俱来被尊重、被合乎道德地对待的权利

★ 自主Autonomy: 理性个体作出知情、非被强制决定的能力

★ 善行Beneficence: 出于利他而采取的行动。善行可帮助他人预防或消除伤害，或改善他人状况

★ 不伤害Non maleficence: 不做不必要或不合理的伤害

★ 公正Justice: 关注社会中个体的利益和负担的公正，以及如何实现个体的权利

*Human bodies: donation for medicine and research,  
Nuffield Council on Bioethics*

[http://nuffieldbioethics.org/wp-content/uploads/2014/07/Donation\\_full\\_report.pdf](http://nuffieldbioethics.org/wp-content/uploads/2014/07/Donation_full_report.pdf)



# 与献血者有关的伦理原则

## ★ 尊重

- 任何时候都必须尊重献血者、潜在献血者的自主权和尊严。

## ★ 自主

- 献血者必须明确表示同意捐献血液。
- 在知情的基础上同意。知情信息包括：
  - 所有已知风险、血液后续的合法使用，以及献血者和献血相关信息的保密管理。
  - 从捐献的血液制备的产品是否可能用于商业目的，血液是否可能被用于研究、质量控制或其他目的

*献血法和很多地方法规：无偿献血者所献血液只能用于临床输血，不得用于其他用途，不得买卖。*

- 献血者、献血相关信息（如相关检测结果）必须进行保密管理。在公布此类信息之前，应当事先告知献血者

*MIS系统的权限？*



# 与献血者有关的伦理原则

## ★ 不伤害

- 应当遵循不伤害原则，让献血者可能受到的伤害越小越好。
- 必须施行献血者筛选标准以保护受血者和献血者健康。
- 如果献血者受到、或者可能受到伤害，或任何有关其献血的检测结果显示其健康受到影响时，必须告知献血者。

### 防范把献血做体检

- 献血者必须明白他们有责任不伤害受血者。
- 如为了增加血液中特定成分的浓度或其他原因而对献血者施用任何物质或药品，必须考虑到这些决定对献血者本身是没有利益的。只有在有充分证据表明对受血者有特别益处，或在进行得到伦理委员会认可的研究时，并且献血者已经被告知所有已知的风险，而这些风险都被尽可能降低时，才能做出这类决定。
- 确保献血者/受血者间匿名，除非双方均自愿明确同意公开。





# 关于追踪献血者

## ★ “追踪” 献血者的理由

- “清者自清，有没有错一查就知道了！”
- 卫生行政部门/法院要求，出于不信任/好心
- 血站自愿

## ★ 不 “追踪” 献血者的理由

- 没有依据
- 没有可能
- 没有意义



# “追踪”没有依据——侵犯权利、违反伦理

## ★ “追踪”侵犯了献血者合法权利、隐私，有违伦理规范

### — 《血站管理办法》

- 第二十四条 血站采集血液应当遵循自愿和知情同意的原则，并对献血者履行规定的告知义务。血站应当建立献血者信息保密制度，为献血者保密

### — 《深圳经济特区无偿献血条例》

- 第二十条 任何单位和个人不得要求无偿献血者证明其所献血液的安全性。

### — 《民事诉讼法》第63条

- 法律证据包括：当事人的陈述、书证、物证、视听资料、电子数据、证人证言、鉴定意见、勘验笔录等八种。
- 献血者体内的血样不是其中任何一种。
- 献血者不是当事人。
- 即使是当事人，法院也不能强制对当事人做对他没有利益的强制检查，更何况侵入性检查。
- 所以没有法律授权。



# 与患者有关的伦理原则

★ **尊重**：除了获得公正治疗外，患者自主权也需要得到尊重。患者有权得到有尊严的治疗，因此需要输血的决定应基于真正的临床需求。

## ★ **自主**

- 在可行的情况下，输血前应获得患者的专门同意。
- 同意必须是知情的，因此要提供已知风险和益处，任何可能的替代疗法等信息，以便患者决定接受或拒绝。
- 信息必须以能被潜在受血者理解的方式提供。
- 任何有效的提前表达的意愿需得到尊重。

## ★ **善行**

- 在不能得到患者知情同意的特殊情况下，决定输血治疗的基础是必须符合患者的最佳利益。
- 开具输血处方不应当受经济利益驱动。



# 与患者有关的伦理原则

## ★ 不伤害

- 决定输血应当是为了患者的利益，避免对患者造成不必要或不合理的伤害
- 输血必须在有能力的注册医务人员的全面负责下进行。
- 患者及其接受治疗的信息应当予以保密管理。
- 如果在输血后有信息表明患者有可能，或已经受到输血的伤害，应当告知患者。

*追溯 traceback: 由疑似发生临床感染事件所启动的调查和采取相应措施的过程*

*回顾 lookback: 由献血者发生血清转换所启动的调查和采取相应措施的过程*



# 与患者有关的伦理原则

## ★ 公正

- 在相同的医疗条件下，患者应当得到公正的治疗。这意味着与输血相关的医疗决策应当基于现有的最好的证据和治疗方案（基于当地的卫生保健状况）。
- 在当地卫生条件下，患者应当获得最适合的血液制品。只要有可能，患者应当尽可能只接受临床上最适合且最安全的特定血液制品（全血、血细胞、血浆和血浆制品）。



# 与血站/专业人员/执业有关的伦理原则

## ★ 尊严

- 为确保献血者和献血行为的尊严，捐赠的血液应当视为“社区美德”，而不可视为满足他人目的的商品。因此，血站的建立和运行应当遵循非营利性的原则。
- 不能强迫献血者献血。

## ★ 善行

- 献血行为应当是自愿和无偿的。“自愿无偿献血是指个人自愿捐献其血液，而不因此接受任何报酬，不论是金钱还是可以折算成金钱的其他替代形式，如超过献血和来往交通所需的合理时间之外的休假。小纪念品、点心和补偿献血往来直接交通费用是符合自愿无偿献血原则的”。

--欧洲理事会R14 (95) 号建议第2章



# 与血站/专业人员/执业有关的伦理原则

## ★ 不伤害

- 任何形式的激励措施，如果有可能会影响献血的动机，应当有效地予以阻止。
- 如果此类激励措施有可能对血液的安全性造成潜在影响，导致对献血者的侵害或者导致用血不公正，则必须被禁止。
- 献血不是一种权利。
- 献血者的选择应当依据现行的、可接受的和定期更新的科学数据。献血的能力不应受到不必要的限制，献血的标准不应在性别、种族、国籍、宗教、性取向或社会阶层等方面有歧视。
- 无论献血者还是潜在的受血者都无权要求采取任何此类歧视行为。



# 与血站/专业人员/执业有关的伦理原则

## ★ 公正

- 血液及血液制品应当视为公共资源，应当在考虑当地卫生系统的能力的情况下根据临床需求使用，应当避免由于患者背景等因素导致的歧视。
- 应当避免血液浪费，以保护所有潜在受血者和献血者的利益。





# 监管部门职责

- ★ 有责任建立和稳步发展血站
- ★ 确保血站开展活动时符合伦理规范，并以保护患者和献血者权益的方式，来满足病人的需求。
- ★ 持续加强监督与管理。



# 落实监管责任

《江苏省献血条例》2017年9月1日起施行

## ★ 尊重

- 各新闻单位应当采取多种形式开展无偿献血的社会公益性宣传，免费刊播公益广告，普及献血法律、法规和科学知识，宣传献血先进人物。
- 每年十二月为全省无偿献血宣传月。
- 县级以上地方各级人民政府对符合条件的给予表彰和奖励
- 在本省获得国家无偿献血奉献奖、无偿捐献造血干细胞奖和无偿献血志愿服务终身荣誉奖的个人，可以凭相关证件免费游览政府投资主办的公园、旅游风景区等场所，到政府举办的医疗机构就诊免交普通门诊诊察费，免费乘坐城市公共交通工具。

## ★ 善行

- 鼓励公民参加献血志愿服务活动，其所在单位应当予以支持。

## ★ 不伤害

- 禁止和处罚违法行为



# 无偿献血大数据:2016年共采血35.4吨

来源: 新华网 news.com.cn

新闻中心 视频 厅局 图片站 掌媒 桂刊 红豆社区 红豆村 博客 教育 3C 财经 旅游 时尚 网眼观察 专题 时评 通讯员 东盟 文化 红豆相亲 汽车 房产 健康 保险 体育 美食 游戏

## 市民一年献血总量达52.8吨 采血量排全国前十

时间: 2017年06月24日 11:08

来源:

编辑: 陈丽婊



要闻 财经 军事 体育 文娱 图片 视频 教育 科技 旅游 健康 汽车 公益

## 去年采血337吨 1千人中有近10人献血

2017-06-12 12:00:00

新闻

## 采血超22吨 完成全年采供血任务

2016-02-24 16:25:00

作者: 王文文

液总人次971123人次  
血占总献血人次17.7  
次, 110747个治疗量  
24小时客户端记者 孙

市中心血站2015年度表彰大会召开。在讲话中介绍, 2015全年采集全血94488.5个单位, 机采4532个治疗量, 合计约22.5吨。



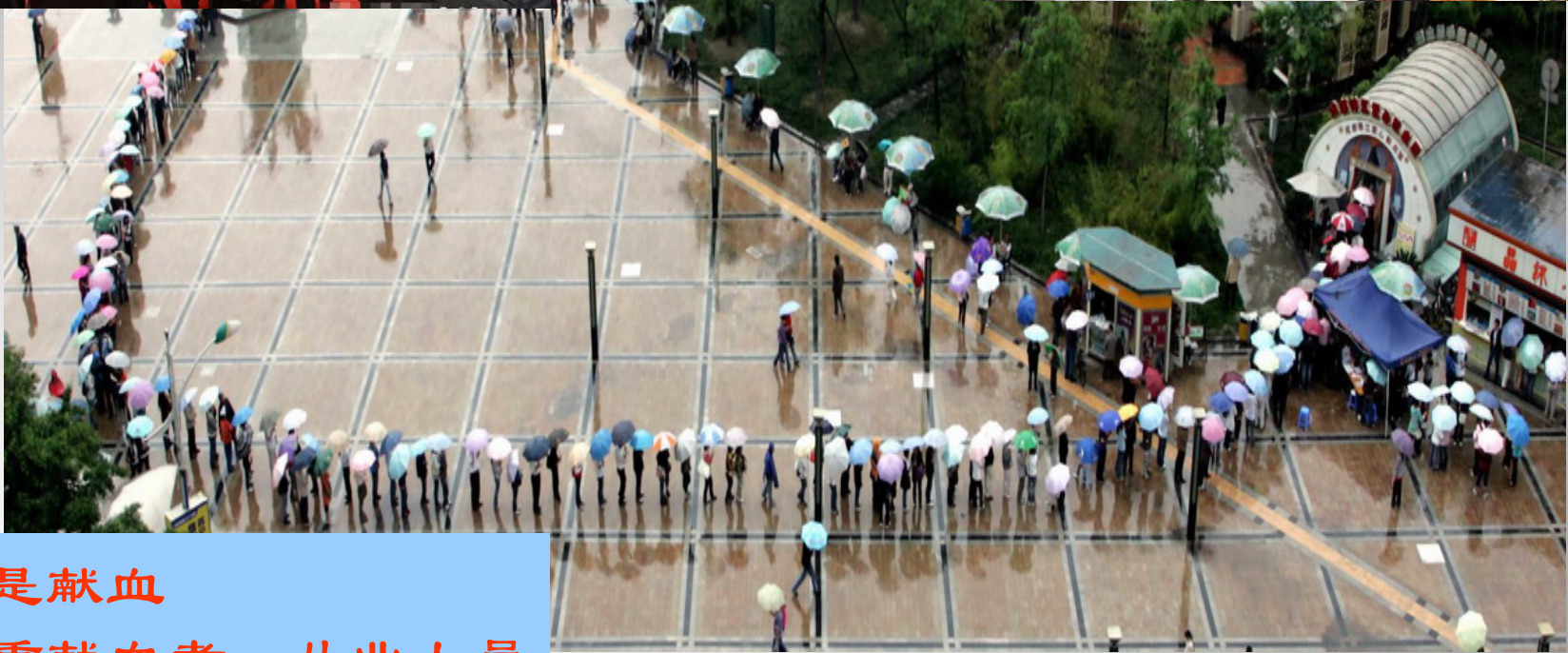


这是“吨”



Shanghai Blood Center  
WHO CC for Blood Transfusion Services





这是献血  
尊重献血者、从业人员  
不能见物不见人



Shanghai Blood Center  
WHO CC for Blood Transfusion Services



# 小结

- ★ 血液工作的根本目标是保障血液安全、供给、合理使用
  - 在正确的时间、患者、成分/制品、用量、理由、成本上
  - 获得正确的(预料中的)结果
  - to turn potential efficacy(效力) into expected effectiveness(疗效) with high efficiency(效率)
- ★ 本《规范》
  - 只是与伦理有关的基本原则
  - 只涉及血液采集和输注，不涉及其他环节(如科研、临床验证等)
  - 一些内容可能与国内现行法规不衔接(如血液使用)
- ★ 从事采供血工作，不仅要遵守法律法规和医学原则，还要遵循伦理规范，自主、善行、不伤害、公正
- ★ 最基本的准则，是尊重



# 欢迎参加中国输血协会

## 专业委员会 (17)

- ★ 献血动员专业委员会
- ★ 献血服务专业委员会
- ★ 血液制备专业委员会
- ★ 输血传播疾病专业委员会
- ★ 免疫血液学专业委员会
- ★ 人类组织抗原专业委员会
- ★ 装备专业委员会
- ★ 后勤专业委员会
- ★ 血站建设专业委员会
- ★ 信息化专业委员会
- ★ 血液质量专业委员会
- ★ 输血伦理学专业委员会
- ★ 血液制品专业委员会

- ★ 临床输血管理专业委员会
- ★ 临床输血学专业委员会
- ★ 细胞治疗专业委员会
- ★ 血液安全监测专业委员会

## 工作委员会 (7)

- ★ 管理工作委员会
- ★ 文化工作委员会
- ★ 财务工作委员会
- ★ 人力资源工作委员会
- ★ 中小血站建设与发展工作委员会
- ★ 教育工作委员会
- ★ 输血医学科研工作委员会



A photograph of the Shanghai Blood Center building, a large, modern, multi-story structure with a prominent curved section on the left. The building is surrounded by greenery and other city buildings in the background. The sky is blue with some clouds.

**上海市血液中心**  
**世界卫生组织输血合作中心**

上海市血液中心

**谢谢!**

**1955年设立**

**1988年起成为WHO合作中心**

**1999年起通过ISO体系认证**

**[www.sbc.org.cn](http://www.sbc.org.cn)**