

Blood Donation

Let's Talk About Sex & Gender

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Timeline



2005 – Started campaigning in Scotland with the ‘Please give blood because we can’t’ campaign.

2006 - The Donation not Discrimination campaign was started by NUS UK and soon became one of the most popular campaigns.

2011 – Lifetime ban on blood donation from gay and bisexual men lifted in favour of a 12 month deferment.

2017 – 12 month deferment period reviewed after continued pressure. 3 month deferment to be implemented 2017/18

Creating change together
@LGBTScotland



Key Issues

- Equal treatment
- High Risk Groups versus High Risk Activities
- Blood Safety
- Three Month Deferment
- Individual Risk Assessment

Equal Treatment

- Giving blood is not a right
- Not all gay & bisexual men are high risk. Heterosexual people who participate in high risk activities do not face similar deferrals
- Current deferral is 12x window period
- Female partners of bisexual men barred for life
- Sexual orientation discrimination?

High Risk Groups v High Risk Activities

- Other sectors have moved to assessing risk based on activities and not on perceptions of a group as a whole
- Health promotion specialists talk about 'high', 'medium' and 'low' risk activities
- Incompatible with HIV prevention messages

High Risk Groups v High Risk Activities

Low Risk

“...have you had oral sex with another man,
with a condom or other form of
protection?”

High Risk Groups v High Risk Activities

High Risk

“...have you had **anal** sex with another man,
without a **condom** or other form of
protection?”

Blood Safety

- Current risk analysis is based upon aging data
- Many gay men donate blood despite the deferment
- Compliance has fallen to 70%
- Allowing low risk gay and bisexual men to give blood may improve blood safety

Three Month Deferment

- A welcome step
- Would only affect a small number of people
- Reducing the deferral period under the current criteria reduces the number affected, but does not eliminate the discrimination
- Review of all data

Individual Risk Assessment

- Need to work out what data we need, and start gathering it
- Should we be reviewing the main question?
- Can there be follow up questions?
- New criteria or use of technology should allow us to reduce the numbers of people affected further
 - Does the assessment need to take place at a donor session?
 - How would a donor 'boarding pass' work?

Our Favourite Phrases

“Well communicated discrimination is still discrimination”

“Sometimes its a sledgehammer to crack a nut.”

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