

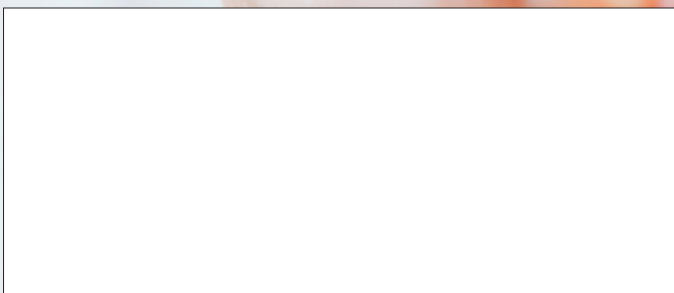
# Bloody expensive

P12

Politics & the ban on paid plasma clinics

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# Bloody exp politics and the ban

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by Dr Peter Jaworski

**C**anada collects enough blood and blood plasma (the yellow liquid that holds red and white blood cells and platelets) for all of our transfusion needs. We

do not, however, collect enough additional plasma to meet our needs for life-saving plasma protein therapies.

Far from it.

Canadian Blood Services (CBS) manages to collect only enough additional plasma to secure 17% of the immune globulin Canadians use. To make up the shortfall, we buy the necessary therapies from the US. In 2017, CBS spent \$678 million buying these therapies from foreign sources. In Quebec, Hema-Quebec spent \$298 million.

But we could be more self-sufficient, and at a much lower cost to taxpayers, if only we provided a warmer climate for private plasma clinics to operate in Canada. But in spite of the wishes and best interests of Canadians, activist groups including government unions are working hard to make sure that doesn't happen.

Although Americans do donate blood and plasma at a much higher rate than Canadians, this is not

why they have a surplus of plasma for plasma protein therapies while we have a shortfall. The reason the US is able to supply not just us but most of the rest of the world with these therapies is because they compensate donors at \$25 to \$50 per donation.

And thank goodness. The number of lives saved and improved by these clinics can be measured in the thousands. You probably know someone who relies on therapies made from American paid-plasma donors.

What you may not know is that CBS prefers to spend our money on American plasma rather than paying for Canadian plasma ... and prefers to pay more for it as well.

In 2016, Canadian Plasma Resources (CPR), a Canadian private paid plasma clinic, offered plasma to CBS at a significant discount over what CBS pays for American plasma. The offer would have saved CBS approximately \$4 million over three years.

Bafflingly, CBS declined the offer.

Is that because American plasma is better than Canadian plasma? No, it is not. There is no difference in therapies made from American and Canadian plasma.

The only sense that I can make of it is that CBS rejected CPR's offer for one or both of the following reasons: competition and politics.

Recently, CBS requested nearly a billion additional dollars (\$855 million) in government funding over seven years in order to open and operate 40 plasma

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# ensitive: on paid plasma clinics

clinics in Canada. This request is extraordinarily expensive, costing approximately \$405 per litre to collect plasma once the clinics are up and running. That's more than twice what CBS pays for American plasma and significantly more than the \$166 per litre CPR offered.

But suppose CBS did agree to the contract from CPR. That would give CPR a chance to expand its operations and might attract other plasma clinics to open in Canada as well. That would make it more difficult for CBS to defend getting an extra \$855 million from taxpayers.

Which brings us to politics.

CPR first proposed opening three plasma clinics in Ontario in 2012. The Kathleen Wynne-led Liberal government of Ontario and the Rachel Notley-led NDP government in Alberta banned compensation for plasma donations with the passages of Voluntary Blood Donation Acts in 2014 and 2017, respectively. Some politicians in British Columbia have suggested that they, too, would like to prohibit private paid plasma clinics as well.

This was not in response to public opinion. Canadians overwhelmingly think compensating plasma donors is appropriate: A *Research-Now* poll conducted in 2017 for a forthcoming paper by Nicola Lacetera (University of Toronto) and Mario Macis (Johns Hopkins University) showed 72% of Canadians thought paying plasma donors is ac-

ceptable.

It was a response to special interest groups, especially such government employees' unions as the Ontario Public Service Employees Union and Canadian Union of Public Employees, which have been lobbying hard and often underhandedly against Canadian paid plasma (although, curiously and hypocritically, not against American paid plasma).

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therapies made with paid plasma are unsafe.

Health Canada says they are safe, as does every credible medical body in the world. The CEO of CBS, Graham Sher, said so himself in a YouTube video: “It is categorically untrue to say, in 2015 or 2016, that plasma-protein products from paid donors are less safe or unsafe. They are not. They are as safe as the products that are manufactured from our unremunerated or unpaid donors.”

Opponents also say that paying for plasma exploits the poor. But it

does not. The average compensation at a CPR clinic for a litre of plasma is about \$50. At \$166 per litre (the offer made to CBS), compensation represents about 30% of the revenue.

That's a good deal. So, too, is being paid about \$50 for 60 to 90 minutes of your time. For students, that's a great way to pay for their books.

The best argument against paid plasma is that it might discourage donors from unpaid blood and plasma donation. This would be a problem as blood and plasma for purposes of transfusion is sourced from unpaid donors. Since we cannot use viral inactivation and removal procedures like we can in manufacturing therapies. But is this a realistic problem or just a hypothetical one? Early evidence in

Saskatoon, where both CBS and CPR operate clinics, is inconclusive. But the US has a higher unpaid donation rate than Canada, even with more than 600 private paid-plasma clinics operating there. It is hard to believe that we cannot find a way for both to coexist successfully, much like they do in the US.

Of course, a warmer climate for private plasma clinics would mean less reliance on government employees and fewer potential union dues. It would mean a weaker argument for getting a slice of that \$855 million in taxpayer dollars.

Paid plasma is safe. It has saved and will continue to save thousands of Canadian lives. It could also save millions of taxpayer dollars too, if only we permitted it. **t**

Dr. Peter Jaworski is a member of the ethics faculty at Georgetown University's McDonough School of Business, and a signatory to an open letter about paid plasma at [www.donationethics.com](http://www.donationethics.com)

