ISAR Journal of Medical and Pharmaceutical Sciences
Abbriviate Tittle- ISAR J Med Pharm Sci
ISSN *(Online)*- 2584-0150
https://isarpublisher.com/journal/isarjmps

OPEN ACCESS

ETHICAL EVALUATION OF LGBT INDIVIDUALS BECOMING BLOOD DONORS

Burak SAYAR[1*], Emine Kübra DİNDAR DEMİRAY[2]

[1]Lecturer, Bitlis Eren University Vocational School of Social Sciences, ORCID: 0000-0002-7652-8392

[2]M. D., Afyonkarahisar Public Hospital Infectious Diseases and Clinical Microbiology, ORCID:/0000-0001-6459-7182.

***Corresponding Author**
Burak SAYAR
Lecturer, Bitlis Eren University Vocational School of Social Sciences.

Article History
Received: 08.10.2023
Accepted: 22.10.2023
Published: 30.10.2023

Abstract:

Introduction: *Transfusion of blood and blood products is similar to organ or tissue transplantation. Although it is risky, it is a life-saving treatment when necessary. Life expectancy at birth is increasing.*

Purpose: *Developments have increased in the field of medicine, and in parallel with this, there has been a greater need for blood and blood products for increasing and changing surgeries. Since there is no other artificial product that can be used instead of blood, only human blood is still used. The aim of this study is to shed light on the open ethical issues between the donor and recipient of blood transfusion and to emphasize the necessity of the donor and recipient to benefit from health services effectively and ethically in accordance with the legislation in voluntary blood donation.*

Materials and Methods: *Over the years, as a result of developments in the field of health, national awareness studies, and bitter experiences, the discovery of parameters to be determined before screening tests and the increase in knowledge and experience about blood-borne diseases have caused diseases transmitted through blood transfusion to become rare. However, there are still some open cases regarding this issue.*

Findings and Conclusion: *Although healthcare professionals, especially healthcare workers, take all protective measures before every medical procedure in every intervention made to groups with some suspicious sexual behaviors and different sexual orientations; To evaluate whether transfusion is ethically appropriate in the transfusion of blood and blood products that are taken voluntarily and that do not constitute a legal obstacle for these groups to give unless they notify themselves (even though it is done in all tests), and to make arrangements for systems that meet the needs of these groups in the global world. is required.*

Keywords: *Ethics, Blood Donation, Kızılay, LGBT, Transfusion.*

INTRODUCTION

The integrity of the human body is ensured by the organs within the body and the fluid circulating around the organs. This fluid is called blood. Blood is a living, basic life fluid that carries oxygen, nutrients, antibodies, vitamins and hormones to the body and removes waste substances and carbon dioxide from the body (1). Blood transfusion is similar to an organ or tissue transplant, and is a risky but, when necessary, life-saving treatment. While human blood should traditionally be sterile, it is recognized as potentially infectious in health care delivery. Recent studies also suggest the presence of blood microbiome in healthy individuals (2).

Increased life expectancy in the developing world, increased and differentiated surgeries with advances in the field of medicine have caused the need for blood and blood products to increase even more. A different artificial product that can be used in place of blood has not yet been found; therefore, only human-derived blood is still used (3). When we look at the historical process, the existence of blood groups and subgroups was investigated from 1818 to 1940 and studies were conducted on blood transfusion. In Turkey, the first blood transfusion was performed at Istanbul University Cerrahpaşa Hospital in 1938 (4).

Blood donation is provided on a completely voluntary basis for individuals in need of blood. Individuals who donate blood fill out a document beforehand, taking their own declarations. The blood products are subjected to a number of tests and protocols. Afterwards, the blood is given to the individual in need of blood without it being known from whom it was taken (14). Like the donation of every living tissue, blood donation is a valuable protocol. Privacy has always been given importance in health-related service delivery. Recently, one of the most important issues

is the provision of healthcare and social services to vulnerable groups. One of the vulnerable groups is LGBT individuals (8). There are many studies on the regulation of health service provision to these individuals, including European Union reports. In this study, the other side of the coin is to show that in every intervention to groups with suspicious sexual behavior and different sexual orientations, especially before every medical procedure of healthcare professionals, while all protection measures are taken; in the transfusion of blood and blood products, which are taken voluntarily and which do not constitute a legal obstacle for these groups to give (although it is done in all tests), it is necessary to evaluate whether transfusion is ethically appropriate for individuals in need of blood and to show that there is a need for legal regulations on open points. The purpose of the study emerges at this point, since this issue is not sufficiently addressed in the legal written legislation and laws, there are gaps in some points and this situation, which will affect real or legal persons in every sense, needs to be placed in general frameworks within ethical sensitivities. As a result of this importance, the study aims to shed some light on the ethical issues that remain open between the donor and the recipient of blood transfusion, to support it with positive science and to emphasize the necessity of the donor and the recipient to benefit from health services effectively and ethically in accordance with the legislation in voluntary blood donation.

LITERATURE

When the legal legislation is examined, it includes provisions on blood and blood components published in the Official Gazette No. 26510, which describes the law on blood and blood products. The legislation also includes public institutions and organizations providing these services and real persons and private legal entities operating in this field. There are a number of definitions for blood and blood products and procedures (5).

Blood Donor (Donor): A person who gives whole blood or its components.

Blood Donation (Donation): The process of giving whole blood or blood components.

Apheresis: The process of separating the desired blood components with a special device.

Blood Components: Structural parts of cellular blood such as erythrocyte, granulocyte, platelet suspensions of whole blood by apheresis or other techniques.

Whole Blood: Human blood taken from a blood donor for transfusion or for processing to obtain new products and then mixed with an appropriate anticoagulant and no other separation process is applied.

Transfusion: The transfusion of whole blood or blood components to a patient in need due to a health-related shortage (low hemoglobin, pre/post-operative or active bleeding, etc.).

Regional Blood Center: A unit that works in cooperation with blood donation and transfusion centers in its region and is capable of meeting the blood needs of the region for which it is responsible.

Transfusion Center: It is defined as a unit that prepares blood or its component for use in patients by performing the necessary cross-comparison and other tests required before transfusion and is not authorized to receive blood except in emergencies (5).

Gender preferences, which have only recently ceased to be a taboo from the past to the present, are reflected in many social areas and health service provision. Gay (lesbian/gay), bisexual and transgender individuals are referred to as "LGBT individuals" (6). There are bans in this context in at least 67 countries.7 The marginalization of these individuals, especially in the eyes of the society, has been examined sociologically for a long time. Although marginalization has decreased with the decrease in homophobic individuals in the developing society, there are neither strictly defined rules nor consensus of experts on health services. Especially in terms of ethics, large-scale research is needed and these need to be supported by generally valid positive sciences. With the nuances to be determined in the rules for society, even in exceptional cases, protection from infectious diseases should be ensured without marginalization in health service provision.

In the "Workshop on Health Services Provision and Health Research in Vulnerable Groups" organized by Hacettepe University Bioethics Education Application and Research Center (HUBAM), the importance of regulations in the provision of health services to these groups (including LGBT) was emphasized (8). As a result of the workshop, it was concluded that regulations are required in many aspects, including all health institutions. HIV/AIDS (Acquired Immunodeficiency Disease) is the disease of most concern for both LGBT individuals and individuals at risk in terms of infectious diseases that can be transmitted sexually or through intravenous blood. The worldwide increase in HIV infection is also observed in Turkey. In 1985, after an HIV-positive patient was reported for the first time, it was included in the list of mandatory notifiable diseases as per the Public Health Law and notification of every HIV-positive infection was started in compliance with the rules of confidentiality (9,10,17). In addition to this, "requesting tests from AIDS cases and people at risk of AIDS, conducting screening tests for general women working legally or illegally, men who have relations with men, individuals and groups at risk in terms of AIDS, when necessary, are carried out under the authority of health institutions (11). Again, starting from 1986, screening of blood and blood products for HIV infection was initiated. In the regulations, national studies have been initiated to be as careful as possible especially in terms of blood donors, to accept blood from individuals who are thought to have risk factors, to ensure that the relevant personnel have knowledge and experience about indications for transfusion, to give importance to trainings in this sense, to transfuse when necessary and to limit imported blood (11).

Serologic tests were started to be performed before all operations in organ and blood donors and registered sex workers. Studies in this period were especially aimed at protecting healthcare workers from infectious diseases and reducing the risk of infectious diseases in blood donation (11,12). Today, individuals are generally informed before emergencies and operations and serologic tests are performed to protect healthcare workers.

Over the years, as a result of developments in the field of medicine, national awareness studies and bitter experiences, parameters that can be more effective than screening tests and prevent false negatives have been found. The increase in knowledge and

experience about blood-borne diseases has also led to the rarity of diseases transmitted by blood transfusion.

The Turkish Red Crescent, officially the Turkish Red Crescent Society, is the largest humanitarian organization in Turkey. It is part of the International Red Cross and Red Crescent Movement. It is the most important organization in Turkey, especially in terms of blood donations. The Turkish Red Crescent is a non-profit, voluntary social service organization working for the public (13).

The Red Crescent states that screening tests are carried out at world standards, especially in blood transfusions, and that screening tests minimize risks and prioritize the health of the patient who will receive the blood. For diseases such as hepatitis and AIDS, the undiagnosed silent period from the time of infection until the tests turn positive is called the "window period". During the window period, even if the donor's test results are clean in favor of the disease, there is a risk of transmitting the disease (14). However, with the advanced diagnostic tests performed here, even patients in the window period can be detected.

Especially before blood donation, a form is filled out asking about a suspicious relationship and situation and the blood donor is expected to give an honest and sincere answer. Homosexual men, bisexual men and transgender individuals are not allowed to donate blood. This practice also fails to identify individuals who are not physically (phenotypically) obvious and whose declaration is otherwise. Here again, women with differences in sexual orientation are not prevented from giving blood if they do not declare it (14).

In the Screening Laboratories, medically and legally mandatory screening tests are performed on blood. All blood is screened for Syphilis (Syphilis) with the MacroElisa test, and for Hepatitis B, Hepatitis C and HIV with the MacroElisa and Nucleic Acid Amplification tests. The devices and kits are of high standards developed in the field of blood banking. These tests are performed in Ankara, Istanbul, Izmir and Adana Regional Blood Center laboratories (13).

NAT Tests

Nucleic Acid Amplification Tests (NAT tests) are used to detect viruses or bacteria. Since October 30, 2014, Nucleic Acid Amplification tests have been added to the blood screened with MacroElisa tests. By detecting the genetic particle of the virus present in the blood donor's sample, it enables early recognition of the infection in the blood donor and eliminates the risk of HIV transmission, especially to patients with blood and its components (14).

All blood donations are subjected to screening tests for ABO, Rh D blood group, HBV, HCV, HIV and Syphilis. Currently, screening tests for HIV are HIV Ag+ Anti HIV 1-2 (Combo Test; E-CLIA) and HIV RNA (Real Time PCR, Qualitative). LIA-HIV (Immunoblot) and Quantitative HIV RNA (Real Time PCR, IU/ml) tests are used as confirmatory tests for HIV. Other tests that are currently requested by the Board and will be approved by the Ministry and published in the guideline are used. Algorithms and methods related to the tests are applied as specified in the guideline (5,14). If the results for infectious diseases tested for in blood donated for donation are negative (no infection is found), the donor is not notified. If the test results are positive, confirmation tests are performed and if this test is also positive, the doctor in charge meets the donor face-to-face and informs him/her. The donor is then referred to the relevant physician for follow-up and treatment. These procedures are carried out in "confidentiality" with the principle of respect for the private life of the blood donor (14).

Medical Intervention and the Legality of Consent to Medical Intervention

The content of the concept of medical intervention is changing and developing day by day. The concept of medical intervention reveals which types of interventions are medical in nature. Many different disciplines such as medicine, law and ethics are included in medical intervention.

Medical intervention is defined in the Patient Rights Regulation as "physical and psychological intervention performed by persons authorized to practice the medical profession within the boundaries of medicine in accordance with the relevant professional obligations and standards for the protection of health, diagnosis and treatment of diseases".

Blood, tissue and organ transplants are among specialized medical interventions. Blood is medically accepted as tissue, but according to Article 76 of the Law No. 2238 on Organ and Tissue Procurement, Storage, Vaccination and Transplantation, blood transfusion is excluded from the scope of these provisions (12).

The Concept of Consent, Examination of Presumed Consent in Terms of Interventions with Special Features

The concept of consent in medical intervention is important for ethical compliance. In order for a medical intervention to be considered lawful, the medical intervention must be performed by an authorized person, the intervention must be for legally prescribed purposes, it must be in accordance with the rules and principles accepted in medical science and the consent of the person must be obtained (12). Consent is especially important in medical interventions. Consent to a medical intervention stems from the right to make decisions on one's body and the freedom to determine one's own future. Since medical intervention has the effect of changing the life of the person due to its nature and may impair the body integrity and current health, the authority to decide on this intervention belongs to the person who will be subjected to it. Consent must be obtained by a person with a valid and appropriate explanation by a person with capacity. The existence of the capacity of the person who will declare consent is also a must. In the developing technological world, there are many different medical interventions of a nature and complexity that concern all areas of life. For this reason, it is necessary to elaborate and examine the validity status and conditions of consent in terms of specific medical interventions. Depending on the nature and type of the intervention, the capacity to consent, the form of consent and the conditions for obtaining consent may vary (12).

Legal Aspects of Consent

For the validity of consent to medical intervention, the legal dimension of consent must be determined. With the individual's consent to the intervention, certain consequences arise. In order for it to be concluded in accordance with the law, there must be a valid consent. Consent to medical intervention is a unilateral declaration of will that means the individual's consent to the intervention. The fact that consent is characterized as a legal transaction ensures that the rules regarding legal transactions can also be applied in the case of consent (12,31).

In individuals in need of blood, blood transfusion is performed by obtaining their consent and written consent. These consent papers include the type and amount of the blood product to be given, the time of administration, the person who will administer it, the side effects that may occur, the name and position of the person giving the consent, and the name and signature of the person who has given consent and who will sign the consent, and the name and signature of the guardian. Specific information about when the blood was taken and from whom is not given.

On the other side of the coin, LGBT individuals have all the citizenship rights stipulated in the law (8). They can also request blood donation whenever they want. They are legally responsible for the statements they make before blood donation. Those who have a blood-borne disease or who donate blood by concealing the fact that they are at risk of carrying such a disease are sentenced to imprisonment from one year to three years and a judicial fine of five hundred days.5Thus, a sanctioned measure has been determined for blood-borne diseases.

The Concept of Vulnerability in Bioethics, Data Protection

There is no precise definition of vulnerable groups. We can refer to these groups as a community of people who are united under a common weakness and who may be in a more challenging situation in the face of a physical or psychological risk compared to other people in society. New categories are being added to this definition every day. For this reason, groups such as the elderly, the disabled, children, women, refugees, HIV and AIDS patients, and LGBT individuals are considered as vulnerable populations within the United Nations (8).

An important point about rights and vulnerability is the risks associated with vulnerability if it is considered a victimization or a weakness. These risks include the jeopardization of autonomy and personal dignity. In terms of rights, it is important to recognize that the role of vulnerability is not to lose rights, but rather to continue to be able to have these rights (8). This leads to the need for continuous updating of health policies. The "Report of the UNESCO International Bioethics Committee (IBC) on the Principle of Respect for Human Vulnerability and Personal Integrity" emphasizes the concepts of human rights and social justice and that the most important obstacle to human vulnerability, especially for vulnerable groups, is social injustice (8,29).

The ethical point to be emphasized here is to examine the situation in the context of the LGBT individual who donates blood and the patient to whom blood is donated. There are neither strictly defined rules nor consensus of experts on this sensitive issue at the point of health services. There is a need for large-scale research, especially in the ethical sense, and these need to be supported by generally valid positive sciences.

Today, especially in the presence of ethical concerns, the inviolability, material and moral existence and fundamental rights and freedoms of the person are protected during the processing of personal data from the information obtained through epidemiological surveillance and notification system. Personal data are protected in accordance with the Law on the Protection of Personal Data dated 24/3/2016 and numbered 6698 and other legislation (14,16). However, this refers to the protection of the disease of an individual who is a suitable donor before blood donation, which is detected by blood donation, according to the law on the protection of personal data.

Safe Blood Transfusion

The concept of safe blood is blood that does not cause any problem when given to the patient, is obtained from the appropriate donor, obtained under appropriate conditions, separated into its components, serologically tested before transfusion, stored under appropriate conditions, cross comparisons between the patient and the donor are made and transfused appropriately (15).

Every step from inception to transfusion affects the safety of blood. The first step is appropriate donor selection. For this reason, WHO dedicated April 07, 2000 to the selection of suitable donors with the slogan "Safe blood starts with me". A comprehensive donor inquiry form is used for donor selection. The health worker who both fills out and checks this form is ethically responsible.

But if it is evaluated in important aspects;

Table 1. Factors Important for Appropriate Donorship

1) Establishing a well-organized blood transfusion service with strong quality systems.
2) Blood collection from low-risk, voluntary, carefully selected blood donors,
3) Screening all blood for transfusion-transmitted infections: HIV, hepatitis viruses, syphilis and in some cases other agents such as Chagas disease and malaria,
4) Hospitals should have standards of practice for each stage of the clinical transfusion process and staff should be trained and monitored,
5) Collaboration and communication between blood bank staff and clinicians is essential for transfusion.
6) In cases where the label information of the patient's blood sample and the blood product request form are not filled in completely and correctly, the blood bank should not provide the requested blood product.
7) Inappropriate transfusion of a blood product can result in death. For safe transfusion: -The patient's identity information must be complete and correct. -The patient's identity information must be written correctly on the blood sample taken for testing. -Before transfusion, the patient's information and the information on the blood product bag should be compared once again to ensure that the right blood is going to the right patient (١٥).

Licensing, Inspection and Criminal Provisions on blood transfusion institutions have been shaped. Those that may endanger the health of persons shall be banned from operating and punished with imprisonment from one to five years and a judicial fine of up to one thousand five hundred days. The license is not issued for five years. In addition, blood and blood products that fail to meet technical and medical conditions are confiscated (5).

DISCUSSION AND CONCLUSION

The World Health Organization refers to blood that does not cause any danger or disease in the person to whom it is transfused as "Safe Blood". The primary goal of all blood centers is safe blood transfusion (13, 15, 24).

Considering the studies on safe blood, Ertürk et al. (2017) found that anesthesiologists did not have up-to-date and complete information about blood and blood products transfusion, patient questioning, operation preparation, information consent and follow-up forms, transfusion protocol, transfusion committee, and follow-up in hospitals were insufficient, and they did not follow the guideline recommendations in the use of blood products (21).

Again, as per the safe blood protocol, all blood-borne diseases are investigated in the blood. The most well-known of these is HIV due to the ethical problems in treatment and the fact that it is a chronic disease. In order to screen blood for infectious diseases, blood donors in Turkey have been compulsorily tested for anti-HIV since 1987. According to data from the Ministry of Health, 37 of 983 people who were anti-HIV positive in 1999 were reported to have been infected after transfusion.17 Recently, the risk of transmission of HIV infection by blood transfusion has been gradually decreasing with advances in diagnostic methods (17,18). While the number of HIV positive patients was around 5000 between 1985 and 2010 (19), a total of 36,630 people were diagnosed with HIV in Turkey between 1985 and November 15, 2022. While 4,019 people were diagnosed with HIV in 2019, this number was 2,900 in 2020 and 2,922 in 2021 (20). Another disease transmitted by transfusion is syphilis. In the study of Altındiş et al. including the years 2004-2010, the average VDRL/RPR rate was found to be 0.04% (22).

Tan et al. (2023) examined the DNA sequences of microbiota in the blood of 9,770 healthy individuals. By filtering contaminants from blood considered sterile, 117 microbial species were identified. Specifically, they originated from the intestine (n = 40), mouth (n = 32) and genitourinary system (n = 18). In general, the findings of the study did not confirm the hypothesis of an endogenous consistent core microbiome in human blood, but confirmed the hypothesis that commensal microbes come from different parts of the body and enter the bloodstream through transient and sporadic translocations in the blood (3).

In a different study conducted in Italy by Gori et al. In this case, which may be a major public health problem worldwide, Listeria monocytogenes bacterial transmission to platelet transfusion given by blood donation is mentioned (23).

A study in which LGBT individuals were examined in isolation was not found in the literature, but there are studies conducted by including all blood donors participating in the center. In a study conducted by Aguş et al., HBsAg, anti-HCV, anti-HIV 1-2 were investigated in 61409 people who were donors at the Blood Center between 2002-2006. HBsAg positivity was found to be 2.00%, anti-HCV positivity 0.54%, anti-HIV 1-2 positivity 0.028%, HIV confirmation test positivity 0.007% (24).

İrfan et al. In a study conducted between 2004 and 2011 with the participation of a total of 108598 blood donors, 4906 (4.5%) of the blood donors were found to be positive for Hepatitis B, C and HIV. Hbs Ag and anti-HCV were positive in 2068 (1.90%) and 2832 (2.61%) donors, respectively. 111 (0.10%) people were positive for HIV. Of these, 16.6% were found positive by HIV confirmation test (25).

Sultan et al. In another study conducted to screen veneral diseases between 2005 and 2014, 148268 blood donors were examined. 172 patients (11%) were found to be HIV positive, while 1363 (0.06%) patients had a positive treponema pallidum test. Co-infection was found positive in only 2 (0.001) blood donors (26).

In a study conducted by Deveci et al. between 2003 and 2004, HBsAg was positive in 11 (1.4%) and anti-HCV was positive in 2 (0.2%) of 784 blood donors. Anti-HIV and VDRL positive patients were not detected (27).

Between 2010 and 2015, HBsAg, anti-HCV and anti-HIV were 0.80%, 0.46% and 0.06%, respectively, in 28026 blood donors by Şanal et al. 11 donors were anti-HIV positive but western blot confirmation test was negative in all of them (28).

There are not many studies on transfusion and ethical issues. In 1997, Elçioğlu et al. addressed fetal cell and tissue transplantation and ethical problems in a study. They expressed the opinion that this subject, which has not been performed in Turkey yet and has not been on the agenda much, would be contrary to the principle of "Respect for Human Life" (30).

Ersoy et al. conducted a study on the "Principle of Respect for Autonomy" and found that different situations created in the physician-patient relationship by people who try to comply with their religious and organizational rules may be the source of other ethical conflict problems. For example, it is stated that people of faith known as Jehovah's Witnesses oppose blood transfusions. Here, it is stated that some groups refuse blood transfusion regardless of from whom the blood is obtained (31).

Studies conducted in some countries in national publications show the need for more work on this issue in the coming years. In a study by Martinez et al., in May 2020, after years of demands by activists and as the COVID-19-related blood shortage began, the Brazilian Federal Supreme Court lifted the rules requiring a 12-month celibacy period for men who have sex with men (ESE) to donate. The aim of the survey study was to assess perceptions and practices regarding blood donation and blood donation rules among members of the Brazilian LGBT+ community. Data collection took place between October 2019 and March 2020, before the changes in blood donation rules and the onset of the Covid-19 pandemic in Brazil. A total of 1639 adults who self-identified as LGBT+ participated in the study (54.3% ESE, 2.2% non-ESE, 43.5% female). Blood donation was already practiced by ESE regardless of the rules, even before the lifting of restrictions on donation. Among ESE and women, 38.7% and 41%, respectively, already did not follow the rules when donating blood. A significant number

of respondents reported lying during screening interviews at blood banks in order to donate, and many said they knew people with ESE and did not follow the donation rules despite knowing them. Therefore, the practice of blood donation was already present among these people even before the restriction policy change, which was considered to confirm the need for revised rules for blood donation (32).

In June 2017, Israel lifted the ban on blood donations from men who have sex with men (ESE) and began accepting donations if 12 months have passed since the last sexual contact. Recently, the National Blood Services proposed a new approach that involves accepting ESE blood donations without delay, keeping only frozen plasma in quarantine, and releasing it for transfusion if a donation is found transfusion negative after at least 4 months. Levy et al. examined ESE attitudes and perceptions towards the new Frozen Plasma Quarantine Policy (FPQP). In responses from 1233 ESEs, 13.4% reported having donated blood at least once in the previous year and almost all (89.7%) did not comply with the current 12-month deferral. Most respondents (64.5%) supported the proposed new approach (33).

In the USA, the FDA recommended blood donation from those who had never had intercourse for ESE until 1977-2015; after 2015, it was recommended to wait 12 months for the last sexual contact. In April 2020, this restriction was reduced to three months. In April 2022, in an open access journal publication, on January 11, 2022, the American Red Cross declared the first blood crisis and stated that doctors had to make difficult decisions in the Covid-19 Pandemic. It recommended lifting these bans to prevent further delays in vital medical treatments (34).

As a result, when problems related to blood donation emerged as a result of the current pandemics all over the world, efforts have started to solve these problems. Barriers associated with giving blood have been questioned. Here, there are uncertainties on both sides of the coin. According to the rules set by the Red Crescent, LGBT individuals cannot give blood. There is a need for large-scale research on this issue. The situation of individuals who donate blood should be clearly determined and the protection and ethical evaluation of the patients to whom blood donations are made should be carried out.

In accordance with existing official protocols, the Red Crescent continues to provide safe blood transfusions under appropriate conditions. In terms of appropriate blood return, the Red Crescent is sensitive to the fact that blood is only taken from low-risk, voluntary and severely selected donors. Public health should be prioritized by improving and facilitating LGBT people's access to health services by developing regulations in health policies to improve and develop the health system. Determining clear protocols for them to be blood donors. Physicians should implement all medical procedures in a way that is primarily for the benefit of patients and with "Respect for Autonomy", and even in cases where the individual voluntarily transfers his/her autonomy to the physician, he/she should take care not to make medical decisions that do not comply with the patient's beliefs and values while fulfilling his/her obligation. LGBT individuals should act to protect other individuals in health service provision, especially in terms of infectious diseases. There are not many studies on this issue in Turkey and in the world. Researchers who will conduct studies on this subject should plan studies on the feelings and thoughts of LGBT individuals at the point of blood donation, research on individuals who receive blood transfusions, and studies examining blood donation in an ethical sense.

CONFLICT OF INTEREST

The authors declare no conflicts of interest related to this article.

RESOURCES

1. Başkent Üniversitesi Sağlık Kuruluşları. Başkent Üniversitesi Hastaneleri Tedavi ve Tanı Birimi, Kan Merkezi; (Erişim Tarihi: 25 Ağustos 2021). Erişim Adresi: https://ankara.baskenthastaneleri.com/tr/tanitedavi-birimlerimiz/kan-merkezi/kanin-yapisi-ve-gorevleri.
2. Tan, C. C., Ko, K. K., Chen, H., Liu, J., Loh, M., SG10K_Health Consortium, ... & Nagarajan, N. (2023). No evidence for a common blood microbiome based on a population study of 9,770 healthy humans. Nature Microbiology, 8(5), 973-985.
3. Bayık, M., Uluhan, R., & Heper, R. (2015). XVIII. Ulusal kan merkezleri ve transfüzyon tıbbı kurs kitabı.
4. Çevik C, Özyürek P. Organ nakli hemşireliği. Ankara: Nobel Tıp; 2017.
5. T. C. Cumhurbaşkanlığı Mevzuat Bilgi Sistemi; (Erişim Tarihi: 08 Ağustos 2023). Erişim Adresi: https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=5624&MevzuatTur=1&MevzuatTertip=5
6. Şah, U. (2012). Eşcinselliğe, biseksüelliğe ve transseksüelliğe ilişkin tanımlamaların homofobi ve LGBT bireylerle tanışıklık düzeyi ile ilişkisi. Psikoloji Çalışmaları, 32(2), 23-48.
7. Streed Jr, C. G., Knight, K., & Kimball, S. L. (2023). Sexual and Gender Minority Refugees-Preparing Clinicians for the International Anti-LGBTQI+ Crisis. The New England journal of medicine, 389(9), 778-781.
8. Sağlık Hizmetleri Genel Müdürlüğü Hasta Hakları ve Tıbbi Sosyal Hizmetler Dairesi Başkanlığı; (Erişim Tarihi: 15 Temmuz 2023). Erişim Adresi: https://shgmhastahakdb.saglik.gov.tr/TR-5048/savunmasizorselenebilir-gruplarda-saglik-hizmetlerinin-sunumu-ve-saglik-arastirmalari-calistayi.html
9. T. C. Sağlık Bakanlığı, Tedavi Hizmetleri Genel Müdürlüğü, 21.11.1985 tarihli ve 14084 sayılı Genelgesi.
10. T. C. Sağlık Bakanlığı, Tedavi Hizmetleri Genel Müdürlüğü'nün 18.08.1983 tarihli ve 568714084 sayılı Genelgesi.
11. T.C. Sağlık Bakanlığı, Tedavi Hizmetleri Genel Müdürlüğü'nün 14.02.1987 tarihli ve 1141 sayılı Genelgesi.
12. Çakal A. Türk Özel Hukukunda Tıbbi Müdahaleye Rıza. Anakara: Seçkin Yayınevi; 2018.

13. Vikipedi; (Erişim Tarihi: 2 Ağustos 2023). Erişim Adresi: https://tr.wikipedia.org/wiki/T%C3%BCrk_K%C4%B1z%C4%B1lay
14. Kızılay; (Erişim tarihi: 29 Temmuz 2023). Erişim Adresi: https://www.kanver.org/sayfa/e-kutuphane-icerik/kana-yapilan-islemler/58
15. Uluhan R. Güvenli kan. ANKEM Dergisi, 2007;21(Ek-2)142-145.
16. Bakanlığı, T. S. (2020). Covid 19 (2019-n CoV Hastalığı) Rehberi (Bilim Kurulu Çalışması). *TC Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü*.
17. Ulutürk, R. (2010). Kan donörlerinde yapılan rutin tarama testlerinin 11 yıllık değerlendirilmesi. *Türk Mikrobiyol Cem Derg*, *40*(1), 41-7.
18. Türk-Dağı, H. (2011). Batman Bölge Devlet Hastanesi Transfüzyon Merkezine Başvuran Kan Vericilerinin HBsAg, Anti-HCV ve Anti-HIV Sonuçlarının Değerlendirilmesi. *Klimik Dergisi*, *24*(3), 173-5.
19. Bal E. Türkiye'de HIV/AIDS Epidemiyolojisi. HIV/AIDS Sempozyum Sunumları (3-4 Aralık 2009. Ankara: Hacettepe Üniversitesi HIV/AIDS Tedavi ve Araştırma Merkezi.
20. Pozitif-iz Derneği; (Erişim Tarihi: 28 Temmuz 2023). Erişim Adresi: https://www.pozitifiz.org/duenyada-hiv-aids
21. Ertürk, A., Şaylan, A., Kara, D., Tezcan, B., Demir, ZA, Karadeniz, Ü., & Özgök, A. (2017). Survey study to measure knowledge, attitude and behavior of anesthetists in Turkey on blood and blood product transfusion. *Turkish Ministry of Health Türkiye Higher Specialization and Research Hospital. Medical Specialization Thesis* , (p. 1).
22. Altındiş, M., Aslan, S., & Kalaycı, R. (2011). Kan vericilerde HBsAg, anti-HCV, anti-HIV ve Sifilis seroprevalansı. *Sakarya Tıp Dergisi*, *1*(1), 22-26.
23. Gori, M., Bolzoni, L., Scaltriti, E., Andriani, L., Marano, V., Morabito, F., ... & Tanzi, E. (2023). Listeria monocytogenes Transmission from Donated Blood to Platelet Transfusion Recipient, Italy. *Emerging Infectious Diseases*, *29*(10), 2108.
24. AĞUŞ, N., YILMAZ, Ö. N., CENGİZ, A., ŞANAL, E., & SERT, H. (2008). Kan donörlerinde HBsAg, anti-HVC, anti-HIV seroprevalansı. *ANKEM Dergisi*, *22*(1), 7-9.
25. Irfan, S. M., Uddin, J., Zaheer, H. A., Sultan, S., & Baig, A. (2013). Trends in transfusion transmitted infections among replacement blood donors in Karachi, Pakistan.
26. Sultan, S., Murad, S., Irfan, S. M., & Biag, M. A. (2016). Trends of venereal infections among healthy blood donors at Karachi. *Archives of Iranian medicine*, *19*(3), 0-0.
27. Deveci, Ö., Tekin, A., Günbay, SS, Kılıç, D., Kaygusuz, S., Ağalar, C., & Özer, TT (2011). Evaluation of HBsAg, anti-HCV, anti-HIV and VDRL test results in blood donors.
28. ŞANAL, L. (2016). HBsAg, anti-HCV and anti-HIV seroprevalence in blood donors: a 6-year study. *Ortadogu Medical Journal/Ortadogu Medical Journal* , *8* (2).
29. Poteat, T., Davis, A. M., & Gonzalez, A. (2023). Standards of Care for Transgender and Gender Diverse People. *JAMA*, *329*(21), 1872-1874.
30. ELÇİOĞLU, Ö. Ş., ÜNLÜOĞLU, İ., & YILDIRIM, A. (1997). Transplantation of Fetal Cells and Tissues: Ethical Issues Encountered and Practice in Turkey. *Journal of Clinical Obstetrics & Gynecology* , *7* (1), 1-5.
31. Ersoy, N., & Aydin, E. (1994). The principle of autonomy and respect for autonomy in medical ethics. *T. Klin. Journal of Medical Ethics* , *2* , 71-74.
32. Martinez, E. Z., Galdino, G., & Zucoloto, M. L. (2023). Perceptions and practices of the Brazilian LGBT+ population toward blood donation. *Transfusion and Apheresis Science*, *62*(2), 103578.
33. Levy, I., Olmer, L., Livnat, Y., Shalhavi, R., Hizki, O., & Shinar, E. (2019). Attitudes and perceptions among men having sex with men towards a new non-deferral blood donation policy in Israel. *Vox Sanguinis*, *114*(4), 310-316.
34. Gibbs, C. L. (2022). Commentary: A Blood Crisis: Is the Time to End MSM Deferral Now?. *LGBT Law Notes*, 21-23.