

Transfusion Medicine

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Transfusion Medicine is a bridging science, spanning the evidence-based practice at the bedside with the social sciences in the community.

Transfusion Medicine starts at the bedside. Surprisingly, only recently that has become rediscovered with the development of ‘patient blood management’ and ‘patient centered’ approaches to allow the growth of an optimal and rational patient care through supportive hemotherapy – safe and effective, affordable and accessible.¹

Where transfusion of blood found its origin in the need of a patient, it has drifted away for a long period of time from the bedside and has been dominated for almost a century by laboratory sciences. At least the first ten editions of the famous and well reputed textbook *Mollison's Blood Transfusion in Clinical Medicine* contained only a fraction on the actual bedside practice of transfusion medicine and did not focus at all on patient blood management.²

This journal will focus on all aspects of the transfusion chain that immediately relate to the bedside practice and clinical use of blood and its components, and plasma derivatives as integral elements of a human transplant tissue. That includes legal and regulatory aspects, medical, ethical and cultural aspects, pure science and pathophysiology of disease and the impact of transfusion of blood, as well as aspects of the epidemiology of blood transfusion and clinical indications, and cost-effectiveness. Education through timely and continued transfer of up to date knowledge and the application of knowledge in clinical practice to develop and maintain clinical skills and competence, with the extension of current educational approaches through e-learning and accessible ‘apps’ will be given a prominent place.

Diagnosis, indication setting and decision making on which a treatment plan and clinical evaluation have to be based, are an explicit prerogative of the medical profession. However, a paramount prerequisite is demonstrable competence and flexibility of mind instead of dogmatism. The key adage chiseled in marble by Hippocrates – “primum est non nocere [first, do no harm]”, requires a sincere and intimate professional behavior based on knowledge and critically evaluated experience. Important and well recognized, but not always observed cofactors are team approach, continual alertness and questioning of observations made at the bedside as well as in the laboratory, medium and long term evaluation of transfusion outcomes to better understand the effects of transplantation of cells and proteins on the human body and existing and developing morbidities. Little, so far, is known about these long term effects, although recently in a randomized trial in 55 preterm newborns that were

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followed over two decades of life, a puzzling difference in neurocognitive outcomes was observed, related to a liberal rather than a restrictive transfusion regime.³

There is still a huge amount of information and knowledge to be gathered and analyzed before we come to a clear evidence-based understanding of the deeper essence of Hippocrates' wisdom – "primum est non nocere".

Disclosure

The author declares no conflicts of interest in this work.

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