The sustainability of the U.S. blood system may be in danger of disruption, according to an editorial (subscription) published last week in the New England Journal of Medicine.

Authors Harvey G. Klein, MD; J. Chris Hrouda, BHS; and Jay Epstein, MD, argue that several factors—declining blood use, increased cost per unit and hospital consolidation—have resulted in decreased revenue for blood collection centers and have jeopardized those centers' negotiating power. Blood centers responded to these challenges with a series of mergers and alliances, as well as with staff and service reductions that the authors believe could be detrimental to patient safety.

The authors argue that structural changes may be needed to ensure a sustainable blood system. They suggest potential interventions, such as suitably reducing capacity, planning consolidations and sensibly downsizing infrastructure, to eliminate redundancies.

The U.S. Department of Health & Human Services is currently working to address potential public or private options to ensure adequate blood-system infrastructure and is developing models to assess stressors and potential solutions to these challenges, but concrete solutions to the problem remain elusive.

"Although more information remains to be collected to help us better understand the vulnerabilities of the U.S. blood system, allowing that system to continue to function as it has while it is losing stability, resilience, and surge
capacity is not a responsible option," the authors wrote. "A constructive intervention to stabilize the U.S. blood system, although urgently needed, has yet to be envisioned."