

# OPPOSE SENATE BILL 125

*SB 125 takes away a physician's autonomy to practice medicine based on their medical judgment and training.*

## SB 125 THREATENS PATIENT SAFETY

SB 125 creates risks to patient safety if the physician performing the procedure determines that the procedure is unsafe but is still required by SB 125 to proceed.

For example, on the day the procedure is to be performed, the clinical circumstances may have changed from when the procedure was ordered. The donor may no longer be healthy enough to donate,<sup>1</sup> or the donor's blood may no longer be safe for the recipient.<sup>2</sup> The plain language SB 125 states that the performing physician "shall comply" with the earlier order.

## SB 125 INCREASES LIABILITY RISKS

SB 125 creates legal uncertainty for blood banks and hospitals—and their physicians and other clinicians. The bill does not provide any indication on whether physicians and other health care providers performing a procedure required by SB 125 will be protected from liability if the donor or recipient is harmed.

SB 125 also does not address how physicians and other healthcare providers resolve conflicts between its requirements and federal laws governing blood donations.<sup>3</sup>

## SB 125 RISKS CONFLICT WITH THE HIPPOCRATIC OATH

In situations where SB 125 would require treatment harmful to a donor or recipient, physicians would be placed between violating the law or their core ethical principle of doing no harm.

## SB 125 UPENDS THE VOLUNTARY PHYSICIAN-PATIENT RELATIONSHIP

SB 125 would require physicians, other clinicians, blood centers and health care facilities to provide autologous or direct donations. This departs from longstanding Texas law that the physician-patient or practitioner-patient relationship is voluntarily and mutually agreed to.<sup>4</sup>

Other than emergency situations, this departs from longstanding Texas law that the physician-patient is voluntarily and mutually agreed to.

## SB 125 THREATENS TEXAS' BLOOD SUPPLY

SB 125 does not contain any requirement that the autologous or direct blood donations be medically necessary.

Autologous and direct blood donations can be beneficial for certain rare conditions. Beyond these limited situations, the bill could disrupt Texas' healthy blood supply by increasing medically unnecessary autologous and direct donations, which entail greater administrative requirements and health care costs.<sup>5</sup>

Protect patients, physicians, health care providers,  
and Texas' blood supply. **Oppose SB 125.**

## REFERENCES

- 1 Tinmouth A, et. al. NAC Statement on Perioperative Autologous and Matched Blood Donation. Ottawa: National Advisory Committee on Blood and Blood Products (July 19, 2018 [updated 2023 10 24]):

[Perioperative autologous blood donations] increases the risk of perioperative anemia, which may be associated with increased morbidity.

- 2 Wadge G, et. al. Directed Donation: Special Considerations and Review for Contemporary Clinical Practices. Ochsner J. (2021 Fall):

[D]irected donations are associated with an increased risk of transfusion-transmitted infection compared to blood from anonymous volunteer donors.

Tinmouth A, et. al. supra:

Matched donations, particularly from family members, may be associated with increased risk to the recipient. A transfusion from a first-degree relative can cause transfusion-associated graft versus host disease (TA-GvHD), which is a severe and potentially fatal reaction. [ ] Additionally matched donors may feel additional pressure to donate and may not be forthcoming about risk factors which increase the risk of an adverse transfusion reaction. For all the above reasons, matched donations are associated with increased risk of adverse reactions, without any evidence of benefit for the recipient unless there is need for rare blood type that could not be otherwise supported through the regular allogeneic blood program.

- 3 See, e.g., 21 C.F.R. §631.10 (Requiring a review of multiple factors to evaluate whether a donation poses a risk to the health of (a) the donor or (b) the recipient (i.e., an infectious blood transfusion)).

- 4 St. John v. Pope, 901 S.W.2d 420, 424 (Tex.1995):

P]rofessionals do not owe a duty to exercise their particular talents, knowledge, and skill on behalf of every person they encounter in the course of the day. As is true of all callings, physicians are not obligated to practice their profession or render services to everyone who asks. It is only with a physician's consent, whether express or implied, that the doctor-patient relationship comes into being.

- 5 Wadge G. et al., supra:

In addition, directed donations have increased administrative requirements. [ ] Extra care must be taken to ensure the directed donation units are appropriately labeled, tested, and cross-matched for the intended patient, transported to the patient's specific location, and transfused to the correct patient. Directed donations therefore involve administrative burdens as well as time constraints.

Etchason J, et. al. The cost effectiveness of preoperative autologous blood donations. N Engl J Med. (1995 Mar 16):

Autologous blood is more costly than allogeneic blood. Its donation entails greater administrative expense and a longer, more labor-intensive process of collection.



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