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RESEARCH

DONOR SELECTION IN A HEMOTHERAPY SERVICE: CHALLENGES OF THE PATIENT CARE TEAM IN THE CLINICAL SCREENING PROCESS

SELEÇÃO DE DOADOR EM SERVIÇO DE HEMOTERAPIA: DESAFIOS DA EQUIPE DE ASSISTÊNCIA AO PACIENTE NO PROCESSO DE TRIAGEM CLÍNICA

SELECCIÓN DE DONANTE EN EL SERVICIO DE HEMOTERAPIA: DESAFÍOS DEL EQUIPO DE ASISTENCIA AL PACIENTE EN EL PROCESO DE CRIBADO CLÍNICO

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ABSTRACT

Objective: to understand the challenges experienced by the multi-professional team involved in the clinical screening process in terms of aptitude/inability to donate blood. **Method:** a qualitative study conducted in a hemotherapy service in Minas Gerais with 12 professionals from clinical screening, doctors and nurses, with data collected through semi-structured and recorded interviews, with interpretation according to content analysis, according to Laurence Bardin, contemplating: pre-analysis; exploration of the material and interpretation of the contents; categorization of the findings. **Results:** four thematic categories were explored: "realizing the main difficulties in the selection of blood donors"; "Identifying assistance difficulties in favor of aptitude/inaptitude in the clinical screening process for blood donation"; "The answer to those who undergo clinical screening for blood donation"; "Ambiguity of feelings regarding the act of promoting aptitude/inaptitude for the blood donation process". **Conclusion:** the study showed that the main challenges faced by the patient care team in the clinical screening process were the capture and selection of donors; the answer of inaptitude; and the feelings involved in the clinical screening process.

Keywords: Hemotherapy Service; Blood Donors; Donor Selection; Patient Care Team.

RESUMO

Objetivo: *compreender os desafios vivenciados pela equipe multiprofissional envolvida no processo de triagem clínica nos critérios aptidão/inaptidão à doação de sangue.* ***Método:*** *estudo de abordagem qualitativa realizado em um serviço de hemoterapia de Minas Gerais com 12 profissionais da triagem clínica, médicos e enfermeiros, sendo os dados coletados por meio de entrevista semiestruturada e gravada, com interpretação conforme análise de conteúdo, segundo Laurence Bardin, contemplando: pré-análise; exploração do material e interpretação dos conteúdos; categorização dos achados.* ***Resultados:*** *exploradas quatro categorias temáticas: "percebendo as principais dificuldades da seleção de doadores de sangue"; "identificando dificuldades assistenciais em prol da aptidão/inaptidão no processo de triagem clínica para a doação sanguínea"; "a devolutiva/retorno àquele que se submete à triagem clínica para doação sanguínea"; "ambiguidade de sentimentos frente ao ato de promover aptidão/inaptidão para o processo de doação sanguínea".* ***Conclusão:*** *o estudo evidenciou que os principais desafios enfrentados pela equipe de assistência ao paciente no processo de triagem clínica foram a captação e seleção de doador; a devolutiva da inaptidão; e os sentimentos envolvidos no processo de triagem clínica.*

Palavras-chave: *Serviço de Hemoterapia; Doadores de Sangue; Seleção de Doador; Equipe de Assistência ao Paciente.*

RESUMEN

Objetivo: *comprender los desafíos experimentados por el equipo multiprofesional involucrado en el proceso de selección clínica en términos de aptitud/incapacidad para donar sangre.* ***Método:*** *estudio cualitativo realizado en un servicio de hemoterapia en Minas Gerais con 12 profesionales del cribado clínico, médicos y enfermeros, con datos recolectados a través de entrevistas semiestructuradas y grabadas, con interpretación según análisis de contenido, según Laurence Bardin, contemplando: preanálisis; exploración del material e interpretación de los contenidos; categorización de hallazgos.* ***Resultados:*** *se exploraron cuatro categorías temáticas: "darse cuenta de las principales dificultades en la selección de donantes de sangre"; "Identificación de dificultades de asistencia a favor de la aptitud / incapacidad en el proceso de cribado clínico para la donación de sangre"; "Devolución a quienes se someten a un examen clínico para la donación de sangre"; "Ambigüedad de sentimientos respecto al acto de promover la aptitud / incapacidad para el proceso de donación de sangre".* ***Conclusión:*** *el estudio mostró que los principales desafíos que enfrentó el equipo de atención al paciente en el proceso de cribado clínico fueron la captación y selección de donantes; la devolución de la inaptitud; y los sentimientos involucrados en el proceso de selección clínica.*

Palabras clave: *Servicio de Hemoterapia; Donantes de Sangre; Selección de Donante; Grupo de Atención al Paciente.*

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INTRODUCTION

Transfusion of blood components and blood products is universally considered an advanced method and modern technology for the health care of individuals and that bring great assistance benefits, either to improve the quality of life of individuals or to restore life in critically ill patients and/or in serious conditions of health problems, which can save lives.[1]

Between 2010 and 2016, Brazil obtained an average blood collection of approximately 4 million procedures.[2,3] Both in the Unified Health System (*Sistema Único de Saúde* - SUS) and the contracted and not contracted private initiative by SUS, blood donation is a relevant practice. From 2010 to 2011, there was an increase of 53,500 procedures performed by SUS, whereas, between 2011 and 2012, this increase was 27,835 procedures to more than the previous period.[2] Among the years cited, the one that stands out is 2016 since, in this period, there was the largest number of registered procedures, equivalent to 5,131.75 donations/year.[3]

The standardization of hemotherapy services is broad, however, the main rules in force in Brazil are: Resolution of the Collegiate Directorate (*Resolução da Diretoria Colegiada* - RDC) of the Brazilian National Health Surveillance Agency (*Agência Nacional de Vigilância Sanitária* - ANVISA) number 153 of July 14, 2004, redefined by Ordinance nº 158 of February 4, 2016, and RDC ANVISA number 34 of June 11, 2014.[4,5]

RDC - ANVISA 153 of July 14, 2004, redefined by Ordinance 158 of February 4, 2016, refers to the technical regulation for hemotherapy procedures, including collection, processing, testing, storage, transport, quality control, and human use of blood and its components, obtained from venous blood, umbilical cord, placenta and bone marrow.[4]

RDC - ANVISA nº 34 of June 11, 2014, is responsible for the legal regulation of maintaining the quality assurance of processes and products, for reducing health risks, and for establishing the requirements of good practices to be fulfilled by blood therapyservices related to the blood production cycle.[5]

Decree 3,990 of October 30, 2001, aims at the implementation of the National Policy on Blood, Components and Blood Products, to guarantee the country's self-sufficiency in blood components and blood products, harmonizing the actions of the public power in alllevels of government, related to hemotherapy assistance.[6]

As a complement to Decree 3,990, Ordinance 747 of March 21, 2018, was released, responsible for redefining the direction of the National System of Blood, Components, and Products (*Sistema Nacional de Sangue, Componentes e Derivados* - SINASAN), advised by the Advisory Chamber to the National Policy on Blood, Components, and Products for the formulation of the National Policy on Blood, Components and Products and sectorial policies on hematology and hemotherapy.[3]

Also, the blood donation process goes through several stages called the blood cycle. This cycle includes the capture of donors, clinical screening, collection, storage, processing, production of blood components, distribution, transfusion, monitoring of the patient and the correct disposal of the waste generated, stages whose quality and security need to be guaranteed.[4] The act of donating blood is voluntary, altruistic, and unpaid, and the unconditional anonymity of the donor should be guaranteed.[7]

Considering the data published by Bargot *et al*.[8], only 5% of individuals wish to donate. Those who completed the donation, only half, that is, around 2.5%, return for a new blood donation in international blood centers.

Given the blood cycle, all stages are essential for the quality of the blood collected to be achieved. However, the initial stages are of crucial importance. In this sense, the clinical screening processis the most meticulous, analyzing the donor profile, considered apt or inapt for blood donation according to eligibility criteria preestablished by the laws that regulate the act of donating blood.[5] Therefore, clinical and epidemiological history and general health status, lifestyle, and sexual behaviors are considered.[2] Thus, clinical screening provides more safety and reliability for the blood donation process, both for the donor and for the receiver.[5]

Ordinance 158 of the Brazilian Ministry of Health published on February 4, 2016, responsible for redefining the technical regulation of hemotherapy procedures, establishes that clinical screening should be carried out by a university-level professional with an academic background in health, who be trained and qualified for the aspects of hemotherapy and hemovigilance. For non-medical professionals, acting as a screening professional is allowed, as long as they are under the supervision of a medical team.[4]

Thus, given the importance of clinical screening, it is essential to seek answers in the multi-professional team working in the transfusion agencies, about the main difficulties found by the team in establishing whether an individual is apt/inapt for blood donation.

We believethat the problematization of this theme, understood from its challenges, can offer relevant subsidies for the daily life of both the multidisciplinary teams involved in this process and for blood donors and recipients.

This study aimed to understand the challenges experienced by the multi-professional team involved in the clinical screening process regarding the criteria of aptitude/inability to donate blood to outline the main problems faced by the team in the selection of possible donors.

MATERIAL AND METHOD

This is qualitative descriptive-exploratory field research that seeks to carefully describe the facts and phenomena of a given reality to obtain information about what has already been defined as a problem to be investigated in a perspective magnification of these findings.[9,10]

This study was carried out in a blood center in *Belo Horizonte*, *Minas Gerais*, after approval by the Research Ethics Committees of *Faculdade Ciências Médicas de Minas Gerais* and the blood center involved, under Opinions 3,439,266 and 3,489,163, respectively. We submitted the participants to the interview only after signing the Informed Consent Form (ICF), as provided for in Resolution 510/2016 of the National Health Committee (*Conselho Nacional de Saúde* - CNS) to guarantee the ethical and legal aspects.[11]

The study population consisted of nurses and doctors with direct experience in clinical screening and the inclusion criterion was to work in the hemotherapy service in the screening sector, regardless of the time of work in that service. Wedid not include in this study, health professionals who were on sick leave, vacation, or who were not located at the service during the period established for data collection.

As a research instrument, we used the individual semi-structured interview, open and recorded in its entirety, and the data collection instrument was a questionnaire composed of four open questions for professionals, obeying all the ethical criteria recommended by Resolution 510/2016 of the CNS.[11] The interviews were conducted during the participants' working hours and conducted in private offices in the clinical screening sector of the blood center so that we collected the statements in a private and confidential environment. Each interview lasted, on average, 25 minutes, with the exclusive presence of the researcher and the professional.

The interview script contained questions that addressed the perception of the main difficulties found by the professional in the process of selecting blood donors; what care difficulties were detected for the aptitude/inability of blood donation candidates; aspects related to feedback to patients who undergo the clinical screening process; and, finally, the feelings regarding the communication process of aptitude/inaptitude for those who performed the blood donation screening process. We presented the questions to the study participants who consented to the research at the time of the interview and there was no answerfrom the professionals and/or repetition of meetings.

In this research, we observed the principle of saturation[2], a moment in which there is an accumulation of ideas and concepts that become increasingly clear and articulated with each other, occurring when the data became repetitive and redundant so that no new information comes with the collection of more information. This occurred during the collection of the 12th interview, resulting in a sample of 12 screening collaborators from a universe of 30 because three refused to participate, four were in other units of the center, three were on medical leave, and eight on vacation.

To guarantee anonymity, we identified the patients by the letter "T" and numeric codes that distinguished them, from T1 to T12, the number being given according to the order of the interview.

After the full transcription of the interviews, all material was subjected to thematic content analysis, according to Laurence Bardin[13], which comprises a set of communication analysis techniques using systematic and objective procedures for describing the content of the messages, betting on rigor as a way of not getting lost in the diversity of the object.

The data went through the three phases: a) pre-analysis, floating reading phase, to systematize the ideas, with an emphasis on completeness, relevance, representativeness, and homogeneity; b) exploration of the material, decomposition phase of the text, according to semantic criteria, demarcation of isotopic networks, that is, in the form of grouping expressions with the same meaning, with subsequent semantic regrouping and identification of thematic categories; c) phase of inference and interpretation of the data to establish a relationship between the emerging meanings and the objective of the study. This process allowed the categorization of the findings.[13]

We did not present the transcripts of the interviews nor answer the participants. We compared the themes resulting from the testimonies with the scientific literature, after their synthesis. At the end of the study, we presented the results to the managers and the Blood Center Ethics Committee.

RESULTS AND DISCUSSION

The sample consisted of 12 health professionals, three males, and nine females, between 33 and 60 years

old. Considering the professional category, seven were doctors and five nurses. In clinical screening work, six professionals had between one and five years; three, from six to 10 years; and four, over 10 years in the profession. There was a variation in the institution time from four and a half years to 27 years. We included all professionals since the last hiring of the blood center dated at least one year of experience, thus being able to contribute to the study. During the data collection period, four professionals were in another unit of the institution, and three refused to participate in the interview.

The interviews comprised a documentary *corpus* that signaled, after semantic analysis, units of content around the difficulties in the process of capturing and selecting blood donors. We listed and grouped these content units, allowing four categories to be explored: realizing the main difficulties in the selection of blood donors; identifying assistance difficulties in favor of aptitude/inaptitude in the clinical screening process for blood donation; answer to those who undergo clinical screening for blood donation; the ambiguity of feelings regarding the act of promoting aptitude/inaptitude for the blood donation process.

Realizing the main difficulties in the selection of blood donors

Most of the population still does not have blood donation as a priority. Therefore, it is not among their goals and routine.[14] To attract donors, we need better planning, development, and creation of strategies capable of awakening the desire in the population and interest for the practice of blood donation.[14,15]

There are difficulties facing blood donation such as the donor's true intention in the clinical screening process. It is possible to identify the subjectivity of the candidate who is willing to donatein search of his benefit.

> *Sometimes he lies because he wants the certificate, that's what I find difficult* (T3).

> [...] *other people have some situations that they want to have a health check and see how they do so* [...] (T6).

However, the altruistic donor is also recurrent, one who embarks on the blood donation process in favor of solidarity, of voluntary actions, to do good.[16] The blood donation process is an action voluntary for the benefit of the other, whether the individual donor is a family member or a stranger.[7] This action is highly propagated through campaigns and disclosures about the relevance for the rehabilitation of the recipient's health.

> [...] *large groups that come to donate, it is the altruistic donor, the one who comes to donate, the donor who wants the certificate and the couple who started dating recently and both want to take the exam to see if they have something* [...] (T2).

Females are the highest frequency of donors because women are more sensitive to the humanitarian issue of blood donation, being more likely to seek the service after some advertising or lecture.[16,17]

Another difficulty mentioned by the screening professionals is the candidate's lack of knowledge regarding safety during the blood cycle, and this fear and insecurity in the process could be reduced with clarifications and information disseminated to donors during motivation and fundraising in campaigns.[18]

> [...] *the worst is the candidate's lack of knowledge regarding the security of the process* [...] (T12).

There is also the difficulty in perceiving the donor's loyalty to their responses.

> *The donor should be faithful in the answers, I think this is the most difficult because sometimes they omit the truth and this can have repercussions for those who will receive the blood transfusion* (T8).

> [...] *sometimes we have some situations that the person is afraid of being apt, sometimes, they try to omit or lie in the interview* (T10).

> [...] *so I think our difficulty is trying to make them speak the truth* (T11).

Research by Pereira *et al.*[18] on omission and fallacies by donors corroborates the results of this study. Both the insecurity in the process and the inaccuracy of responses on the part of donors imply a setback in the stages of clinical screening.

Identifying assistance difficulties in favor of aptitude/inaptitude in the clinical screening process for blood donation

The main criteria for aptitude and disability are regulated by the Ministry of Health and inspected by ANVISA. However, the state of *Minas Gerias* and the blood

center have relative autonomy to create theirstandards, as regulated by Ordinance 158, of February 4, 2016.[4]

> *We follow a protocol, the Ministry of Health is the body that regulates blood donation, and the body that supervises is ANVISA, so we have a protocol that is standardized by ... by the Ministry of Health* [...] (T2).

> *We do the assessment based on standards from the Ministry of Health, ANVISA. We have a manual with a series of restrictions and everything based on these standards. Everything happens with discretion. We explain that it is not something that gets out of our head, they are criteria based on norms of ANVISA and the Ministry of Health* (T3).

> *The criteria for donation are established by the Ministry of Health, the states take care of blood management, so the states organize their protocols based on these guidelines and place them in a very objective way* (T6).

> *We have a protocol. So, we follow a series of rules. Most of the Ministry of Health, the blood bank has some adaptations, but what governs it is an ordinance of the Ministry of Health* (T12).

In this sense, to carry out clinical screening in a standardized manner, professionals are based on the existing regulations and on the regional adaptations in which the blood center's internal care protocols are created.

An important difficulty mentioned by the screening professionals regarding aptitude/inaptitude was the non-constitutionalization of the normative of homo-affective relationships, at the time of this study, mainly when related to the male public, men who have or have had a sexual relationship with other men at some point in life.

A study that aimed at discussing the restriction of the males who had sex with other men to blood donation for 12 months showed that this prohibition reinforced the social stigma of discrimination against these individuals, showing a flaw concerning the principle of equality.[19]

Research that sought to analyze the ban on blood donation by homo-affective men evaluated that such a ban is considered a disrespect, both in terms of discrimination and their right and the ban on their social contribution, based on something not perpetuated by the scientific community.[20]

In recent years, the rule issued by the Ministry of Health and ANVISA that categorize as an inaptitude in male homosexuals who had sexual intercourse in 12 months, even though having a steady partner, had been discussed in the Brazilian Judiciary to make it unconstitutional.[21]

In general, public agencies are based on ensuring more safety for blood recipients, since the rate of contagion of sexually transmitted infections (STIs), especially HIV/AIDS, remains higher when related to the group of men who had sex with other men. Differently from what was proven in the 1980s, the contagion of the HIV/AIDS virus is not restricted to a specific group, which motivated the change in campaigns to prevent the disease that affects groups of any sexual orientation.[21]

> [...] *there is the issue of male homosexuals. If he has a steady partner, for many years, why not donate? We know that it is more for statistical reasons* [...] (T1).

> *Another inaptitude that is difficult to give is the homosexual because for 25 years there has been this issue about homosexual donating* [...] (T2).

> [...] *a man who has a relationship with another man is considered to be inapt in our culture.* [...] *if I am married to him, I have been with him for a long time, I just have a relationship with him, I have no recent risk, that is, I have no point of the immunological window that would justify me not being a donor, but I suffer from the prejudice of the State* (T6).

Thus, we need to highlight the difficulty of the screening professional in answering inaptitude to this possible donor, since they see in this action a prejudiced practice to the group of men who had sex with other men.

However, as a result of the COVID-19 (Coronavirus Disease 2019) pandemic, which is plaguing the world in an almost unprecedented way and still under analysis, we noticed a crisis in the stocks of transfusion agencies and the difficulty of attracting donors, mainly due to the social distancing and the disease and treatment mechanisms, which remain unclear. In this sense, on May 8, 2020, the Federal Supreme Court (STF) published the suspension of rules that prevent homo-affective men from donating blood for one year after the last sexual intercourse.[22]

We believe that the STF initiative may be a way to overcome one of the challenges indicated by this study, the possibility of homo-affective men being blood donors, opening space for further investigations on this scenario after the suspension of the regulations.

Also, on critical points related to the aptitude/inaptitude process, there is the risky behavior to which the person undergoes.

> [...] *among them if there is any disease, use of medication, made a trip to a recent endemic area in the last year* [...] *if you have any health problem or if you have had a more serious or complex health problem, surgeries, dental treatments* [...] *if you had already received blood, if you had already received blood, sexual issues, number of partners, if you have a fixed partner or not if you have children if you had an abortion... any sexuallytransmissible disease* [...] (T1).

> *The donor to be apt must not have any acute illness,* [...] *especially infectious! It is* [...] *some chronic diseases that also do not allow donation. Hence, we evaluated the issue of vaccination in recent times, dental treatment, if you use drugs and how long ago, when it was the last time you used it, sexual issue, what is the person's sexual behavior, use of medications* (T3).

Risky behavior is the actions taken by the individual who undergoes activities that pose a health hazard, such as the use of licit/illicit drugs, smoking, unprotected sex, and/or multiple partners, among others.[23] Therefore, the importance of detailed clinical screening is important to identify risky behavior and promote safety in the blood cycle process.[4,23]

Answer to those who undergo clinical screening for blood donation

After the complete interview, according to an internal questionnaire, the professional answers to the possible donor.[4] If apt, he proceeds to hematological screening with signature on the consent form for blood donation, a document showing the risks and benefits of donating blood.[4]

When inapt, they need to explain to the individual the type of disability in an intelligible way, whether temporary or definitive. The first situation is characterized by the impossibility of donating blood to another person in a certain period, being able to make an autologous donation when possible and necessary, and must clarify the correct period for the answer of this donor to the center.[4] The second situation refers to prevent total blood donation to another person. However, according to regulatory norms, the individuals described with a definitive impediment, in some cases of explicit need, can make an autologous donation.[4] The situation of inaptitude can also occur indefinitely, in which the donor is prevented from donating to another person for an indefinite period, according to current regulatory standards, but able to make an autologous donation.[4]

The possibility of inaptitude becomes a problem for the team of blood centers that could be avoided from a more effective fundraising process:

> *We face another problem here, which is coupled with capture, which often occurs in a disorderly manner, capture on large scale, but they are not qualitatively potential donors* (T2).

We highlight here a study that shows one of the main critical points related to blood donation campaigns, as they are deficient in information.[17,18] We believe that if the capture campaigns were better elaborated, with information relevant to the donation process, the rate of disability could be reduced, as the potential donor would already recognize the disability and avoid unnecessary demand for the service and, consequently, would not feel unmotivated by the refusal of the donation.[18]

> *If it is a temporary disability, we explain. We talked about the time he will have to wait to be able to come back and try a new donation and, if it is a permanent disability, we also inform him that it is a permanent decision and that he will no longer be able to donate blood* (T8).

> *For the inapt person, we inform the reason for the* [...] *disability if it is a permanent or temporary disability; and if it is temporary, how long he is unable to donate blood* (T9).

With the process of inaptitude, even if temporary, the donor seduces a feeling of negativity for future donations, which leads to distance from the service.[18] Thus, screening professionals have great responsibility when providing feedback to the possible donor, being of great importance the exact explanation of the reason and the time of disabilityto make that donor understand his inaptitude, whether temporary or permanent and answer in the specified time if it is temporary.[14,18]

The ambiguity of feelings regarding the act of promoting aptitude/inaptitude for the blood donation process

When answering the donor, the screening professional has to face the personal constraint in giving feedback of inaptitude, especially when the donor was considered inapt due to his homo-affective relationship or difficulty in accessing the service for the case of obese people, as shown in the following narratives.

> [...] *I feel embarrassed in these two cases that I mentioned, which is obesity because the chair does not support him, and this is not a problem for the donor, this is a management problem,* [...] (T2).

> *The other is the homosexual, who I often receive here the person who has had a steady partner for many years, and I feel embarrassed to give tell him he is not apt* (T2).

> *In inaptitude, the only thing that makes me uncomfortable is when a man who has had a relationship with another man in the last 12 months is considered inapt, even if he already has a steady partner* (T8).

> *Now the worst answer of inaptitude is when the person will never be able to donate again, it is* [...] *when it is the definite inapt person, then it is honestly not nice* [...] (T11).

There was a shortage of studies on the theme of feelings related to the experience of professionals working in the clinical screening sector in hemotherapy.[24,25]

The feeling of embarrassment can also be present in social situations experienced by individuals, associated with anxiety in the face of a real or idealized situation, which challenges social norms. This can provoke the feeling of embarrassment both in the person who experiences the situation and in the one who observes, that is, both in the donor and in the professionals who provide the service.[25]

Thus, the embarrassment experienced by the screening professionals at the time of answering, especially when they are inapt, brings negative feelings only from the professional point of view, since the possible donor, who went to donate in an altruistic way, also feels ashamed.

In this sense, we need to explore the idea from the perspective of health professionals, since overcoming negative feelings about blood is one of the first steps towards raising awareness. Some authors even emphasize the need to know and use theories of Psychology, Sociology, and Anthropology as a contribution to the understanding of beliefs, values, and attitudes about the act of donating blood.[26]

CONCLUSION

The research allowed us to understand that the interviewees showed theoretical and practical knowledge regarding the rules that regulate the clinical screening process in hemotherapy. In addition to knowledge, the screening professionals have tactical knowledge to identify possible omissions, and unreliability during the predonation clinical evaluation interview.

The results of this study revealed that the main difficulties faced by the multi-professional team were the capture and selection of possible donors, defining whether the donor is able or not to donate, especially the homo-affective male donor, facing the moment of devolution of the inaptitude and the feelings involved during the process.

The data collection of this research took place before the last publication of the Supreme Federal Court, on May 8, 2020, which consents to the donation of blood to the homo-affective people. For this reason, we observed in the testimonies of the screening professionals the difficulty of giving an answer of inapt to the man who has sex with another man in 12 months, considering that this was the previous legal recommendation. In this sense, we need further research to assess the impact of this regulation in favor of isonomy and the recruitment of potential donors.

In summary, the results enabledus to understand the challenges experienced by the professionals involved in the clinical screening process, especially regarding the aptitude/inaptitude for blood donation, which may contribute to the development of public policies that consider implementing concrete actions aimed at the search for maximum efficiency in the donor selection process, with an impact on the entire blood cycle, especially in the stages of pre-blood donation clinical screening. In this way, we can optimize and guaranteehemotherapy safety and the increase in donor rates in the country.

As a bias, we found that the study was carried out in a blood center with some limitations. Although there is no intention to generalize the results, blood centers with the same characteristics can take advantage of the findings to implement necessary interventions. New studies with the aforementioned theme may offer subsidies for reflection, planning, and implementation of more effective strategic actions both for attracting and selecting donors.

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