

## PERSPECTIVE

By  Tony Wu



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You know something I really enjoy? Thinking critically about issues and practices that most people accept and take for granted just because “that’s the way it’s always been”.

Sure, I recognise that collective experience and wisdom embedded in commonly accepted practices and traditions often make sense, but sometimes, customary ways of doing things are based on outdated thinking or information. Blindly adhering to the same old ways of doing things occasionally means missing something that’s patently obvious.

Take blood for example.

For nearly 200 hundred years, blood transfusions have been a no-brainer. Everyday, in hospitals and clinics around the world, people receive transfusions of this vital bodily fluid without a second thought. In fact, having access to a well-stocked blood bank is almost a prerequisite for running any modern medical facility.

The practice of providing supplemental blood to patients is so thoroughly entrenched that no one ever thought to question the practice — at least not until Dr Sunil Rao of the Duke University Medical Center decided have a second look.

Conducting a study of people who suffered acute coronary syndrome, Dr Rao found that patients receiving blood transfusions to address low red blood-cell count were much more likely to die than those who didn’t.

That’s right. Giving blood to patients who need it may actually be killing them.

Recent studies have further underscored Dr Rao’s initial findings, suggesting that there’s something fundamentally wrong with blood transfusions, or at least with the way we do them.

Fortunately, Dr Jonathan Stamler and other colleagues of Dr Rao appear to have solved this counter-intuitive conundrum. As it turns out, when blood is removed from our bodies, concentrations of dissolved nitric oxide (NO) drop precipitously, as much as 70% within a day.

The reason this matters is simple. NO serves to dilate blood vessels, which increases blood flow. Without NO, arteries don’t dilate, meaning it’s difficult for blood cells to pass or deliver life-giving oxygen. Worse still, NO-deficient blood appears to scavenge NO from other places in the body, creating a cascade of constricting blood vessels...in essence, a recipe for strokes, heart attacks and other unpleasant, life-threatening events.

Armed with this recent insight doctors should be able to address the issue in short order simply by ensuring that sufficient quantities of nitric oxide are added to stored blood before being administered to patients.

The point of this little anecdote? Just because something’s been done the same way for a long time doesn’t make it right. In this example, the willingness of one person to re-examine something that most people believed to be beyond question will no doubt result in countless lives saved.

Stop for a moment to consider traditional practices in Asia in this light.

One of the primary reasons many people give for continuing to consume shark fins, seek out concoctions containing endangered animal parts, covet Napoleon wrasse, lust after seal-penis love potions and the like...is tradition.

Oft-repeated statements like: “It’s always been like this”, “You just don’t appreciate tradition”, “My parents told me I should eat shark fin”, etc. are but a few variations on this theme.

In other words, with the collective wisdom of our forebears as rationale (or perhaps more accurately, as rationalisation), tradition often demands that we abdicate thought and just “go with the flow”. There’s an inherent assumption that if something has been practiced for years, decades, centuries or more, then it’s perfectly ok.

But just as continuing blood transfusions in the same old way would be folly given what we now know, blindly sticking to old beliefs is simply asking for disaster.

Lest someone accuse me of having no respect for tradition, let me make clear that I’m not advocating ditching all traditional practices. Not by a long shot.

The point I’m making is that it’s our responsibility, both individually and as collective societies, to re-evaluate common practices in the context of our circumstances today, not those of our ancestors hundreds or thousands of years ago.

Doing the same things the same way, every time, all of the time can be easy and comforting, but re-examining old beliefs in new ways may be just what the doctor ordered.

Until next time, happy diving! ☺

To read more about blood transfusions:



<http://www.dukemednews.org/news/article.php?id=10149>