



CANADIAN BLOOD SERVICES CONSULTATION on time deferral policy for blood donation by men who have sex with men

Canadian Blood Services launched an engagement process in 2012 to make change to a long-standing policy on time deferral for blood donation by men who have sex with men. This policy did not allow any man who had sex with another man, even once since the 1970's to donate blood.

After years of controversy, court cases and claims of human rights discrimination, Canadian Blood Services identified that it was time to change the policy, and wanted to do it in a way that considered the science, the values of safety and integrity of the blood supply, address the concerns of stakeholders, and respect those who were recipients of the blood system.

“It’s hard to judge someone when you’re curious” — LGBTTQ member

WHAT HAPPENED?

Initially Dialogue Partners designed and facilitated two separate workshops; one for patient and blood recipient groups and the other for the LGBTTQ (lesbian, gay, bisexual, transgender, two-spirited, queer) communities. These deliberative workshops were beneficial to deeply understand one side of the issue, and to understand the values, needs and impacts of different choices on participants. They allowed each group of participants to work through dialogue on impacts, hopes and potential paths forward in safety and respect.

However, in each of these separate workshops participants themselves asked where the “other” side of the conversation was, what were these “other” people thinking and needing, and how did they all talk together about this emotional issue in safety and respect? The decision was made to bring the groups together to deliberate and learn from each other.

Coming together for the first time, patient groups and members of LGBTTQ community groups showed enormous courage and capability to hear the other’s story, understand the situation from the other’s perspective and develop mutual trust and a deep understanding that would support a new relationship and the work of Canadian Blood Services.

“This has been one of the most critical and moving consultations Canadian Blood Services has undertaken in its 14 year history. Given our role in the healthcare system, the impact we have on Canadians, and the dramatic history of tragedy, it is no surprise that public participation is a cornerstone of the organization.”
— Canadian Blood Services



Understanding what matters to people

HOW DO YOU TAKE A POLARIZED ISSUE AND MOVE FORWARD?

Let’s consider the iceberg on the LEFT as one way to look at the issue.

- » **STAKEHOLDER POSITION:** At the top of the iceberg, above the water line and far apart from the other iceberg is positions, or fixed immovable views. One position on this issue would be to look at it as a human rights violation against gay men, and to consider the policy as homophobic.
- » **STAKEHOLDER INTEREST:** Underlying the position is an interest, which is on the water line, and closer to the other iceberg. An interest is “what” people care about. In this case, people who held those positions may have cared about exclusionary practices that did not have a basis in science, that marginalized a group of people based on sexuality and painted everyone with the same brush even though many healthy individuals in long-term, monogamous relationships would otherwise be able to donate.
- » **STAKEHOLDER VALUE:** Underlying interests are values, where the icebergs touch. Values are why people care about what they care about, and are the motivators for actions, choices and behaviours. In this case, underlying values may have been to make a contribution to the greater good, to feel respected and to be treated fairly, to be part of a safe blood system that saves lives.

Let’s look at the iceberg on the RIGHT now, starting at the top:

- » **STAKEHOLDER POSITION:** Positions may have included people who felt that there is always a risk of tainted blood, who may have been impacted by the previous tragedy, who saw any potential change as the possibility that people might die, and many felt that the ability to detect new pathogens or infection sources leaves them open to unknown risks.
- » **STAKEHOLDER INTEREST:** Underlying these positions may be the interest that they are the watchdogs of the blood system, fear for loss of life, and/or desire for certainty in science.

» **STAKEHOLDER VALUE:** Underlying these interests are motivators like safety, integrity, preservation of life.

When you take the values and put them together as a focus for conversation you get something like: ***How might we work together to ensure a safe, life-giving blood system that is based in science and respects all who want to contribute to helping others?*** That conversation is quite different than one that might be focused on the positions at the top of the iceberg: human rights violations versus people will die.

Right: art work concerning the ban. The finger and band aid appeared on the Rabble e-magazine site. The completed art work with caption is part of the Federation of Canadian Students website.



“It is no longer us and them. It’s now ‘we’.”
— Canadian Blood Services

THINGS WE LEARNED ALONG THE WAY:

Divide & Conquer vs. Bring Together & Unify

When groups are deeply divided, the only way to move forward on a constructive, collective path is by bringing them together. Our instincts and our own fears, tell us that we should keep those in opposition away from each other but this only further enhances the positional divide. This project and others at DP continue to show it is only in this joint participant experience that the magic of collaboration can really begin.

Your Process Needs Heart

The “stuff” that really matters and motivates us comes from a deep place that houses things like our concerns, hopes, beliefs, values, fears and needs and it takes great trust between individuals to share such meaningful pieces of information. Trust comes only when relationships are formed. Our process focused on giving participants time to connect on a human, personal level, to share their emotions, feelings and most importantly, their own stories. The process helped others in the room walk a mile in each other’s shoes. Our experience shows that when you’ve heard someone else’s story it’s hard not to show care, understanding and openness. This is a critical element of any process to allow participants to meaningfully engage on the substantive issues.

Common Ground in Unexpected Places

At the outset of each workshop we didn’t know what to expect nor did we have any perceived notions of the outcomes. It was in this open frame where participants realized they shared common ground: FEAR. Almost all participants live in fear over this issue; fear of infection for patients, fear of discrimination for LGBTTQ. In this aha moment of connection was the turning point. Through this shared connection participants came together and defined a new way to work together that would support each other and the work of CBS. As a facilitator you need to be open to any possibility, even in the most unexpected of places, to find opportunities for divergent groups to work together.

WHAT WAS THE OUTCOME?

The conversations resulted in identification of common ground, support for the way forward and a commitment to continue to work together. This demonstrated an enormous compromise from both sides of the policy issue, and allowed Canadian Blood Services to put forward a recommendation to change the policy to Health Canada that was supported by participants. In May 2013 Health Canada provided approval to the policy change to be implemented in the summer 2013.



Above: the Canadian Federation of Students teamed up with a number organizations including the Canadian Aids Society and EGALE for a public campaign against the ban by CBS.

UPDATE

This was the 2012 International Core Values Award Project of Year winner at IAP2 (International Association of Public Participation) You can find more information here: <http://bit.ly/ZE8W0g>.

