The "2013 Seville Document" on allogeneic blood transfusion alternatives: A consensus document and an example of multidisciplinary medical cooperation.

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In the present issue, this journal, together with those of other several medical specialities, is publishing the update of the “Seville Document”¹ on allogeneic blood transfusion alternatives” (Documento Sevilla de Consenso sobre alternativas a la transfusión de sangre alógénica), also known as 2013 Seville Consensus Document. Its final version should be considered as a newly rebuild scientific article, rather than just an update of the previous one, published in 2006. So, the readers must bear in mind that this is the result of three years of coordinated work by a panel of enthusiasts and experts in the topic to accomplish - we can testify this- a broad and arduous task. Dr. Leal-Noval, as tireless main coordinator, and the panel members should be congratulated and acknowledged for their generous effort.

The original Seville Document was a milestone in the Spanish medicine, not only because it was the first ever multidisciplinary statement on this hot topic, but also for the impact of
its immediate application to everyday clinical practice. The previous version was elaborated by members of five medical societies: the Spanish Societies of Anaesthesiology and Critical Care (SEDAR), Intensive Care Medicine (SEMICYUC), Haematology and Haemotherapy (AEHH), Blood Transfusion (SETS) and Thrombosis and Haemostasis (SETH). Its positive impact in transfusion practice has been widely acknowledged at national and international level.

In the current edition, in which a sounded working methodology has been applied, the number of both panel members and healthcare scientific societies supporting the final text has been increased with the incorporation of the Hospital Pharmacy Society. New sections have been included, and a consensus has been achieved with the final objective of diminishing the variability in use of allogeneic blood and its alternatives. Another important issue is that the document now includes recommendations for all kind of patients, i.e. medical, surgical and trauma patients. A differentiation has been also introduced on whether the haemorrhage was active or not, and whether the patient suffered from associate diseases (co-morbidity) that could modify the transfusion trigger. Moreover recommendations on the use of pharmacologic and non-pharmacologic alternatives to packed red cells are carefully described, including indications, target patient populations, doses and safety items, thus showing an open minded view that needs to be underlined.

As Editors in Chief of the scientific journals publishing the document, we are confident in that the consensus obtained will be play an important role in the improvement of clinical indication of blood transfusion (and alternatives) and patient care. Notwithstanding, it will rely on the clinician caring for the patient that these detailed recommendations are applied and meet their objective. Of course, as the available evidence will surely change over the time, it is reasonable that a new update will be needed in the next future. Until then, this consensus document will allow doctors to offer the most suitable treatment to each
individual patient with the best criteria, thus minimising adverse effects and their economic consequences.

Finally, besides acknowledging the authors’ individual efforts, the Editors in Chief would like to emphasise that the consensus achieved is an example of the new way of joining efforts that modern medicine demands to all of us.

References