Sood walking blood banks:

Review Comments:

1. The issues dealt with are relevant to the fields of medical ethics and bioethics in India and the LMICs in general. The authors have proposed a solution to the shortage of blood supply in rural India through unbanked blood transfusion.
2. The author’s own reference in BMJ (reference 1) has obvious similarities. However, there are sufficient differences between the two papers because this paper is specific to rural India and addresses the specific issue of insufficient blood availability. They could also cite a paper in IJME on the subject (Jain Kataria in IJME: http://ijme.in/articles/rural-blood-availability-regulations-must-meet-ethics/?galley=html)
3. The paper could influence practice and policy and is potentially of interest to this journal, but needs certain modifications.
4. Line 2 of the introduction refers to “rural” India and not India. . The authors should refer specifically to the fact that they have covered this ground before. Thus, it would be appropriate in line 2, “We have stated before that “**rural”** India is dependent on --------- blood banking system (Jenny 2017).
5. The authors have proposed the use of whole blood at a time when whole blood has been replaced by components. Although for obvious reasons component separation cannot be practiced in rural India, there must at least be a mention of components. Perhaps the next stage would be for the Government to set up proper blood banks with component facility in every district. Until then however, the author’s recommendation of UDBT is appropriate.
6. The authors may want to state that even in urban India, blood banks have prescreened pools of donors with rare blood groups. Since this is acceptable and legal, it should be perfectly legal and acceptable for the same model in rural India for all blood groups.
7. In the second paragraph under “The safety of walking blood banks”, I suggest the statement “ Put another way………60 years “ be deleted, because the earlier line “Is the theoretical risk -- ----------------------everyday?” makes the point clear. The next two statements are not quite appropriate as they consider only one particular hospital, while the reality is that if the authors’ proposal were made legal, ALL rural hospitals would have access to UDBT. Given that all statistics in this and other papers are universal, it does not make sense to extrapolate to a single hospital to emphasize this.

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