

## Dilemmas with Donation

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As a community we seem to have reached an ethical impasse. On the one hand we know that organ and tissue donation is a good thing - the chance to save someone's life or at least to alter a person's quality of life is seen as something worthy and morally applaudable. But on the other hand the number of people willing to donate still fails to meet the great need there is for tissue and organs. There seems to be a gap between people's attitudes and actions

There have been various attempts to try and bring in legislation to bridge the gap. It could be seen that to do so and to involve government action is potentially to force people to do something they have no desire to do. I would argue that what we should be concentrating on providing are increased opportunities for people to express their wishes, not necessarily to bend them to our way of thinking. Legislation can be one way of doing this. There are two positions on a national legislative level that the government has suggested. Either people can provide their consent by signing indicating their wish to donate or sign indicating they do not wish to do so. The so-called 'presumed dissent' or 'presumed consent'. Our parliament rejected the latter, and has kept the status quo of the former. We have now provided space on our driving licence to tick whether we want to become donors or not, though this can be overridden by patient's relatives.

Despite this, the gap mentioned above still remains wide. The difficulty is that as a community we don't tend to talk about what our wishes are when we die. It can be seen that our death is something that is a long way off and that we have time to think about this later. Death is something that we tend to be more removed from as a society and so talking about what one wants to do after death is a social faux pas. A study has found that people

are more likely to donate if a relative has been a recipient of an organ<sup>1</sup> but otherwise if people have no close brush with the desperate need for organs then donation rates remain low.

Clinical staff will be familiar with the scenario of an unexpected death. If this happens and donation is raised as a possibility staff and relatives are put in the situation of discussing someone's wishes when these are not explicitly known. The default position by relatives can be to refuse, both because they are dealing with the catastrophic news of their relative's death and also they wish to err on the side of caution to say 'no' rather than say 'yes'. It has been shown that discussing donation wishes at the same time as disclosing someone's death unsurprisingly does reduce the consent rate by relatives for donation<sup>2</sup>.

So what as a trust can we do to bridge the gap. I would venture to suggest that we make the discussion re donation something routine that happens when people are admitted to hospital, in the same way we discuss spirituality, bowel habit etc. Again, not that the staff should be wishing to persuade people but rather the Trust does have a record of patients' wishes and also that they could be stimulated to think through the issues involved before it is too late. To make this discussion routine and not at a catastrophic moment gives them space to think this through and also makes it less traumatic for staff. A small study has been done in a hospice where reactions of families one year after patients had donated were recorded.<sup>3</sup> This study found that reactions to this were positive and families commented that they had presumed that their relative was ineligible to donate. Another study also found that when the discussion became routine within a hospice environment the donation rates increased<sup>4</sup>.

I would suggest that this simple intervention could improve the autonomy of the person who wants to donate by recording the fact in a more robust way than the driving licence but also respect the often desperate need of the patient who is waiting for someone to donate an organ.

## References:

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