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"The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadows of life — the sick, the needy, and the handicapped."

The late Senator Hubert Humphrey (1911-1978)

Physician Apprehension in Requesting Organ Donation

REASONS AND RECOMMENDATIONS

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As a consequence of improvements in surgical technology, immunosuppression, organ preservation and modern public attitudes, organ transplantation has moved from the realm of experiment to that of acceptable treatment. Transplantation has become the treatment of choice for many patients with end-stage cardiac, pulmonary, hepatic, bone marrow, pancreatic and renal failure. In addition, corneal, bone and skin transplantation has drastically improved the quality of life for thousands of people.

In 1984, approximately 8,000 visceral organs were transplanted in the United States with kidneys accounting for 7,000.¹ In Canada approximately 800 kidney transplants are being performed annually.² In 1986, 109 kidneys were transplanted at the Victoria General Hospital and Izaak Walton Killam Hospital in Halifax, N.S. and 59 kidneys and 5 livers transplanted in 1987. With an increase in success rates and cost effectiveness of transplantation, the demand for cadaveric donor organs has increased to a point where 165-170 patients in Atlantic Canada are on the Transplant Wait List at the Multi-Organ Transplantation Center at the Victoria General Hospital.

The decrease in supply of transplantable organs is the primary reason for the large number of patients on the waiting list. A records survey conducted by the N.S. Department of Health showed that in 1982/83, 104 people who were eligible organ donors died in Nova Scotia; 111 in 1983/84; and 126 in 1984/85.² These account for only 2% of the total number of deaths. This number of potentially transplantable organs would more than adequately supply the large demand of donor organs in Atlantic Canada.

Although there has been an increase in organ availability over the last 5 to 10 years, the transplant community still feels that there could be more rapid progress in this area.¹ One limiting factor seems to be physicians' reluctance to approach the surviving family for organ donation.^{1 3-9} The following discussion suggests reasons for the reluctance of physicians to request organ donation and recommendations for alleviation of the problem.

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RELUCTANT REQUESTORS

Many factors are thought to play a part in a physician's apprehension regarding asking the surviving family if they would consider organ donation. The following is a list of some of the factors that have been documented:

1. In a survey of 117 emergency room physicians, a frequently cited reason why organ donation was not requested was the dislike of discussing the subject at a time of intense grief.⁹ Some physicians also felt that they would add to the grief and burden of the family at a very sensitive time. Dr. Michael Murphy, Co-director of the Emergency Department at the Victoria General Hospital in Halifax, believes that requesting organ donation after telling a family that a loved one has died, is one of the most difficult tasks a physician has to perform.
2. Some physicians fear that the family, in some instances, may think that not enough was done to keep the patient alive or that the family or physician may feel that "she/he has failed".
3. In some hospitals, especially those that do not perform organ transplantation, there may be a lack of knowledge or confusion regarding: the legal aspects of organ donation (including brain-death laws),^{1 3 9} medical criteria necessary to fulfil requirements for organ donation,⁸ and the process of contacting the transplant unit or program.^{8 9}
4. Another main reason why critical care staff hesitate to request organ donation from the surviving family is that they are not adequately trained in discussing the subject.^{8 10} Dr. Murphy feels that some are simply very uncomfortable with the subject and therefore shy away from it.
5. A request for organ donation may place the physician who cared for the deceased patient in conflict of roles because, in asking for organ donation, she/he is now being an advocate for another patient. It is felt by some that this may add to a physician avoiding the donation request.³
6. Although there is a large amount of coverage in the public media and medical journals and education in medical schools, some physicians still consider transplantation an experimental procedure.¹¹ Until such

primary care physicians have patients who require organ transplants in order to survive, they may continue to consider it experimental.

7. Finally, some physicians feel that they have a lack of time (too busy);⁷ are apathetic; or feel that "transplantation is not their job".¹⁰

APPROACHES TO THE PROBLEM

1. In an effort to increase awareness and encourage the physician's role in organ donation, the Canadian Medical Association in August of 1986 supported in principle the concept of "recorded consideration". This concept proposes that physicians routinely record whether a dying or brain-dead patient meets the criteria for organ donation, whether or not the family has been approached and either the reasons for not approaching the family or the outcome of the request.⁶ It is hoped that when recorded consideration "is adopted into hospital policy the emphasis is on the positive aspects of organ donation as an important and recordable event".¹² This process would facilitate organ donation and make the attending physician less reticent about asking the surviving family to consider organ donation.

In the United States, about 30 states followed Oregon's example and enacted legislation requiring that hospital personnel routinely provide surviving families the opportunity to authorize donation.^{1 3} Following implementation of the law, the Stanford University Medical Centre experienced a 38% increase in heart and heart-lung donations and New York an increase in total organ donation by 48%. However, this initial upsurge has not been borne out in subsequent reporting periods. Such legislation is currently being advocated by some in Canada.⁶

2. Another manner in which to improve awareness of organ transplantation within the medical profession is by ensuring that hospitals have established policies on organ donation. In January of 1987, the Canadian Council on Hospital Accreditation in its surveys of hospitals began noting if hospitals have policies or procedures regarding determination of brain death, identification of and consent for potential donors, support for the surviving family, contacting transplant centers, transportation of the donor body or organs and organ transplantation where applicable.⁶

3. It has been shown that many families find comfort in the knowledge that some good has come from their tragic loss¹³ and that their gift has helped ease their grief.⁹ Some survivors have also experienced regret at not having authorized organ donation or similarly that they were not given the opportunity to authorize a donation.³ Educational programs for physicians should deal with their practical issues as well as legal and ethical concerns. Other practical issues are: medical criteria for

donor evaluation, contacting appropriate personnel and regional transplant programs, and ways to improve the request process.

4. While the physician or critical care staff are best suited to identify a potential donor, some have suggested that the request may be better received if a trained requestor is employed.^{3 10} The requestor would be introduced to the family by the attending physician but not be involved in either the care of the deceased or in the transplantation process itself. In Oregon, the designated requestor is usually a registered nurse but physicians, hospital clergy and social workers have also been trained as requestors.³

CONCLUSION

The above discussion deals briefly with factors that have made physicians reluctant to request organ donation from the surviving family in the past. In addition, some ways to alleviate this problem have been recommended. With heightened public awareness and a change in the attending physician's role in organ donation, the supply of cadaveric donor organs will adequately meet the needs in order to better the life of many people. □

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It is a profound and necessary truth that the deep things in science are not found because they are useful; they are found because it was possible to find them.

J. Robert Oppenheimer (1904-1967)