

Dialogue:

Should hospitals be required to ask families to donate organs?



Arthur L. Caplan
Yes

There is a large and growing shortage of organs available for transplantation in the United States. The demand for organs from cadaver sources has greatly increased as a result of improvements in surgical techniques, immunosuppressive drugs, and tissue matching capabilities. At present thousands of persons are currently awaiting kidneys to free them from their dependency on dialysis machines. Hundreds of other Americans could

have their sight restored if only more corneas were available for transplantation. Many others await a heart, liver or other vital organ in order to remain alive. The numbers awaiting these organs are not as large as the numbers awaiting kidneys because, at present, there is no artificial organ which can adequately substitute for the function of a failed heart or liver.

The supply of tissues available from cadaver sources is entirely inadequate to meet this growing demand. The present system of voluntary donation based upon donor cards and public education results in no more than fifteen percent of possible donors actually making the gift of life.

The Federal government's response to the crisis in the supply of cadaver organs has been to encourage greater efforts at public awareness and education about the need to carry organ donor cards and

to try to increase the efficiency of the computer systems now in place for matching donors with recipients. However, as many public opinion surveys have shown, the public is already very well aware of the need for cadaver organs for transplantation and of the possibility of using donor cards to facilitate a donation.

The cause of the shortage of cadaver organs is not ignorance or an unwillingness to give. Rather, donor cards are not an effective means for communicating a desire to help others—to turn tragic events into meaningful acts of kindness for others.

Few people actually take the time to fill out a donor card. Not because they don't know about them, but because the subject of donating one's organ's after death, like buying life insurance or funeral plots, is one that most people find easy to avoid.

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Karen Ritchie
No

I applaud Dr. Caplan's efforts to increase the pool of donor organs. However, I disagree that laws requiring hospital personnel to request donation are the answer.

Forcing hospitals to abide by one more legal requirement, besides being expensive and time-consuming, is not likely to work any better than the current system, for several reasons.

The proposed laws mandate that someone other than the person pronouncing death be the person who makes the request, to avoid

conflict of interest. But in most cases the attending physician, who is likely to pronounce death, is the best one to do the asking. He or she is likely to have developed a relationship of trust with the patient and family and is the most likely to get consent.

Also, there is no guarantee that the person who is doing the asking has any special training or knows anything about transplantation. It is likely to end up on someone's checklist, along with asking which funeral home the family prefers.

As Mr. McFadden states in his article on page 1, the best donor candidates are young people who have died suddenly, such as in a car accident. Very few of these young people have thought about dying, much less discussed with their families their wishes about organ transplantation. So the family, in the midst of grief about the death, is being asked to guess what the person would have wanted. If they are not sure, they

will probably say no. Requiring hospital personnel to ask an unprepared family may net a few more organs, but is not likely to make a major difference.

If we want to increase the number of organs donated, we need to see that more families are prepared to answer the question. Granted, education up to now has had only minor impact on the numbers of organ donations. But let's not abandon education, let's instead change how we do it. Recent polls show that most people know about organ transplantation and are in favor of it. But knowing that it is done somewhere and thinking about myself or my family member as a potential donor is a big step, and the time of grief is not the best time to take that step.

First, we need to take a look at the message we are trying to sell. For some reason, we are assuming that donating an organ is a benefit only to the recipient and is taking

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Moreover, even if someone has filled out a donor card the chances are that it will be lost or misplaced in busy hospital emergency rooms. And when a donor card is not found, most physicians and nurses find it very difficult to raise the subject of organ donation with family members or legal guardians.

The solution to the problem of increasing the supply of life-saving organs is not in public education or publicity campaigns. What is needed is a change in our public policy with respect to inquiring about organ donation when death has occurred.

If each state were to modify its laws governing organ donation at the time death is pronounced to mandate that an appropriately trained person routinely inquire or request donations from family members or guardians, this would go a long way toward a higher rate of organ donations. If a policy of required request were adopted wherein each hospital would be responsible for certifying in writing on death certificates that family members or guardians were asked about organ donation, then the public would be guaranteed the opportunity to help those who are in desperate medical need.

Required request would not force

anyone to donate an organ or tissue. Rather it would help assure that those who do fill out donor cards would have their wishes respected, since it is family who are most likely to know the wishes and intentions of the deceased. Moreover, required request would also reassure the public that no organs will be taken from anyone without family permission and assent.

The state legislatures of New York and California are currently considering bills which would modify the Uniform Anatomical Gift Act to require that hospitals request organ donation from available family members whenever a suitable donor is pronounced dead. If such legislation could be adopted in every state there is every reason to believe that the rate of donors would increase significantly. As the opinion polls show, the public constantly states that it believes in organ donation. Public policy needs to be reformed to make sure that the public is given the opportunity to do so by making sure that when a tragedy occurs someone remembers to ask.

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something valuable from the donor or the donor family. But we are asking them to give something they have no use for (assuming no religious objections) and which can save someone else's life or sight. Let's focus instead on donation as an opportunity to find some positive benefit from their tragedy.

Given this more positive message, we need to sell it a bit differently. What we need is a national campaign aimed at young people. Let's make sure that everyone of high school age knows about transplantation and has made a decision about whether he or she would be willing to be a donor, and, most importantly, talks with their family about it. Junior high health classes could include a unit on organ transplantation, encouraging students to talk about organ donation with their families. Church groups could sponsor similar programs. Perhaps the insurance companies would be willing to fund such a project, since transplantation is less costly than long-term dialysis.

We might not see immediate, dramatic results from this program. But in the long run, I believe it is a better solution than simply requiring hospitals to ask families who are not prepared to say yes.

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