Review Article

Organ Shortage, Waiting Lists, and Mortality: Inadequate or Discussed Social Education?

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ABSTRACT

Amongst the significant advances in current medicine, the successful transplantation of organs is undoubtedly of particular social interest. However, the increase in patients on waiting lists, as well as the consistent and sometimes frequent mortality of those patients, hoping for an organ that, unfortunately, will not arrive, has caused a health crisis called the “organ shortage”. This severe health emergency requires a deep analysis of the potential reasons for the social ambivalence toward organ donation, particularly in the case of the death of a loved one. The possibility that misinformation and the lack of public knowledge are fundamental barriers to consent requires an analysis of the current educational programs with the aim of improving the awareness of the general population. Negative consent to donation is particularly frequent in cases of the death of a loved one. Considering the significant social importance of consent, mainly in the case of deceased donors, the review of social programs should prioritize all the potential alternatives to improve people's acknowledgment of the organ shortage crisis. New proposals, which might create further doubt and produce complex reactions at all levels of society, should be presented correctly in transplantation program reviews. Every proposal requires a didactic discussion by experts in social sciences on people's consent in the case of deceased organ donation.

Keywords: Dying on transplant waiting lists, Organ shortage, Organ donation consent, Review social organ donation programs.

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1. INTRODUCTION

Organ transplantation is the only possibility of saving the lives of patients with terminal vital organ failure, as well as prolonging the possibilities of their surviving the wait for a transplant in the case of end-stage renal failure. This advance of science requires the full participation of a society fully aware of its fundamental role to consent to donation.

However, a fully defined social behaviour towards consent to donation is not a generalized rule.

Our objective is to review the role of social education programs on donation and as well, proposals aimed at improving the global understanding of the social non-consent organ donation crisis [1], [3].

Data show discrete increases in organ donation over the years. In the United States, for example, transplants in 2022 increased by 3.7% compared to 2021. However, this positive data should be balanced by the growth of patients on transplantation waiting lists and the daily mortality rates [3], [4].

A significant change in the social behaviour toward organ donation requires understanding that the success of transplantation is based on a paradoxical concept: After life, the human body is needed to save other lives. A rational social education is a way for people to understand their role in resolving this urgent health crisis.

Any modification of social education programs must strictly adhere to the essential concepts of utility, justice, and respect for individual autonomy [5].

The distribution of organs, exclusively according to the utility of the medical act, and without considering the equality established in the assignment, is unacceptable from an ethical point of view. An allocation that promotes fairness without considering the primary indication of its medical usefulness is equally paradoxical [6].

2. PROFESSIONAL AND SOCIAL EDUCATION

Surveys of medical and paramedical teams have determined the problems to the persistence of organ shortages. The inclusion of programs ensuring sufficient knowledge
of the problems currently caused by the lack of organs for transplantation should be systematically implemented in all medical schools.

Studies of the causes and consequences of family non-consent, particularly in the case of the deceased donor, demonstrate the effectiveness of carrying out brief information programs for nurses and paramedics in this regard.

A review shows how infrequently the real usefulness of educational campaigns on donation and transplantation has been evaluated. In one study, 23% of people reported that their conversations with family members did not make them more likely to donate their organs [7]. This response indicates the need for designers of educational programs to analyse social education programs at all levels [8], [9].

The insufficient results of the slogan “Organ donation is a gift of life” indicate that altruism is subdued by the reluctance of relatives to donate parts of loved ones to strangers.

To emphasize that organ donation is a social responsibility, it has been suggested that the slogan “Donation: a gift of life” be changed to “Donating organs is sharing life among all”.

The fear of death and bodily mutilation have been highlighted as the most significant emotional barriers. These non-cognitive factors led to the suggested new slogans: “After death, our body is a unique source of health” and “Throughout life, we are all potential transplant recipients”. The public must recognize the use of organs and tissues for transplantation as a fair deal and a conscious social duty [10]–[15].

Social discussion and education about organ donation should consider the following aspects:

- The specific legality for the practice of transplantation.
- The relationship between cremation and organ donation.
- The public needs to be very clear about the economics of transplantation.

3. Specific Legality for the Practice of Transplantation

The fundamental question is whether someone, before their death or a relative in the event of the death of a loved one, should have the power to deny life to another person.

A point of view not yet defined is whether a negative attitude towards donation could be considered, from an ethical-moral aspect, as an action compatible with the abandonment of people in danger.

Regarding this legal possibility and its consequences, R. J. Howard, from the Department of Surgery at the University of Florida School of Medicine, suggested a specific definition in 2006: “Rescuing a person in danger of death, when the action does not involve personal risk, is a legal responsibility” [16].

A clear pedagogical and legal explanation must be defined to justify this structural alternative. Organ donation for transplantation must be a fair agreement and a social duty consciously understood and accepted by all [17].

A national policy for the allocation of scarce organs for transplantation should be guided by clinical criteria and ethical standards, not by financial or other cost-effective considerations [18].

The criteria for the distribution of cells, tissues, and organs must be in accordance with human rights and not be based on the gender, race, religion, or economic situation of the recipient [19].

4. Relationship between Cremation, Mutilation, and Organ Donation

The concept of mutilation that donation would mean for the potential donor is an inhibitory factor regarding consent to organ donation. This link justifies a comparison to the relationship between mutilation and cremation.

Nowadays, 40% of French people choose to be cremated. This figure rises to 85% in Switzerland and 90% in the UK and Scandinavia. In the United States, the cremation rate was 53.1% in 2018. These figures might reflect the assumption that society makes no connection between cremation and mutilation concerning organ donation [20].

“Rights” over dead bodies should be recognized because people's bodies, mainly after death, are the only resource that can save the lives of thousands of patients. The ethical and moral complexity implied by these concepts requires a detailed study of social psychology education and, especially, the participation of representatives of all monotheistic cults [21], [22].

5. Economic Aspects of Transplantation

The inconsistencies in the cost of this fundamental therapy worldwide make some potential donors hesitate. Differences in costs, for example, in kidney transplantation, ranged from €11,055 in India, to an average of €230,000 in the US in 2020 [23].

To establish global equality in the economy of transplantation according to each region's financial and social conditions, the cost of a transplant might be considered like the more complex surgery on an equivalent organ. Public knowledge of the economic criteria concerning organ transplantation would improve the tendency of people to give the required consent in the difficult moments of the death of a loved one.

Likewise, and with the same objective, the pharmaceutical industry should set a different cost for the cases in which a medication is prescribed for an organ transplant without a foreseeable measure of time. Or when the same medication, or part of it, is indicated for the treatment of clinical diseases whose evolution is statistically predicted to have a limited indication during the patient’s life [24].

Organ donation should be considered a national resource rather than a local or regional one. The WHO concluded that national and regional barriers persist because of the insufficient and asymmetric development of transplants related to:

- the lack of national strategies for transplantation,
• public ignorance about donation and the demand for the transplantation of vital organs, and
• the lack of understanding and commitment among the public and health professionals in relation to sick donors [23–28].

The rejection of the possibility of economic incentives for organ donation considers the altruistic system currently in force has eliminated any feeling of coercion.

In general, financial incentives violate the altruism of organ donation and commercialize it in an unacceptable way. Such commodification uses the human body as a means rather than an end and would generate an unacceptable trade in human life. On the other hand, a positive ethical assessment maintains that economic incentives for donation preserve human life by making more donors available to society [29].

6. Discussion and Conclusion

Organ transplants and the social attitude towards donation have progressed significantly. In this regard, social and professional education has achieved significant success, as evidenced by the constant global scientific and statistical progress. However, the lists of patients waiting for an organ and their mortality remain unchanged. The paradox that transplantation represents, by turning death into a possibility of life through organ donation by deceased donors, has slowly been accepted by society. Clarification and understanding of the concept of “brain death”, in cases of patients undergoing artificial respiration with the demonstration of irreversible damage to the brain and brainstem, clinically documented or with evidence of complete and utter lack of cerebral circulation, of the potential donor, has advanced, although is not yet sufficiently recognized worldwide [30].

Among the causes of the inadequate social response to the donation, the universally recognized slogan: “Organ donation, a gift of life” has been discussed. Non-cognitive barriers, such as fear of mutilation and death and even mistrust in medical teams, may also arise in grieving relatives when organ donation is requested from a brain-dead patient.

The persistence of organ shortages has led medical teams to modify the classically defined condition of accepting functionally perfect organs, and they now accept organs that are not entirely “healthy”. This critical solution has made it possible to save or improve the living conditions of many patients [13], [31], [32].

The deaths of patients on waiting lists make it essential to review the structure of social education programs on organ donation. We consider it significant to transmit to society at all levels these basic concepts:
• Donating organs is sharing the possibility of life for all.
• During life, we are all potential recipients of organs for a transplant.
• The organs of a deceased donor are an irreplaceable source of life.
• Organ donation should be considered a social duty [33].

In this review, we attempted to highlight, through evaluating novel ethical considerations, the idea that better social educational programs on organ donation might improve the social understanding of its vital role in transplantation.

In 2006, Howard argued that donating organs from deceased individuals should be and is a moral obligation. Permitting organ removal after death poses no risks, discomfort, costs, or inconvenience. It is an obligation of easy rescue, and the transplant community should begin to frame the discussion in these terms [16].

We believe that clearly transmitting concepts concerning the value of the ethical principles of transplantation, mainly the real consequence that negative consent means condemning many patients to death, the relationship between mutilation and cremation, and an honest reappraisal of transplantation budgets might result in a social sea change and a global acceptance of the ethical responsibility that is organ donation.

Ethical Approval

No direct survey of patients has been carried out in this essay.

Conflict of Interest

The author has no commercial associations that pose, or have the appearance of posing, a conflict of interest in connection with the submitted article, including but not limited to employment, consultancies, stock ownership or other equity interests, patent-licensing arrangements, honoraria, paid expert testimony, and personal relationships.

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