



## Giving Organs, Giving Life

### WINNING STUDENT ESSAY



By Celynne Balatbat

**This is the winning essay in the high school competition.**

IN SPITE OF ALL THE ADVANCES in medical science, an average of 17 people dies each day while waiting for a life saving organ transplant. Millions of dollars have been spent on education and awareness, but a large and growing gap remains between the number of people waiting for an organ transplant and the number of organs available. In each state, the Uniform Anatomical Gift Act requires individuals to make an affirmative statement that he or she is willing to become an organ donor. This current system of informed consent has not encouraged donations, making alternative methods to improve organ donation imperative.

To address this shortage, the most viable and logical option is a national policy of presumed consent. In a policy of presumed consent, everyone is considered an organ donor unless they have indicated otherwise on a national registry. Any dead or brain dead person's organs belongs to the state for distribution and use. Such a policy would increase the rate of organ donation, as evident in nations using this policy, such as Spain, Italy, Sweden, Finland, and other European countries. While there is still a shortage in these countries, European nations have the highest donation rates worldwide.

Numerous benefits can be reaped under a system of presumed consent. With the presence of better immunosuppressive drugs, the survival rate and acceptance of organs in transplant patients has increased. This increases the efficiency of using donated organs. Thousands of lives can be saved and countless others improved by increasing the supply of organs. Besides obvious gains in the number of lives saved, healthcare costs for many chronic illnesses can be reduced. Research shows that performing a successful organ transplant is cheaper than treating a chronic illness over time, such as in kidney or heart failure. Many of these patients require frequent hospitalization while awaiting an organ transplant and utilize valuable medical resources. Society as a whole benefits from higher rates of organ donation.

Additionally, presumed consent lessens the burden on families after a relative's death. Humans are notoriously passive when dealing with issues not immediately pressing despite future advantages, such as living wills, retirement planning, or even when considering organ donation. Studies have shown that when companies provide a retirement plan with default enrollment and the option to opt out, workers choose to continue using the plan. However, when the same retirement plan is offered without default enrollment, fewer employees sign up to use the retirement plan.

Similarly, many people do not decide to become organ donors until a close friend or relative needs an organ, making that person more aware of the need for organs. Without a powerful event to prompt them, the same individuals may not have chosen to become organ donors. A policy of presumed consent would act as a stimulus to get more people to become organ donors.

The ideal organ transplant donors are healthy, young individuals who sustain a tragic

accident and are brain dead. To ask families to make a decision to donate their loved one's organs at such a traumatic time adds another burden, often causing them to take no action. Presumed consent coupled with education, places less burden on the family because the decision has already been made. The policy follows ethical procedures because families still have the ability to decide to not donate their relative's organs. In addition, other steps would be taken during a person's life to ensure the protection of their rights. Information explaining presumed consent and the available options could be presented at the same time a person must renew their driver's license. However, they are simply given the option to opt out, not the added paperwork where they must consent to donating their organs.

Alternative methods to increase organ donation include the freedom to purchase and import organs. Experts have also proposed smaller improvements within the current system such as improved procurement procedures. They propose that changing the method of dealing with families after the death of a relative could possibly cause more families to agree to organ donation. However, both alternatives will not accomplish the goal of improving the organ supply, more effectively than presumed consent. The freedom to purchase and import organs is inherently unfair, putting many people at a disadvantage. Many individuals already struggle to receive equal access to healthcare because of the high cost of insurance. Allowing a market for organs to exist only magnifies this disadvantage. The second alternative may improve the utilization of organs, but will not address the shortage as directly as presumed consent. Unlike these two alternatives, presumed consent can significantly increase the rate of organ donation without influencing access based on the ability to pay.

As we struggle with escalating national healthcare costs, finding ways to increase efficiency and provide more cost effective treatment is very important. Transplantation in the correct clinical setting not only improves a patient's survival, quality of life, and ability to remain productive, but can be more cost effective. However, those benefits can only be attained with an increased supply of donated organs. With a growing population of patients with chronic medical problems who can potentially benefit from transplantation, an initiative such as presumed consent will accomplish important societal goals.

### **On the Author, the Contest, and Buying Organs**

Celynne (pronounced like the island, Ceylon) Balatbat is a 15-year-old junior at Loretto High School in Sacramento. Her parents moved from the Philippines when she was an infant. She grew up in Colusa, and enrolled in Loretto High School, commuting daily for several years until her family moved to Sacramento. She is interested in Health Policy, and is considering a career in law, or in her father's profession, medicine. Her other interests include reading, and golf, and she is active on the Loretto golf team.

This is the second annual SSV Medicine essay contest. The decision on best essay was difficult this year; there were more entries and a number of fine essays. The topic was organ transplant. Most authors favored some sort of presumed consent to organ donation, to replace the current system of presumed dissent. No author argued in favor of legalizing the purchase of organs. Therefore the following may be of interest:

According to Benjamin E. Hippen, of the CATO Institute, in Iran the waiting list for kidneys was eliminated after the legalization of organ vending. If a patient needing a transplant cannot find a willing and compatible relative donor, and waits for six months without receiving a kidney from a deceased donor, then the Dialysis and Transplant Patients Association (DATPA) identifies an immunologically compatible kidney vendor for the recipient. DATPA is staffed by volunteers with ESRD and receives no remuneration for matching kidney vendors with recipients. Only Iranian citizens can act as donors and recipients. Vendors are paid in two ways: The Iranian government provides a fixed compensation to the vendor of approximately \$1,200 plus limited health insurance coverage. The vendor also receives remuneration either from the recipient or from one of a series of designated charitable organizations, usually between \$2,300 and \$4,500. - J.L.

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