



Closing the Gap Between Organ Supply and Demand

WINNING MEDICAL STUDENT ESSAY



By Gary Tsai, MSIV, UC Davis School of Medicine

Closing the Gap Between Organ Supply and Demand

IMAGINE LYING ON YOUR DEATHBED knowing that someone is capable of saving your life, only you don't know who it is or when it will be. Every year in the United States almost 100,000 men, women and children are subjected to this frightening experience; and every day, 18 of them die as they wait for lifesaving organ transplants.

Since the world's first kidney transplant in 1954, the focus of transplantation has shifted from patient survival to the shortage of available organs and how to persuade more people to become donors. Overwhelming data reveals that the current organizational and legal system regulating organ procurement is failing the needs of transplantation. According to the United Network for Organ Sharing (UNOS), for every one person removed from the waiting list, two are added. Economically speaking, supply is being dwarfed by demand.

Despite millions spent on education and awareness, organ donation rates have failed to show any significant increases. Thus, health organizations are calling for more sweeping changes to improve all aspects of transplantation. At the heart of the debate is the current "opt-in" system for donation whereby prospective donors must indicate their preferences by signing a donor card, checking the box on their driver's license, or signing up with a State Donor Registry. The problem with the opt-in policy is that many potential donors are lost because they are either unaware of the procedures or unwilling to spend the extra effort to register.

The pursuit for an improved alternative to current policies resulted in the proposal of a program termed presumed consent, whereby individuals who do not want to become organ donors must "opt-out" by entering their name on a national database. Currently employed in a number of European countries including Belgium, France, Italy and Sweden, this proposed system would essentially cast a wider net, respecting the wishes of people who choose not to donate while capitalizing on both individuals who explicitly want to be donors and those who do not care either way. In a 10-year study of 22 countries, investigators found that once other determinants of organ donation were accounted for, donation rates were on average 25-30% higher in countries with presumed consent. It has, therefore, been shown that this policy could lead to the goal of obtaining more organs. However, the far more difficult question is whether or not the end justifies the means.

Respect for the fundamental ethical value of patient autonomy is the basis of informed consent. In a society where patients' rights for fully informed consent are ingrained into medical education and the minds of litigation-fearing physicians, the notion of removing organs without explicit permission clashes with current medical philosophy. Exploring the evolution of medical culture, it is apparent that the institution of medicine has continually taken steps to better involve patients in treatment decisions. It is equally clear that adopting a system such as presumed consent would be an ethical step backward in the progression of patient autonomy.

Importantly, no educational program could guarantee that every member of society is appropriately informed about the policy in place. Therefore, a population of those registered as donors would not necessarily be giving their informed consent, inevitably leading to the wrongful harvesting of organs. Given that a significant proportion of the public believes that signing a donor card would cause doctors to care more about harvesting their organs than saving their lives, presumed consent would undermine what is already a thin trust people have in the process. In turn, society may respond with a backlash of negativity toward organ donation, causing donation rates to actually decrease rather than increase. An optout program for organ procurement would also unfairly target minorities. Individuals who did not learn English as a first language would likely be lost in the process, unjustifiably skewing the demographics of willing donors.

Presumed consent is exactly that - a presumption. No matter if an individual is unaware of the policy or unequivocally against donation, presumed consent is an assumption that unless specifically affirmed, one is willing to become an organ donor in the event of tragic demise. Subsequently, consent may or may not be informed, and thus may or may not be considered true consent. When factoring in the emotionally charged and life-altering events that precede organ donation, it becomes unmistakably clear that such a far-reaching medical policy cannot rest on such weak ethical foundations.

There are inherent rights that one is entitled to that do not belong to the state, regardless of registry. For this reason, presumed consent is an unconstructive solution to the organ shortage today.

Nevertheless, it is blaringly clear that we are in need of an alternative system of organ regulation. Required response is an approach which mandates that people declare their donation status to public authorities, for instance when applying for a driver's license. This proposal would elicit and empower donor response, which is a limitation of the current opt-in system, while also enhancing our ability to respect the final wishes of deceased individuals, which is a weakness of presumed consent. Since surveys by UNOS have shown that 90% of Americans say they support organ donation, mandatory donor response would almost certainly have a positive effect on contribution rates.

Moreover, safeguards to required response would be in place to ensure optimal donation rates while staying well within the boundaries of medical ethics. For example, people would be able to change their donation status at any time and the determination of donation preference for minors or those deemed mentally incompetent would be transferred to respective parents, legal guardians, or families.

In the end, the ultimate gift of becoming an organ donor is a very intimate and individualized choice, and the policies designed to implement this decision should reflect this point. With this in mind, we can comfortably and confidently move forward, both medically and ethically, as we strive to improve the lives of the hundreds of thousands of people worldwide in need of transplants and better match the tragic imbalance between organ supply and demand.

gtsai@ucdavis.edu

Gary Tsai, 26, now in his fourth year at the UC Davis Medical School, is the winner of this year's essay contest in the medical student category.

His parents are biochemists doing cancer research. As a youth, he wanted to become a veterinarian, until an illness in the family focused his interest on treating humans. After graduating from high school in Thousand Oaks, he attended UC Santa Barbara, majoring in biopsychology.

He decided to attend the UC Davis Medical School because the faculty seemed warmer toward students than at other schools, and because students seemed happier. He also wanted to experience life in Northern California. UC Davis has turned out to be "a fantastic experience" and he feels lucky to be there.

Gary likes to travel and has been to several foreign countries. He recently returned from Venezuela after a year involved in medical research.

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

Copyright © 2000-2008 Sierra Sacramento Valley Medical Society - All Right's Reserved