Commentary on de Cock Buning: A United Kingdom Perspective

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Published online: 04 Jun 2010.


To link to this article: http://dx.doi.org/10.1207/s15327604jaws0104_5
COMMENTARY

Commentary on de Cock Buning:
A United Kingdom Perspective

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de Cock Buning (1998) highlighted the existence of alternative and more favorable options available to xenotransplantation. Clearly, there is a need to emphasize a review of existing organ procurement programs worldwide. A true interest in the welfare of animals encourages increased liaison between transplant communities throughout the world to discuss the experiences of various procurement programs.

Most countries currently employ what may broadly be termed either an opting-in or opting-out legal system. Opting-in relies on voluntarism and is seen in practice with the use of donor cards and donor registers. For the system to have a direct impact, either a donor card must be found on the body of the deceased at or shortly after the time of death or the deceased person’s name must be on the donor register. The register is accessible to each one of the transplant coordinators. Each time the coordinators consider a potential donor, they are able to check the register first. Increased card carrying or joining the donor register among those who already support donation is likely to have little impact on the donation rate, as these persons are more likely to consent to donation. The underlying problem, which really needs to be addressed, is to achieve card carrying or signing on the donor register by persons whose families would otherwise refuse consent (New, Solomon, Dingwall, & McHale, 1994).

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In an attempt to increase procurement rates, variations of opting-in programs, namely elective ventilation and the non-heart-beating donor, are being piloted in some countries with varying success.

**ELECTIVE VENTILATION**

Intracranial deaths that have occurred in the intensive care unit (ICU) account for more than half of the organ donors in the United Kingdom (New et al., 1994). However, not all intracranial deaths occur in the ICU but in general wards. The patients from the general wards, if transferred to the ICU, could also be potential organ donors. Patients would then be artificially ventilated to preserve the organs until brain-stem death could be established. A very successful protocol for electively ventilating patients has been developed in Exeter, United Kingdom. Initial predictions have indicated a 50% increase in donors (Feest et al., 1990).

The procedure, however, has drawbacks, the main one being a risk of patients' falling into a persistent vegetative state. Also at present, the law relating to consent hinders the procedure. Elective ventilation benefits the organ recipient, not the patient. For such practice, patient consent would be required. This, of course, is not possible as the donor would be comatose before ventilation was even considered (New, 1994; New et al., 1994).

**NON-HEART-BEATING DONOR**

This procedure has proved to be very successful in the Netherlands (Koostra, Wijnen, Hooff, & Linden, 1991). There the number of transplanted kidneys increased by 21% over a 9-year period. Also in the United Kingdom (Leicester), in 1 year, 38% of all transplanted kidneys resulted from non-heart beating donors (Varty et al., 1994). The non-heart beating donor involves donors who have not reached brain-stem death. The kidneys are cooled before explantation by inserting an irrigation tube into the cadaver to protect the kidneys by cold perfusion until the relatives can be found and permission for donations requested. This procedure permits persons who have suffered a fatal cardiac arrest, for example, to donate their kidneys (Booster, Wijnen, Ming, Vroemen, & Koostra, 1993). The overriding concern with the procedure, however, is the necessity for cooling the kidneys by inserting a tube into the cadaver before permission for organ donation is obtained. This constitutes invasive surgery for the sole purpose of obtaining organs.

**OPTING-OUT LAW**

An opting-out law presumes that an individual has consented to organ donation at the time of death, unless documentary evidence to the contrary exists or, in some
countries, objections by the family (New et al., 1994). Attempts to enact opting-out legislation in the United Kingdom have always failed. Opting-out schemes, however, have been introduced into many other countries, including Austria, Belgium, Finland, France, Italy, Norway, Singapore, Spain, and Sweden.

A FUTURE SOURCE

In the United Kingdom at present, xenotransplantation is seen as the future source of donor organs. The current debates that surround xenotransplantation, from which this strategy is formulated, are limited, however, as they have not fully engaged with those involved with the alternative human procurement programs highlighted earlier. Admittedly, there are ethical and moral dilemmas associated with the alternatives. These dilemmas are not insurmountable. Has our society not reached a point of sophistication at which we should be striving to cease “using” animals altogether?

REFERENCES


