

ID #114 The introduction of terminal care concept in organ donation: Ineffectiveness in emergency institutes and loss of recipient awareness

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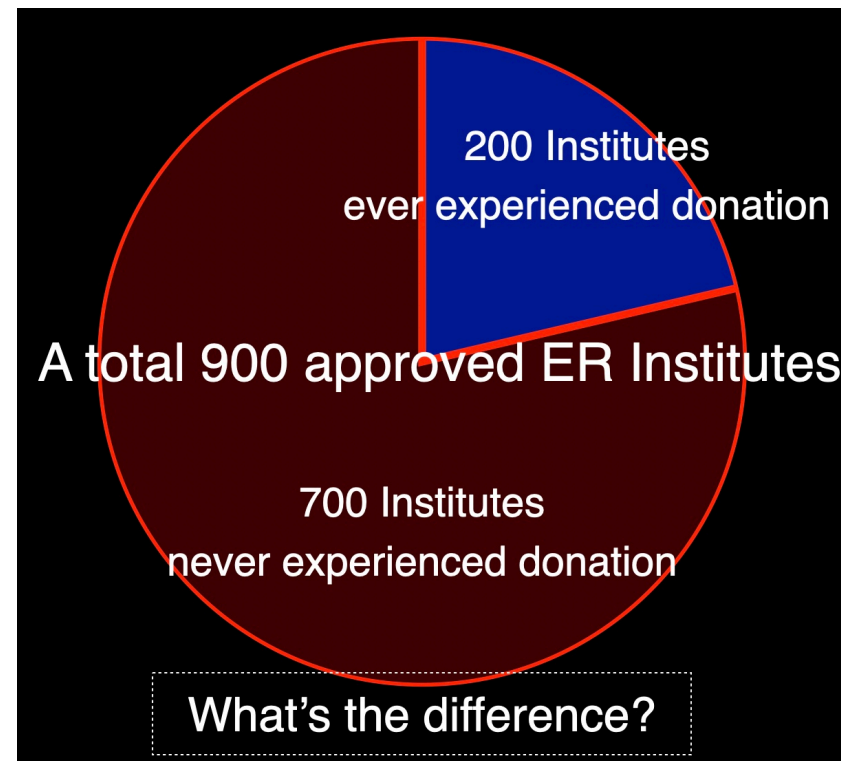
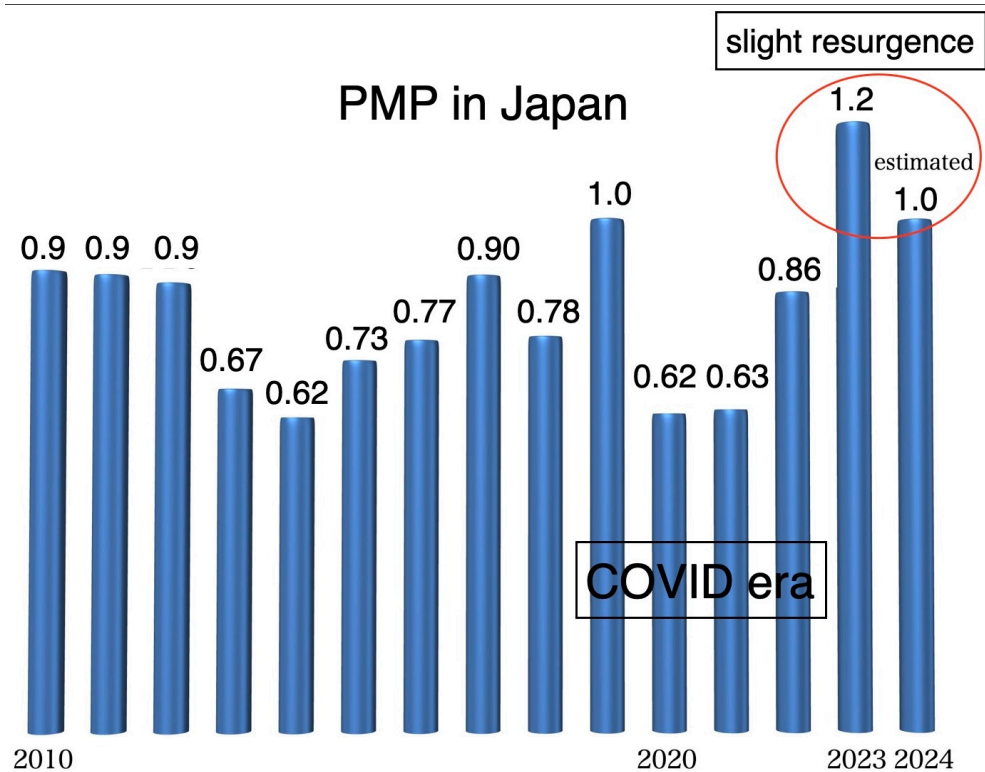
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COI : Nothing to disclosure

Introduction: The PMP of deceased organ donors is still very poor (1.2) in Japan. The law adopts the opt-in policy and the brain death is not the patient's death. Furthermore, the government does not promote organ donation positively or aggressively.

The author, a neurosurgeon with extensive experience with donors, has advocated for organ donation, especially focusing on educating and motivating emergency doctors and medical students. After nearly two decades of this activity, the author has noticed some ineffectiveness in the edification methodology mainly focusing on the combination with the terminal care concept. The author elucidates this issue as follows.

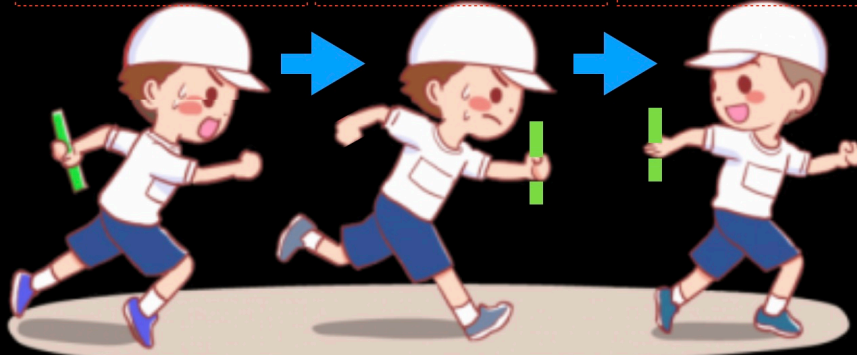
Main issue: unevenness of donations among ER institutes



Since 2010, the concept of terminal care has been introduced to organ donation by transplantation societies and the Japan Organ Transplantation Network. This policy asserted that donation was a human right and aimed at realizing the wishes of donation and providing grief care to the donor's families. It emphasized that donation was fundamentally for the donors themselves, not for the recipients.

The consequences were: 1. PMP did not increase notably. 2. Of the 900 ER institutes, 700 showed no response, but the remaining 200 provided more donors, which showed a slight resurgence after the COVID-19 era. This consequence indicates unequal responses to the policy of terminal care and donation among the ER institutes.

Organ Donation Transportation Transplantation



The author considers that organ transplantation is a series of medical relays to treat the awaiting recipient and that the donor has the leading role as the first runner. The donor cares about the recipients. But do the ER doctors care about the recipients?

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In the author's lectures about organ donation in medical universities, the author teaches that we, as professionals, have to save the patients in front and also save the awaiting recipients somewhere. The students respond positively to this policy quickly.



In the annual conference of the Japan Organ Transplantation Society in 2023, two highly reputed ER doctors with much experience with donors described that developing the best systemic practices for terminal stage and maximum treatment at the deathbed increased the donation. These were intense appeals of "We are doing our best." "This is the terminal care."

Then, the author questioned one of them. "In Japan, 16,000 patients with organ failures have been waiting for transplantation for years. How about considering that saving them is also an important basic mission for our medical professionals?"

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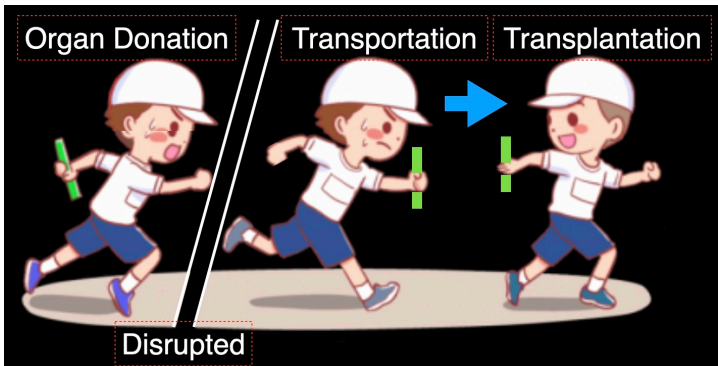
“It is out of the question that poorly skilled doctors would intend to save the recipients.

If the ER medicine is done focusing on the donation from the first, the ER doctor should be deemed to cut the corners of treatment for donation and the ER scene would be chaotic.”

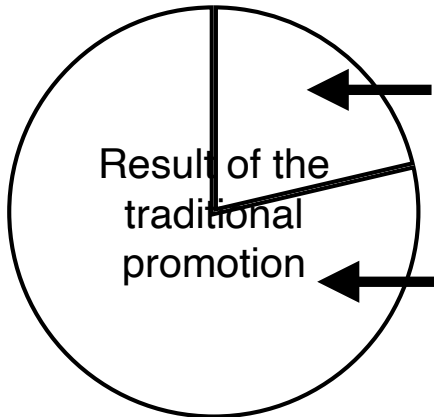
This policy is good for him. However, Is this policy applicable to universal edification?

The author reached the following conclusions...

“The concept of the relay of transplantation is disrupted.”



The edification of too much stress on human rights and ethics has induced a loss of awareness among the recipients in the ER.



Some doctors strongly responded to the ethical policy in this 10-20%.
Whatever their policies are, their cooperation is appreciated.

However, the remaining 80-90% showed no response or interest.
How can we activate and ignite them?

1. We should promote professional approaches in the future in Japan.

The ethical and professional approaches are similar but utterly different.

The ethical issues are wet, subjective, and affected by a personal sense of value.

This may cause unevenness among the ER institutes.

The issue of professionalism is dry, objective, and universal at all times.

This could lead to aggressive involvement in the donation universally.

2. Remaining problems to be solved

The ER side, especially the Japanese Neurosurgical Academy is very reluctant to organ donation and medical education in the medical fields or universities.

The transplantation side and the network are reluctant to the aggressive edification because the aggressiveness may be misunderstood as a compulsion to donate.

The indecisive nature or temper of the Japanese may not be suitable for donation.