

Hospital dramatically increases transplant donations by integrating bereavement and donor services

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A UK hospital that combined its bereavement and donation services saw a forty-fold increase in tissue donations, such as corneas, in just five years, according to research in the August issue of *Anaesthesia*.

"We decided to address the problem of low organ and tissue donation rates by amalgamating the two services and introducing a trigger to automatically refer all potential organ donors to the regional [transplant donor](#) co-ordinators" explains Bereavement and Donor Co-ordinator Fiona Murphy from the Royal Bolton Hospital, UK.

"Between 2002 and 2007 the number of tissue donors rose from six to 246, while solid organ donation rates remained stable. The introduction of the automatic trigger in 2007 resulted in 31 referrals and 11 multi-organ donors.

"Our current service exceeds the aims of the 2008 Organ Donation Taskforce and offers us the potential to meet our organ donation targets without resorting to an 'opt out' system of presumed consent."

The gap between supply and demand of transplant organs in the developed world has led to a variety of initiatives to improve donation rates.

The UK has one of the lowest rates of organ donations in Western

Europe and the number of donors has fallen by around 20 per cent over the last 10 years, while demand for transplants has grown.

"Two factors are known to mitigate against successfully increasing donor rates" says Fiona. "The first reason is the failure of staff to identify and refer potential donors. The second is the decrease in the number of brain stem dead patients - this is due to fewer catastrophic head injured patients being admitted to intensive care units because of medical advances and improved road safety.

"In mainland Europe and the USA, these problems have been addressed by introducing automatic referral of potential donors, initiating Non-Heart Beating Donation (NHBD) programmes and by legislation imposing presumed consent. NHBD is the retrieval of organs from patients who have suffered a heart attack and the blood supply to their brain has been cut off for sufficient time for brain death to have occurred. Before the 1970s all kidneys from deceased donors were retrieved using this criteria."

The Bolton initiative, which is run by a full-time Bereavement and Donor Co-ordinator supported by a critical care consultant, provides hospital staff with round-the-clock access to a Bereavement and Donation Officer.

"The aim of the service is to integrate donations as a normal part of end-of-life care and provide the same high level of care for patients and their families regardless of whether or not they donate" explains Fiona.

From 2002 to 2005 the service consisted of one fully funded nurse working with a critical care consultant. In 2005 a further four staff were employed part time to form part of a local corneal retrieval service and the 24-hour on-call service was established. A year later the organ donation and bereavement service was combined.

"The success of our integrated bereavement and donation service suggests that the Taskforce was right to promote donor identification and normalise donations in end-of-life care as a solution to the organ donor crisis."

The August issue of [Anaesthesia](#) also contains a highly detailed editorial on the rationale behind the Organ Donation Taskforce recommendations and subsequent developments, by Dr Martin Smith, who was a member of the Taskforce and is Chair of the NHSBT (NHS Blood and Transplant) Donation Advisory Group.

He points out that organ donation rates in the UK are among the lowest in Europe.

Organs are retrieved from 14 deceased donors per million population every year, half the number in the USA and two and a half times lower than in Spain. In April 2009 there were more than 7,800 patients waiting for a transplant in the UK, but only around 3,200 transplants are carried out each year.

"The implementation of the Taskforce's 14 recommendations has the potential to save the lives of at least 1,000 patients each year and dramatically improve the quality of life of many more" says Dr Smith.

The Organ Donation Taskforce was established in 2006 to identify obstacles to organ donation and suggest effective solutions. Its 2008 report covered national policy and encouraged local hospital trusts to develop local initiatives.

One significant change was the emphasis on Non-Heart Beating Donations to overcome the shortage of patients declared brain stem dead.

"The Taskforce also encouraged a more structured and systematic approach to organ donation and for it to be seen as a normal part of end-of-life care" says Fiona.

More information: Impact of a Bereavement and Donation Service incorporating mandatory 'required referral' on organ donation rates: a model for the implementation of the [Organ Donation](#) Taskforce's recommendations. Murphy et al. *Anaesthesia*. 64, 822-828. (August 2009).

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