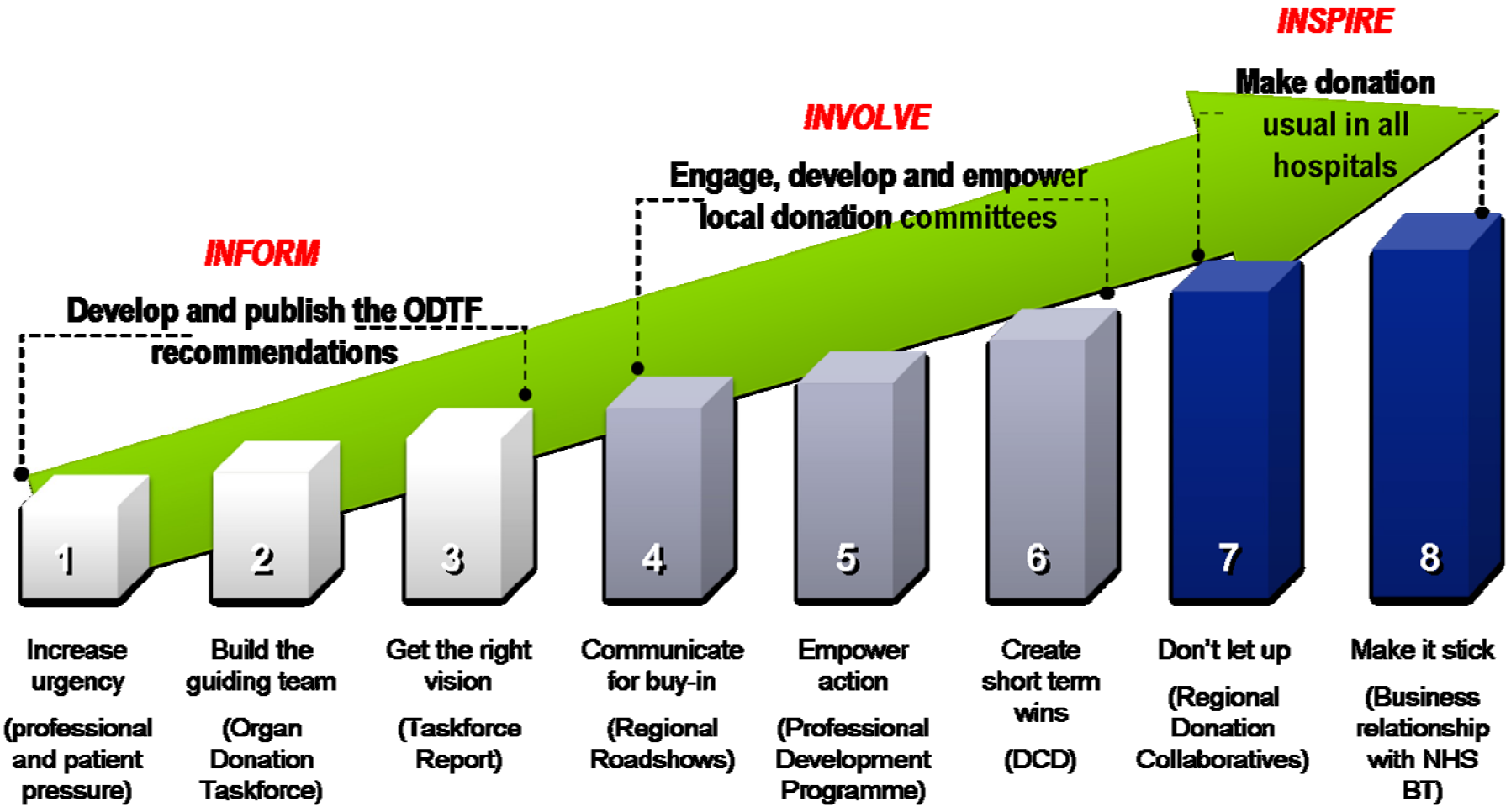
Outline and objectives for the day

Dr Paul Murphy
National Clinical Lead, Organ Donation
NHS Blood and Transplant

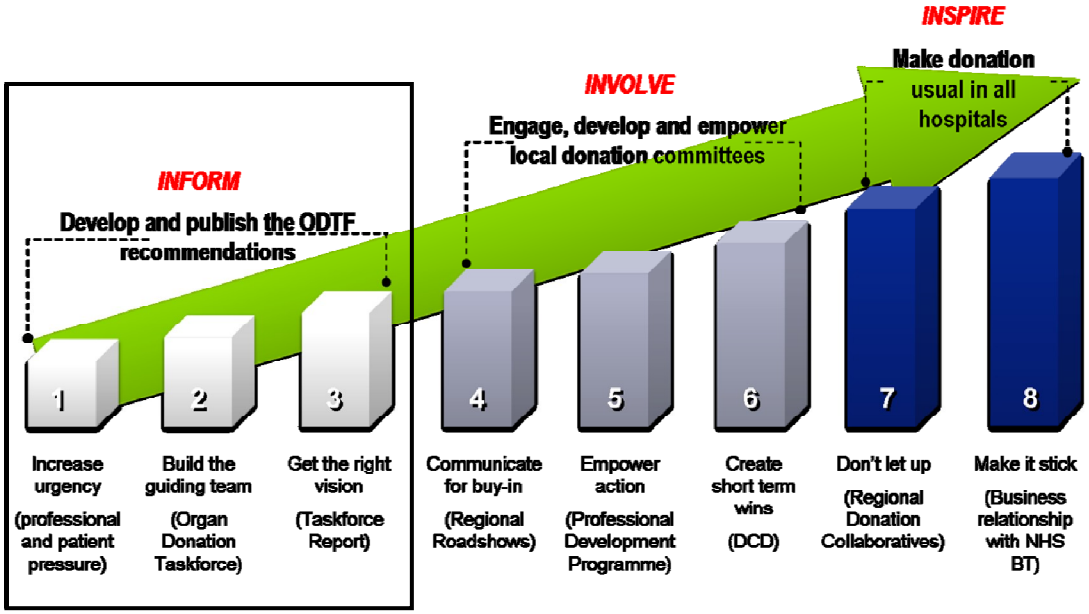
Organ Donation in the UK

A programme of managed change



Organ Donation in the UK

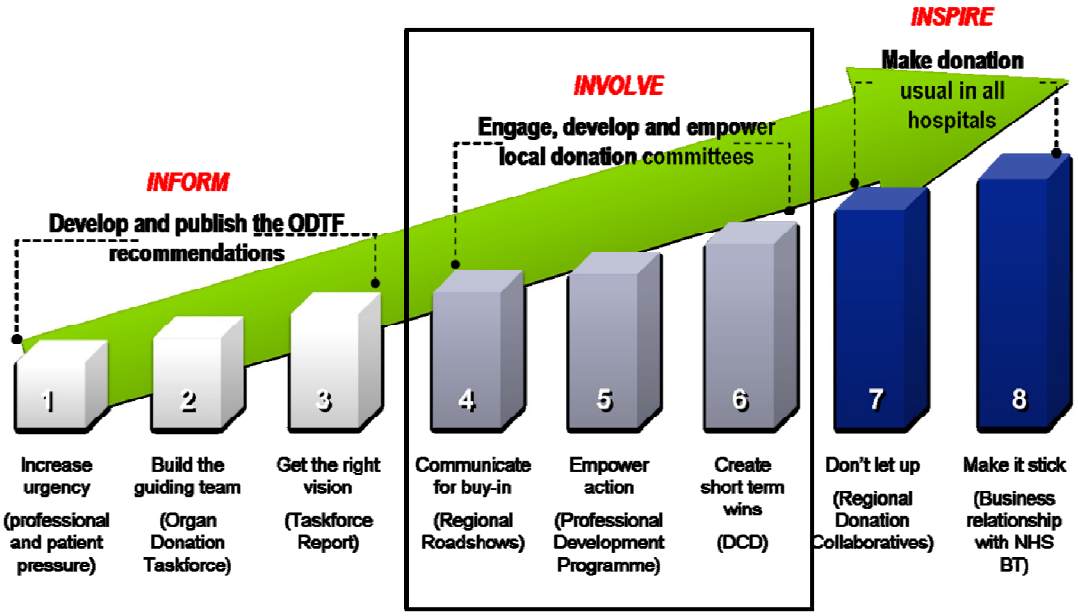
Inform



The Taskforce Report

Organ Donation in the UK

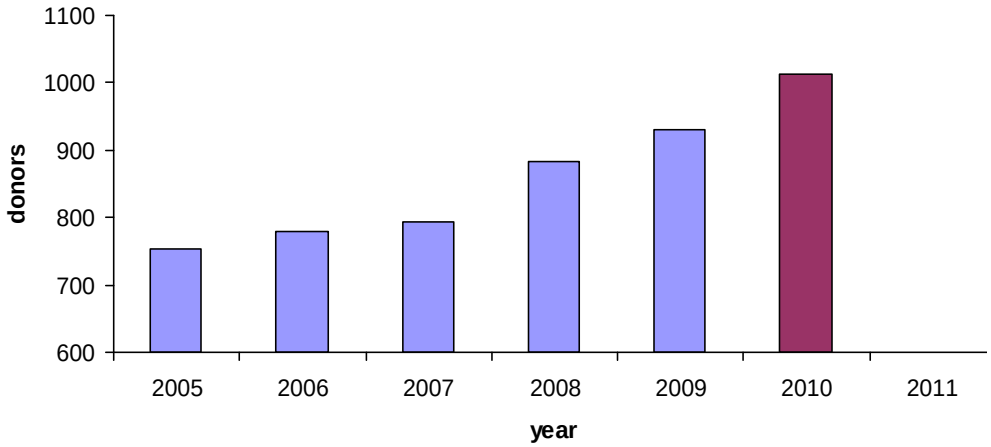
Involve

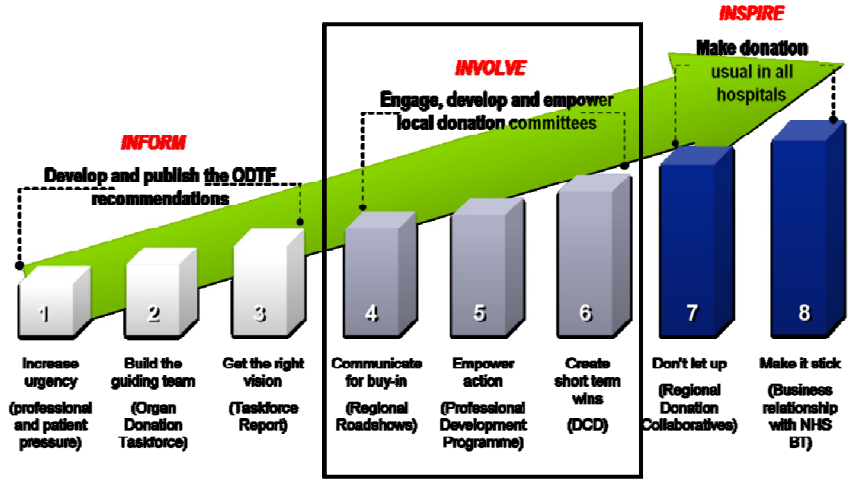


Local Donation Committees

Organ Donation in the UK

Short term wins

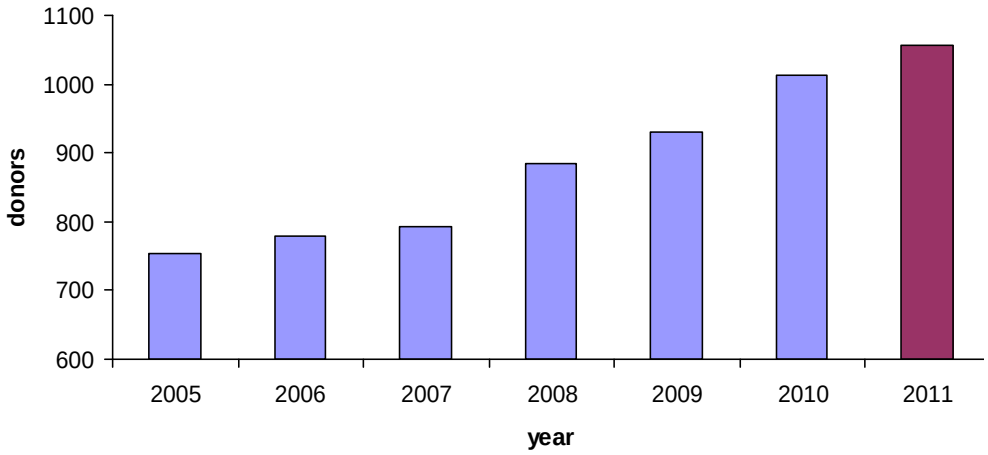


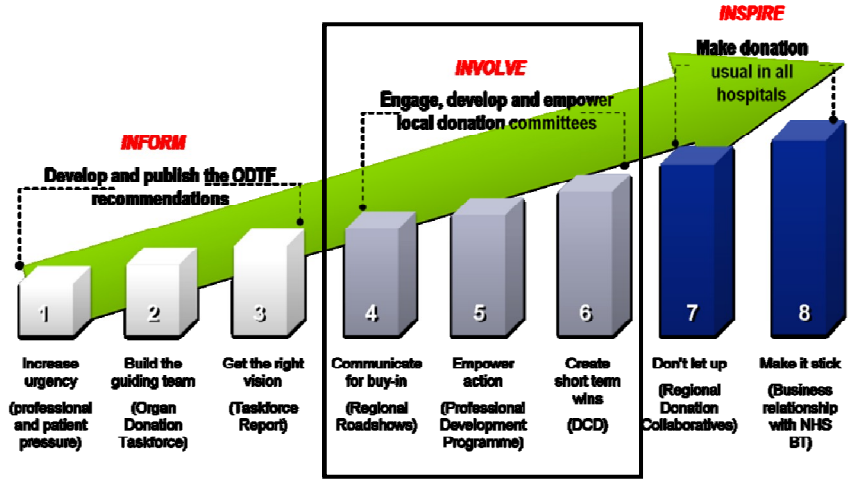


More than 1000 donors in 2010 for first time ever

Organ Donation in the UK

Short term wins

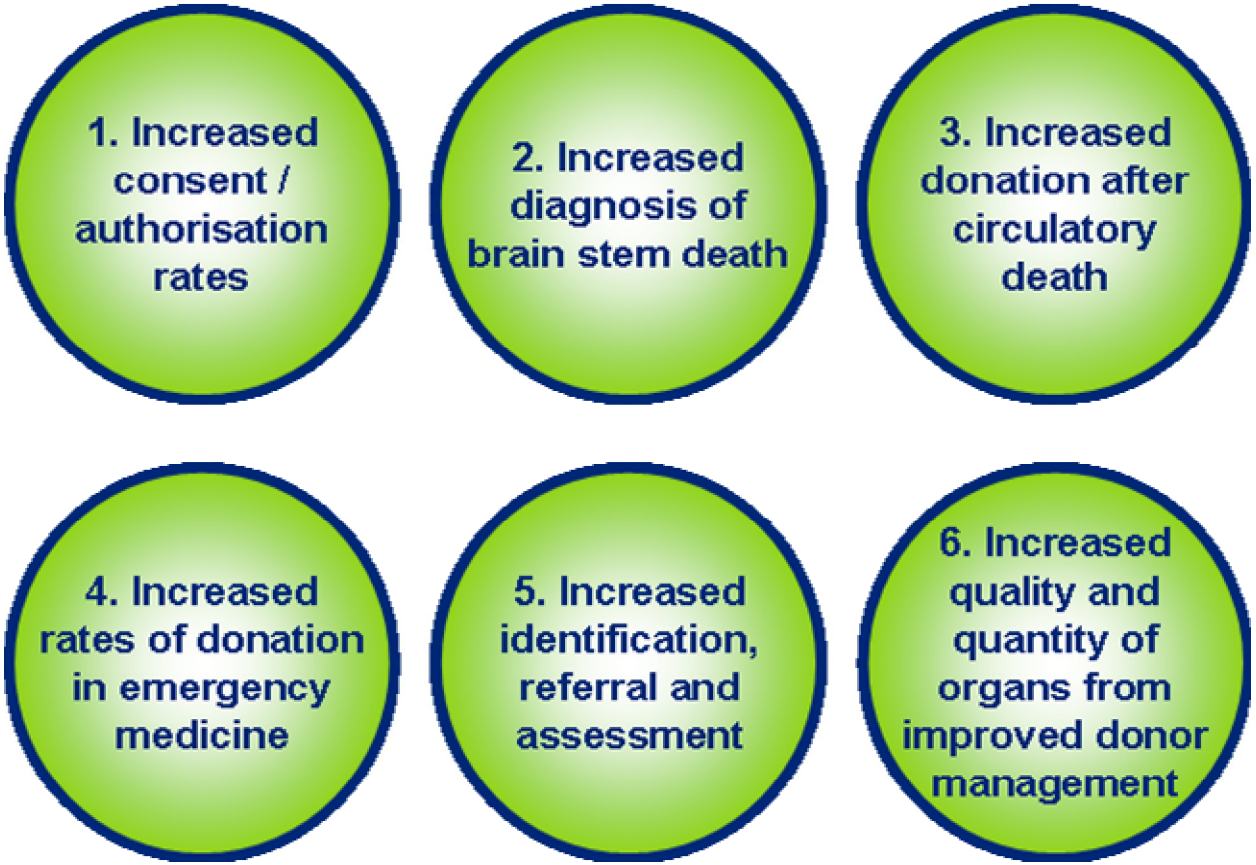




Even more donors in 2011

Organ Donation in the UK

The six big wins



NHS BT strategies for 2012 - 13

5. Increased identification, referral and assessment

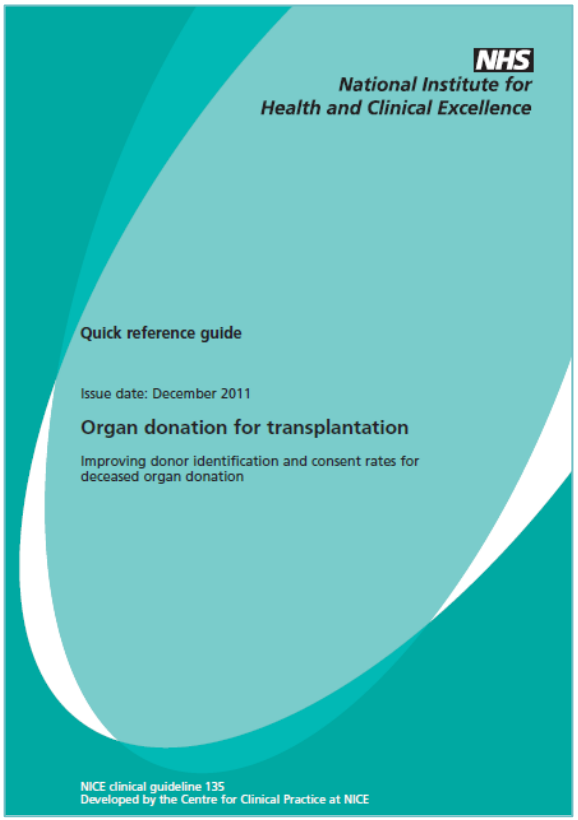
Identification, referral and assessment

1. Increased consent / authorisation rates

Consent / authorisation

4. Increased rates of donation in emergency medicine

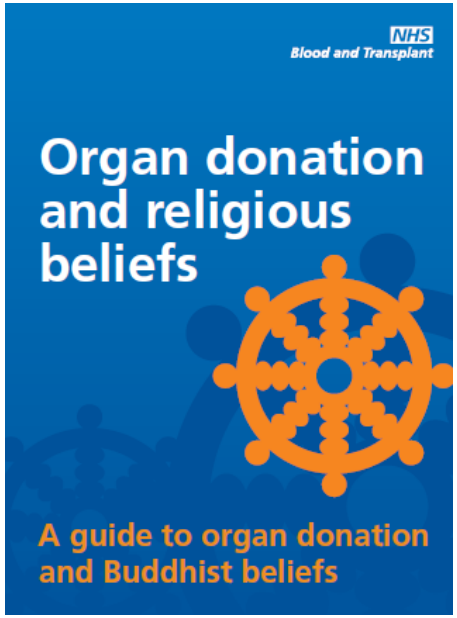
Whole hospital approach to donation

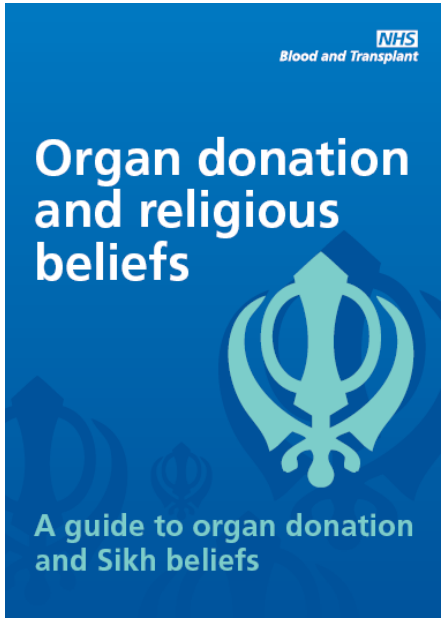


5. Increased identification, referral and assessment

1. Increased consent / authorisation rates

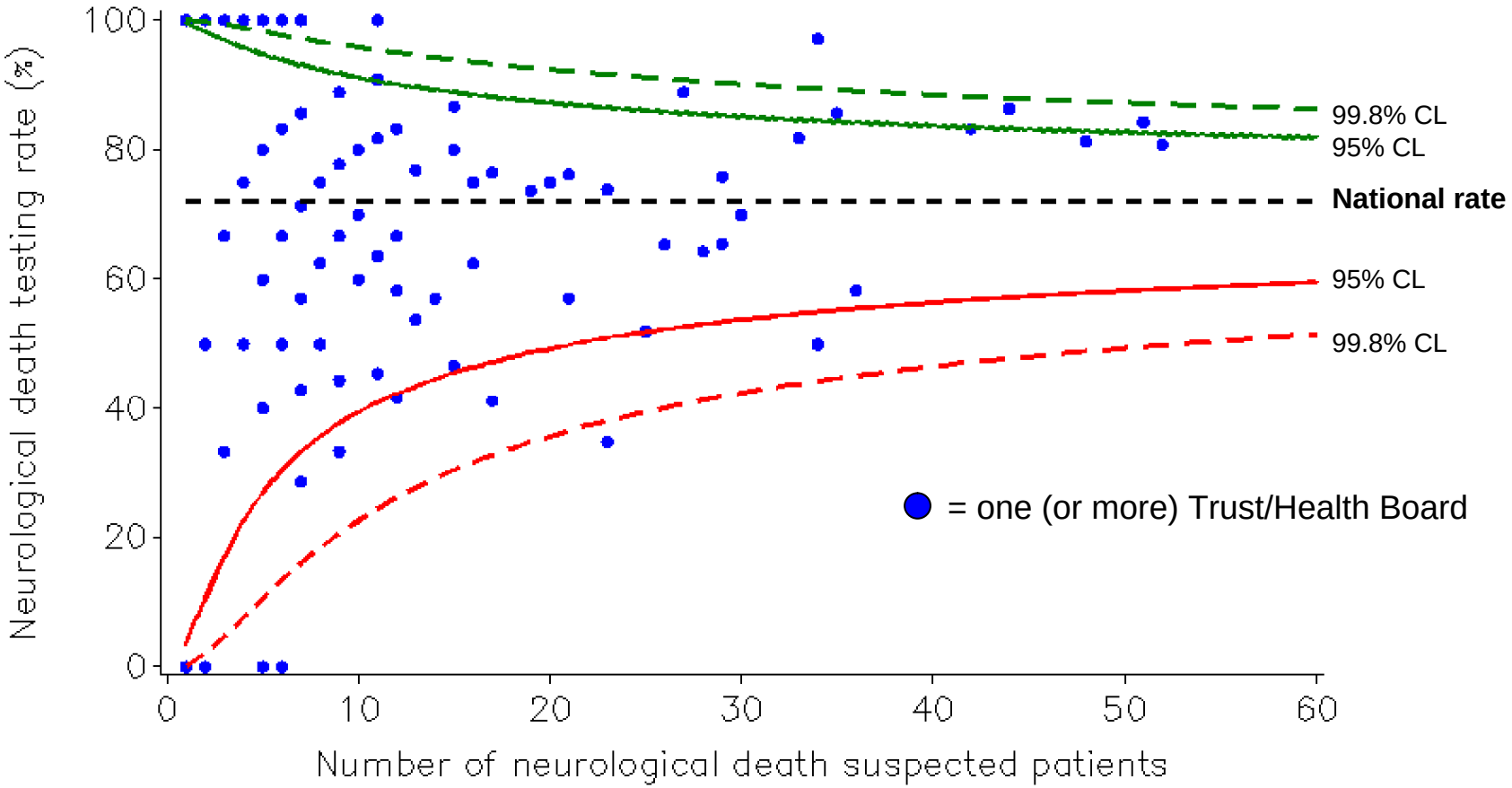
Faith issues





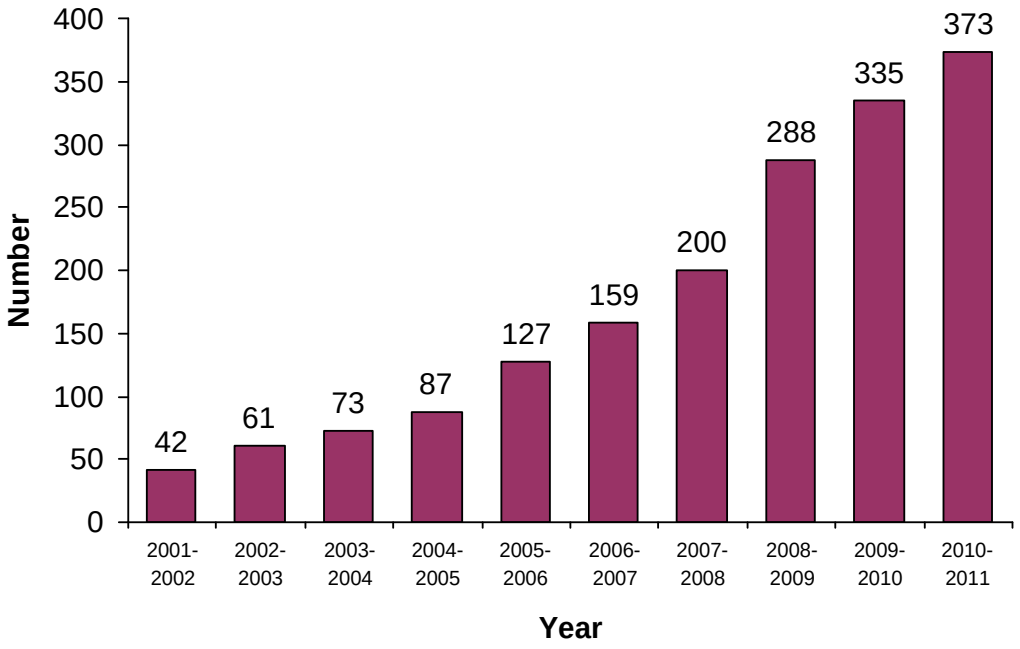
2. Increased diagnosis of brain stem death

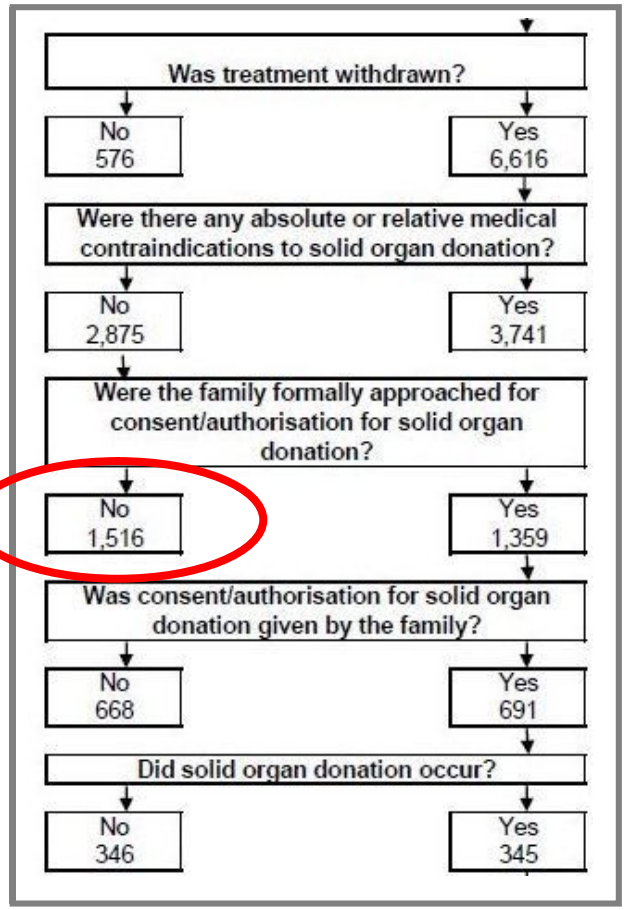
gnosis of brain-stem death



3. Increased donation after circulatory death

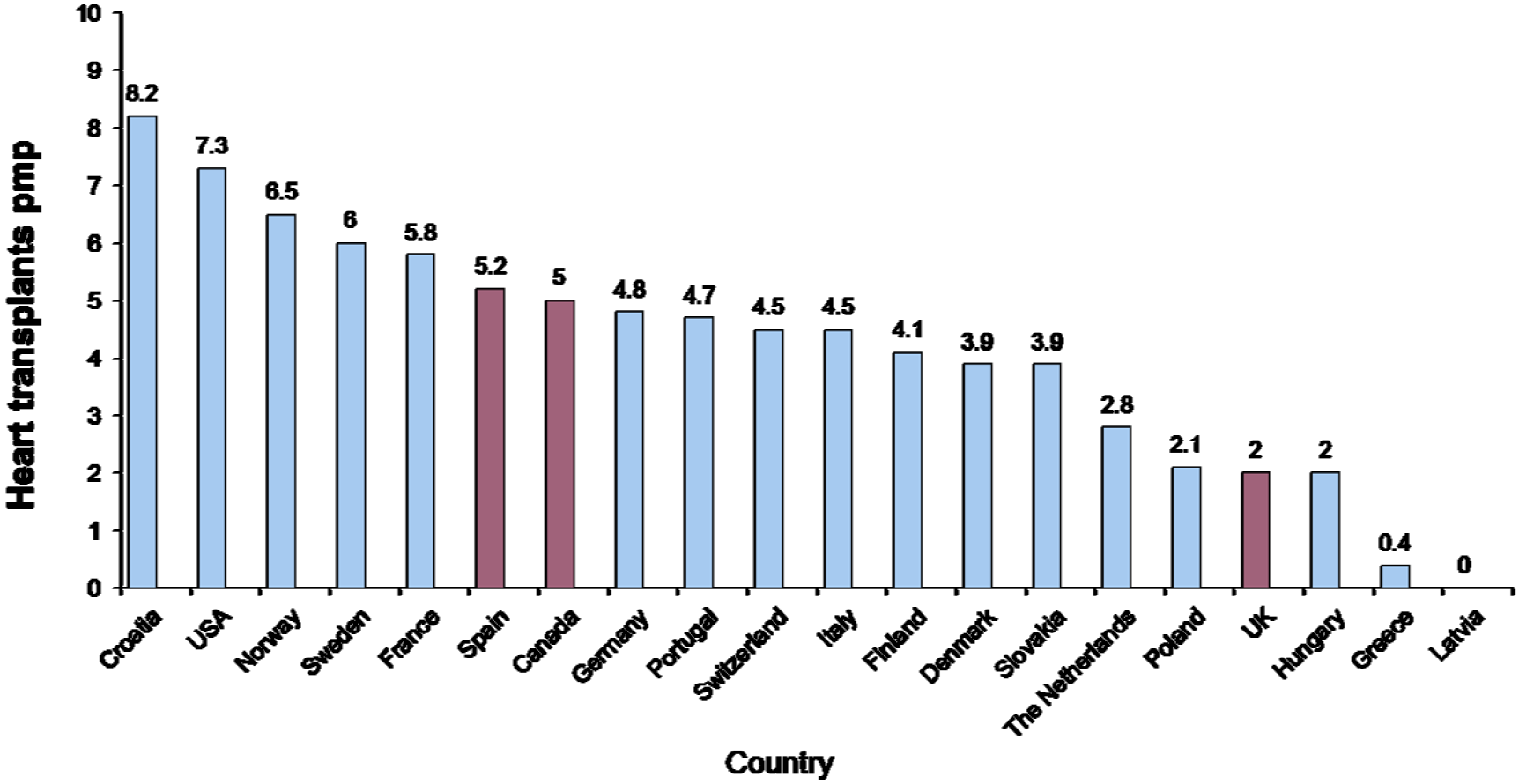
nation after Circulatory Death



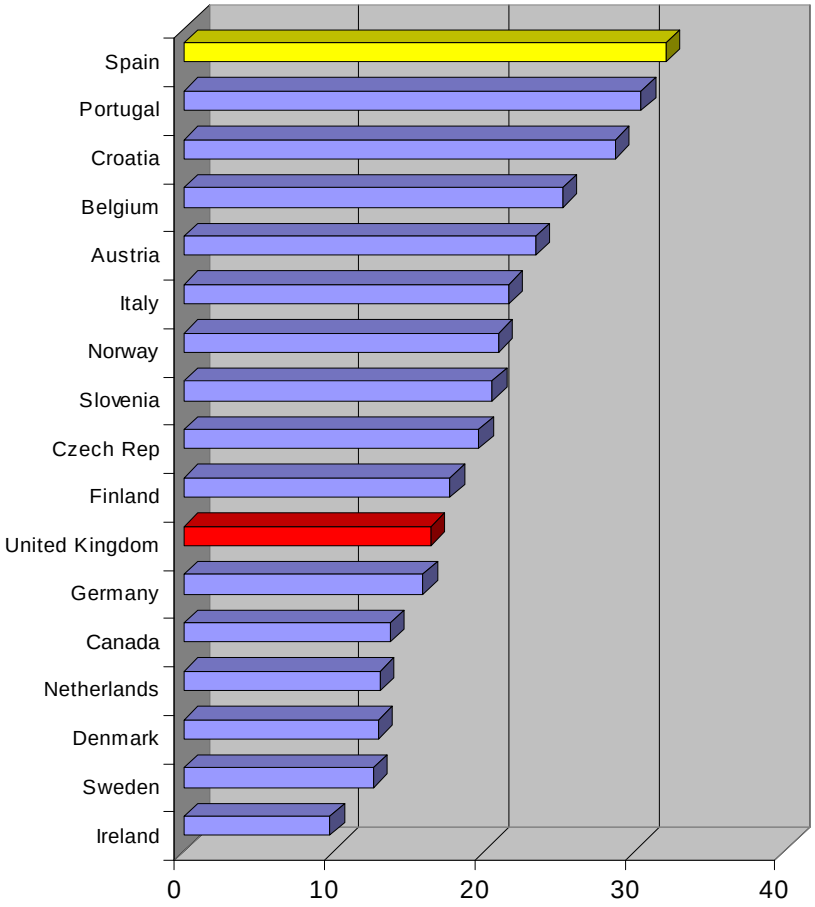


6. Increased quality and quantity of organs from improved donor management

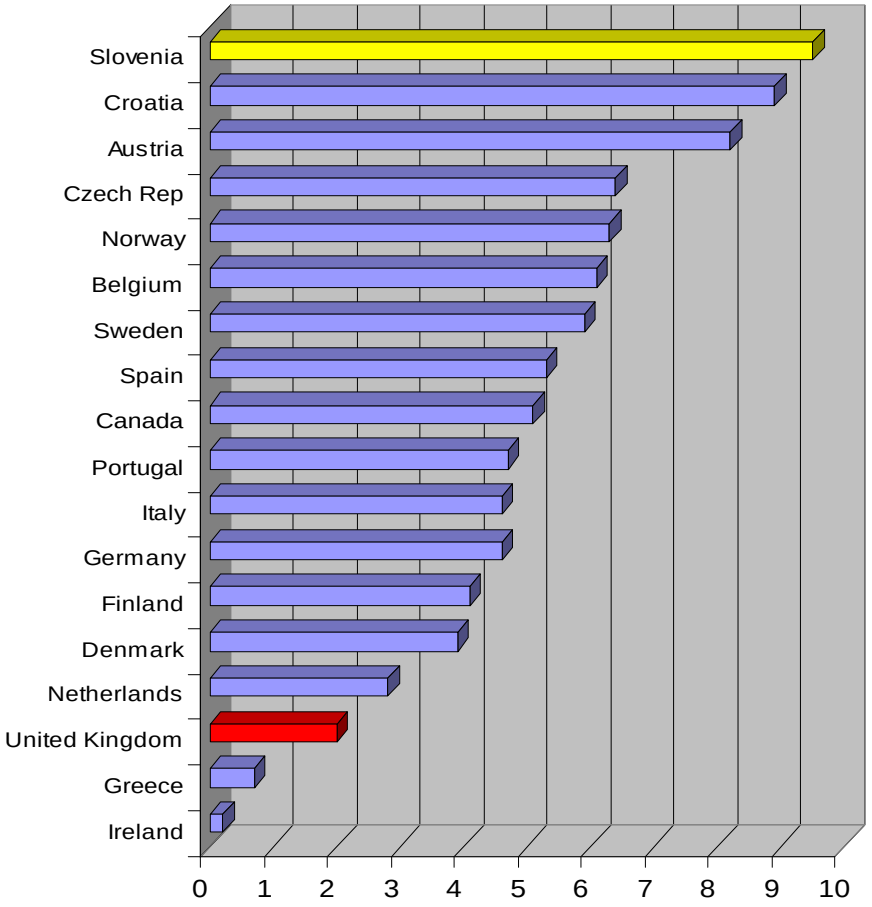
Donor optimisation



International models of donation



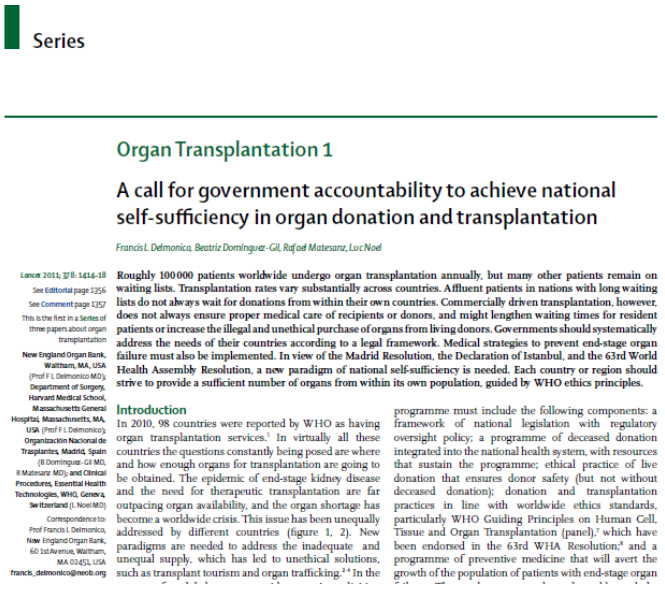
deceased donors pmp, 2010



heart donors pmp, 2010

Objectives for the day

- To recognise where we are on our journey
  - We face the hard mile
- To understand the key strategies for the 2012-13
  - Donor identification and assessment
  - Consent / authorisation
  - Whole hospital approach
- To believe in our model
  - Donation as part of end of life care



Series

Organ Transplantation 1

A call for government accountability to achieve national self-sufficiency in organ donation and transplantation

Francis L Delmonico, Beatriz Domínguez-Gil, Rafael Matesanz, Luc Noel

Lancet 2011; 378: 1414–18

See Editorial page 1356

See Comment page 1357

This is the first in a Series of three papers about organ transplantation

New England Organ Bank, Waltham, MA, USA (Prof F L Delmonico MD); Department of Surgery, Harvard Medical School, Massachusetts General Hospital, Massachusetts, MA, USA (Prof F L Delmonico); Organización Nacional de Trasplantes, Madrid, Spain (B Domínguez-Gil MD, R Matesanz MD); and Clinical Procedures, Essential Health Technologies, WHO, Geneva, Switzerland (L Noel MD)

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Roughly 100 000 patients worldwide undergo organ transplantation annually, but many other patients remain on waiting lists. Transplantation rates vary substantially across countries. Affluent patients in nations with long waiting lists do not always wait for donations from within their own countries. Commercially driven transplantation, however, does not always ensure proper medical care of recipients or donors, and might lengthen waiting times for resident patients or increase the illegal and unethical purchase of organs from living donors. Governments should systematically address the needs of their countries according to a legal framework. Medical strategies to prevent end-stage organ failure must also be implemented. In view of the Madrid Resolution, the Declaration of Istanbul, and the 63rd World Health Assembly Resolution, a new paradigm of national self-sufficiency is needed. Each country or region should strive to provide a sufficient number of organs from within its own population, guided by WHO ethics principles.

Introduction

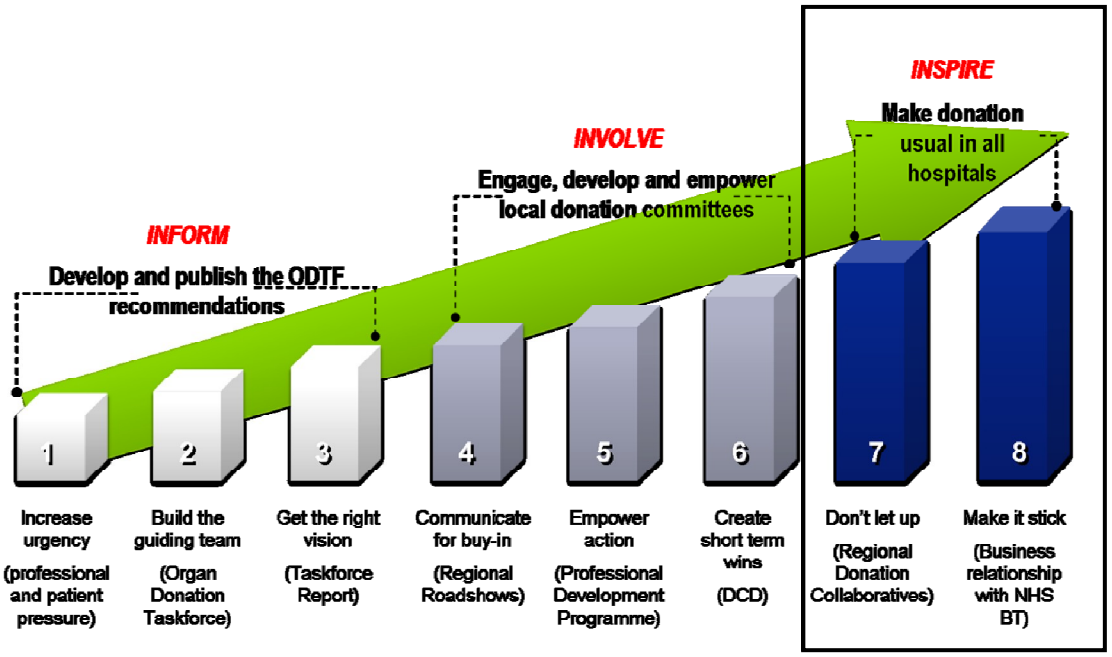
In 2010, 98 countries were reported by WHO as having organ transplantation services.[1] In virtually all these countries the questions constantly being posed are where and how enough organs for transplantation are going to be obtained. The epidemic of end-stage kidney disease and the need for therapeutic transplantation are far outpacing organ availability, and the organ shortage has become a worldwide crisis. This issue has been unequally addressed by different countries (figure 1, 2). New paradigms are needed to address the inadequate and unequal supply, which has led to unethical solutions, such as transplant tourism and organ trafficking.[2–4] In the programme must include the following components: a framework of national legislation with regulatory oversight policy; a programme of deceased donation integrated into the national health system, with resources that sustain the programme; ethical practice of live donation that ensures donor safety (but not without deceased donation); donation and transplantation practices in line with worldwide ethics standards, particularly WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation (panel),[5] which have been endorsed in the 63rd WHA Resolution;[6] and a programme of preventive medicine that will avert the growth of the population of patients with end-stage organ

Towards self sufficiency

Organ Donation in the UK

Inspire

Luca, organ donor



Incorporating donation into end of life care