



Foreword

Organ transplantation both saves and transforms lives. However, with the exception of living donation, organ transplantation is only possible because of the tragedy of a sudden and often premature death, and we must never lose sight of this. The bedrock for the increases in donor and transplant numbers reported since the publication of the report from the Organ Donation Taskforce in 2008 has been the principle that donation should be considered as a component of end of life care whenever it is a clinical possibility and thus salvaging something positive.

There are sound professional, ethical and legal reasons for a strict operational separation between intensive care medicine and transplantation. The public (potential future donors) and patients' families need to have confidence that intensive care teams are primarily focused on helping the patient in front of them, until death is inevitable. However, fully realising the potential for donation within a framework of end of life care will only be achieved through close strategic collaboration between our various professional bodies. This joint foreword reflects this.

For the first time since 2007-8, we have not seen an increase in the number of organ donors and transplants in 2014-15. Indeed, there have been slight falls in the number of both living and deceased donors compared to the previous year, with a 5% reduction in the number of patients receiving a transplant. Whilst NHS Blood and Transplant, as the national organ procurement organisation, is quite properly trying to understand why there has been a fall in donor numbers, we need to make a clear distinction between reductions in the potential for organ donation and falls in realising this potential when it presents itself. For instance, there have been very significant improvements in the outcomes for patients suffering traumatic brain injury, brain haemorrhage and stroke over the last decade. All of these advances reduce the potential for organ donation and all are to be welcomed because they too save lives and improve lives. Our challenge is to ensure that when the possibility for donation exists, every effort is taken to ensure that it is considered – by the clinicians caring for the patient, by the patient's close family and friends and by transplant teams.

The current UK strategy for organ donation and transplantation, Taking Organ Transplantation to 2020, emphasises the pressing need to reduce family refusal rates and it is disappointing that there has been no improvement in the overall consent (or authorisation) rate in 2014-15. However, we are encouraged that NHS Blood and Transplant continue to devote considerable attention to this key point in the donation pathway by improving the support that it is giving families when the possibility of donation is raised with them and supporting the intensive care teams through approach and end of life care. We also welcome the increased investment this year in public behaviour change activities that we hope will lead to increased sign up to the NHS Organ Donor Register and an improvement in the proportion of families saying yes to donation. We hope it delivers the increase in consent (authorisation) we are all seeking and that investment in this activity is maintained in future years.

On behalf of the Intensive Care Society and British Transplantation Society we would like to thank everybody working in the fields of donation, retrieval and transplantation for their commitment and industry. It is through their efforts that there were nearly 500 additional donors and 1000 additional transplants performed last year compared to 2007/8.



Finally, and most importantly, we would like to take this opportunity to recognise our donors and their families. Without donation there can be no transplantation; without a donor there can be no recipient. We're grateful to every family that supported a relative's decision to donate or made a decision on their behalf in 2014-15 and they should be truly proud of this. Occasionally, there will be cases – like that of little Teddy Houlston – that attract the attention of the world. Every single donor and family was important and helped to save and transform the lives of strangers - something we hope will become increasingly the norm.

A handwritten signature in black ink, appearing to read 'Derek Manas', written in a cursive style.

Professor Derek Manas
President,
The British Transplantation Society

A handwritten signature in black ink, appearing to read 'Stephen Brett', written in a cursive style.

Dr Stephen Brett
President,
The Intensive Care Society

