

THE POTENTIAL FOR NON-HEARTBEATING AND HEARTBEATING ORGAN DONATION

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UK Transplant's (UKT) national potential donor audit (PDA) has been running since April 2003, as part of a series of measures to improve organ donation. Data on the potential for non-heartbeating (NHB) donation have been collected from January 2004.

An evaluation of 15 months of data has shown that, from January 2004 to March 2005, there were 2,520 patients for whom NHB donation was possible and in 1,552 (62%) patients active treatment was withdrawn making these patients potential NHB donors.

There was no record of discussion regarding NHB donation in 1,289 (83%) patients, mainly due to the lack of a NHB donor programme. Of the 263 patients for whom the possibility of NHB donation was known to have been suggested to relatives, consent for donation was given for 132 (50%) patients.

Of the 132 patients for whom consent for donation was given, 79 (60%) became deceased NHB solid organ donors. The overall refusal rate for NHB donation was 50% (95% confidence interval (CI): 44%-56%), and for males and females was 46% and 55%, respectively, $p=0.15$.

As far as heartbeating (HB) donation is concerned, an evaluation of 24 months of data (April 2003 – March 2005) has shown that there were 2,740 potential HB donors with no absolute medical contraindications. Of the 2,320 patients for whom the possibility of HB donation was known to have been suggested to relatives, consent for donation was given for 1,379 (59%) and not given for 941 (41%).

The overall refusal rate for HB donation is 41% (95% CI: 39%-43%), although there is considerable variability in the rate over time. The refusal rate was highest in April to June 2003, the first quarter of the audit (49%) and lowest in October to December 2004 (34%). There were no significant differences in the refusal rate between the different age groups or between male and female potential donors. For ethnicity, of 2,174 potential donors for whom data were complete, the refusal rates were 35% and 70% for white and non-white potential donors, respectively.

Using information provided by the PDA, an in-house coordinator scheme was piloted in two intensive care units (ICU). The coordinator was placed in the ICU to be available when a potential donor was identified. This pilot proved to be very successful in increasing the referral rate of potential donors and the scheme is now being implemented in other ICUs in the UK.