

DEBATES AND DILLEMAS OF ORGAN DONATION FROM BRAIN STEM DEAD BODIES FROM THE PERSPETIVES OF PROFESSIONALS

by

Reeta Dar*,

Vivek Adhish **

*Central Health Education Bureau, DGHS, MOHFW, GOI, New Delhi

**National Institute of Health and Family Welfare MOHFW, GOI, New Delhi

There are currently two sources of organ for transplantation in India i.e., from a living donor or from a brain stem dead donor. Living donation is possible for two organs only i.e., a part of liver or a single kidney. Organ donation from brain stem dead is sharp focus keeping in view the risks associated with live donation. Organ donation from brain stem dead gives life to more than 7 persons by donating organs like two kidneys, liver, pancreas, heart, two lungs and in very rare cases intestines too. These brain stem dead donors can donate tissues too like eyes, bones, skin etc. which is otherwise possible from every dead person. Brain stem dead person is a dependent patient who is breathing through a ventilator but still has a pulse, blood pressure and other signs of life. Brain stem death holds that the lack of functioning of the brain is the truest sign of death and that the rest of the body soon stops functioning even if the ventilator is continued. (Lori Hartwell)ⁱ. A person diagnosed brain stem dead is not able to breathe on his own and is on ventilator (a machine which does breathing for him) in ICU'S. Such person can be declared brain stem dead by a team of four medical professionals. Once it is established that he is in irreversible coma there are a few specified tests done on the potential donor twice with a minimum gap of six hours. The actual time of death entered in official papers is the second time of death declaration done by the team of four designated doctors.

Organ donation and transplant involves professionals at every step. Are professionals at ease with brain stem dead donation has raised concern among the research community? Research during the last 2-3 decades has mainly revealed significant confusion or lack of acceptance of the brain death concept within the medical and nursing professions.

First and foremost the criteria used to declare brain death or brain stem death is the subject of intense international debate. There are different sets of criteria used for Declaration of brain death. Some use brain stem death (Long et al 2008)ⁱⁱ while others use brain death as a criterion of death. A study has found that there are 32 different sets of criteria used for declaration of brain death. Also, there is no consensus on diagnostic criteria (Haupt and Rudolf 1999ⁱⁱⁱ; Evans and Potts 2002^{iv}) for brain death.. However, a person can be diagnosed as brain dead only by using one set of criterion.

Secondly declaring is followed by a professional shift of loyalties from the individual to the bundle of life saving organs. Once a person is "identified" as a potential organ donor the

attending physician is placed in a very difficult position, for if recovery of viable organs is to be accomplished, the physician must begin to consider preservation of organs over preservation of the brain. This process (Susan et al 1988) ^v requires the attending physician to begin switching loyalties from the patient to the organ recipient.

Thirdly the professionals don't feel themselves at ease for asking people to donate organs of their brain dead relatives. This has resulted in restructuring and retraining a new band of professionals with the sole purpose of entrusting them with responsibility of motivating people to donate organs besides taking care of donor families and supervising transplant process called as organ transplant coordinators (OTC) or organ procurements coordinators (OPC) .India has made it mandatory for all organ retrieval centers to have organ transplant coordinator in place as per THOA-2011.^{vi}

Fourthly there is confusion among professionals that could be attributed to the confusion over death or life of a brain dead donor in context of spontaneous reflex movements that often occur in brain-dead patients (Dosemeci et al 2004;^{vii} Paul 2001;^{viii} Saposnik 2009^{ix}). While some of the movements occur spontaneously, some are triggered by touch. Body movements of brain dead patients are scribbled as spinal reflexes having nothing to do with brain activity by many professional proponents. Proponents of organ transplant reiterate that these movements originate from spinal cord neurons and do not mean that brain-death has not occurred while relatives and professional opponents view these movements as signs of life leading to confusion not only among people but professionals too. While some professionals believe that brain stem dead people are completely dead persons others believe that brain stem dead persons are not dead persons. The perception constituted a spectrum ranging from complete acceptance to complete rejection of brain death (White 2007).^x

In India National Organ and Tissue Transplant Organization (NOTTO) has been established in Safdar Jang Hospital to coordinate the efforts of organ and tissue donation in the country and this year the 4th Indian organ donation day was observed on 28th March 2014 .Prior to it an awareness programme among medical and nursing students of a few colleges was done on 26.3.2014. The students made posters and did role plays. It was interesting to see that medical students were reluctant to call brain stem dead persons as dead persons even in the role plays and believed that they are living human beings.

Fifthly there is not only lack of awareness but mistrust in medical community too as was depicted in studies (Youngner et al 1989;^{xi} Akgun et al 2003;^{xii} Chung 2008^{xiii}). These studies revealed lack of knowledge of professionals/professional students on brain death, positive attitude not getting translated into actions because of mistrust .It was surprising to discover that premature termination of medical treatment for registered organ donors was a concern in a proportion of the respondents and associated with non-commitment to signing organ donation cards.

In India many studies have been done on organ donation but organ donation from brain dead patients which is a debatable issue across the globe has not been explored in India irrespective of THOA being passed in parliament in 1994.^{xiv} A study on 123 post-graduates at a medical

college hospital in South India (Bapat et al 2010)^{xv} the concept of brain-death was clearly understood by only a small number of medical postgraduate students. While pretesting organ donation pledge form by Central Health Education Bureau , Govt, of India, in 2013; it was found that there was lack of awareness among professional undergraduate as well as postgraduate students. They had lot of queries regarding many aspects of organ donation.

CONCLUSION

There should be common criteria of diagnosing brain death to avoid confusion. In Indian context professional awareness is of utmost importance. Our own professionals are not well conversant with this new definition of death and if there is a brain stem dead individual in any ICU; a family would first like to talk to his own relative in the medical or nursing field and in case the professional himself or herself is confused or unaware how can brain dead donation increase in our country.

Difference between spinal reflexes and cranial reflexes needs to be talked and explained in details to all the professional students coming in contact with patients so that there are no confusions.

Death as a topic needs to include in the syllabus of students in the school curriculum as well as in the curricula of all the professional courses besides organ donation and transplantation. Organ donation awareness day for every year on the pattern of "World Health Day "needs to be earmarked for creating awareness first among professionals all over the country through seminars ,symposia, radio talks , TV shows etc. The themes need to develop based on the emerging needs of the National Organ Donation Programme.

To have faith in medical system let professionals pledge their organs including the ones who are entrusted with the responsibility of declaring brain stem death so that professionals develop faith in their own system. It is heartening to know that almost all professionals working in Armed Forces Organ Retrieval Transplant Authority have pledged to donate organs by signing donor cards in their own network.

Donor families should be made to talk in TV shows as well as the recipients. The narratives of these people shall be a great motivating factor not only for professionals but people too.

Through awareness we can bring changes in the public too. During organ donation awareness campaign through a health tambola developed by CHEB, it was interesting to see youth writing catchy slogans and children writing poems. In one of the poems student wrote that she came to health pavilion with her family but after this awareness programme she feels that she is a part of a big family and shall leave her biological assets for her huge family after her death. Very few people would deny to donate organs of their brain dead relative if properly explained .Brain

death donation gives an opportunity for that person to give life to seven people and be a part of seven families through organ donation .Brain death donation can be equated with a house on fire which needs to be evacuated to prevent biological assets from perishing in fire. Let people have their own choice. It is only motivation and not any legislation that can bring change. Let us not force people; let us explain and respect their choices whatever it may be.

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