Increasing the number of organ transplants

Professionalisation of organ procurement in Spain has increased donors

EDITOR,—The success of organ transplantation in terms of survival, quality of life, and the ratio of costs to benefits has been such that ever greater numbers of patients are being referred to transplant teams. The shortage of organs remains the main obstacle to the full development of these procedures. In 1992 we reported the initial results of several integrated actions accomplished since the creation of the Spanish National Organisation of Transplants¹ and proposed that this approach could be used to alleviate the lack of organ donors.

Three years later things do not seem to have got better. The number of organ donors per million population has remained stable in the United States (around 17-19 donors per million)² and western Europe (14.7 donors per million in 1993). Furthermore, preliminary data from several European countries for 1994 showed a dramatic decrease in the rate of organ donation, usually attributable to the impact of negative media issues on public opinion.³

The situation in Spain is just the opposite. The number of organ donors has risen continuously from 14.3 per million population in 1989 to 25 per million in 1994 (table). So far as we know, this is

Number of organ donors per million population and number of solid organs donated, Spain, 1989-94

	1989	1990	1991	1992	1993	1994
No of donors/million population	14.3	17.8	20.2	21.7	22.6	25.0
No of solid organs retrieved	1409	1930	2359	2554	2690	3026

the highest rate reached for a medium sized country like Spain with nearly 40 million inhabitants. Some regions, such as the Canary Islands or the Basque country, now have over 40 donors per million population, while others, such as Andalucía, still have only 18.

All organs for transplantation are obtained after informed consent has been obtained from the relatives. We have developed a network of medical doctors working part time as transplant coordinators after specific training.⁴ The quick and clear explanation of any problem and confusion about the transplantation process (for example, brain stem death or distribution of organs) to journalists and the maintenance of a telephone line operating 24 hours, seven days a week to answer

any doubt or question about organ donation and grafting have achieved a positive atmosphere for organ donation in Spain during the past years.

Efforts to improve organ donation should be focused on medical professionals, who are often faced with the responsibility of having to raise the question of donation with bereaved relatives without specific training for this difficult task. The Spanish experience emphasises the need for training and professionalisation of people who procure organs and for an organisation focusing on the promotion and facilitation of organ donation.

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Opting out scheme for donors has support in Britain

EDITOR,—On 30 November 1994, 4874 patients were waiting for a kidney transplant. This was an increase from the figures of 4640 in September 1993 and 3847 on 31 December 1990 (J Warren, personal communication).¹ One reason is the fall in the number of deaths from road traffic accidents. In Britain these fell from 5934 in 1982 to 5217 in 1990 and 4229 in 1992.²

In an attempt to increase the number of transplants the government decided to computerise the register of organ donors. This development has had a mixed reception. Some people thought it a small step forward, while others said that it would prove just as ineffectual as the existing donor card system.³ A more active approach assumes people to be donors unless they opt out. We attempted to find out the views of the doctors involved on such a change.

In 1994 we sent a questionnaire to nephrology consultants at 42 units. We received replies from 38 (90%) units. The main question on the system of donation was: "The Kidney Patients Association is recommending a change in the donor system to one where people opt out if they do not wish to donate. Would you support or oppose such a change in the law?" Forty five of the 69 consultants who answered this question said that they would support such a change, nine that they would neither support nor oppose it, and 15 that they would oppose it. So nearly two thirds of the consultants who responded were in favour of such a change in the law and less than a quarter were opposed to it.

There also seems to be majority public support for opting out. At the request of the Kidney Patients Association, Gallup Poll asked a random sample of 1019 people: "Would you approve or disapprove if the kidneys of anyone who had just died could be used unless they had 'opted out,' that is, stated that this must not be done?" The interviews were carried out on 4-10 May 1994 and showed that three in five people (59%) would approve and just under a third (31%) would disapprove. The remainder said that they did not

know.⁴ So there is majority support for a change from both the professionals and the public.

We recommend that Britain should follow the example set by Belgium, which has implemented "weakened presumed consent." This has resulted in a doubling of the number of transplants available each year. The method works slightly differently from the normal method of presumed consent by allowing the family a veto. Even with this veto the improvement is considerable: when a person is shown to be brain stem dead it takes the hospital only five minutes to check the central register. Once a person is known to be a potential donor the hospital then informs the relatives that that person wished to donate his or her organs after death. Belgian doctors believe that the system is so effective because the question is asked automatically and everyone expects the request. For this reason, few relatives have made use of the veto. In fact, only 200 000 people have opted out of the system (2% of the population). Such a change could greatly improve the situation for those waiting in Britain.

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Establishing a minor illness nurse in a busy general practice

May reduce doctors' workload

EDITOR,—G N Marsh and M L Dawes show that it is possible to train practice nurses to see patients with acute minor illness.¹ They rightly ask whether the absence of waiting time for appointments may have resulted in more patients consulting with acute self limiting disease. No data on doctors' workload are included in their paper. It is unclear, therefore, whether this was affected by the introduction of this service.

We have introduced a similar system in our practice for children under 12, having found that this was the largest group requiring urgent appointments for minor illness. Six thousand patients are registered at Richmond Medical Centre, and in March 1994 there were 264 consultations with doctors for patients in the above age group. One of us (SM) analysed these consultations before setting up the nurse led children's surgery in July. We then reviewed the total number of consultations for this age group in March 1995. Two hundred and sixty eight children were seen: 230 in the nurse led surgery and 38 in doctors' surgeries because of either patients' preference or the unavailability of the nurse.

Even though our list size has increased by 2.2% since March 1994, the total number of children

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