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Active Education, Keeping It Personal and Making It Easy: A Potential Path to Increasing Donors

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In 2014, 23 715 patients received a solid organ from a deceased donor in the United States, providing improved survival, reduced morbidity and better quality of life.¹⁻⁴ However, although the number of deceased donor transplants has remained constant between 21000 and 23 000 over the past decade, the number of patients awaiting a transplant has increased from 44000 in 2005 to over 120 000 patients waitlisted today.¹ This growing gap between supply and demand for deceased donor organs calls for attention and highlights the need for effective strategies to increase the number of available deceased donor organs. Multiple apparent solutions to this problem have been proposed, yet, it remains unclear, which of these resource intensive solutions really make a difference. Hence, the study by Li et al⁵ is timely and relevant, as they make a valiant effort to describe and evaluate community-based interventions and the impact of these interventions on deceased donor organ donation, by conducting a systematic review and meta-analysis of the studies available in the literature.

At the outset, the authors face certain challenges. First, there are many diverse community-based approaches to improve organ donation, such as advertising, active learning, passive learning, provision of educational materials, education by health care professionals, community partnerships, opportunistic registration procedures, interventions at motor vehicle departments (DMVs), workplace interventions, among others. Second, these approaches may have been used concurrently or solely as well as to different extents, in different settings, to different target groups. It is thus not surprising that these studies performed to evaluate community-based interventions vary in style and quality and thus the attempt by Li et al⁵ to corral the available relevant literature is commendable.

There are 3 important findings that should be highlighted:

First they have found that it is harder to change people's intention to donate than to get people already willing to donate, to actually commit. This may seem intuitive, yet should not be underestimated as a great opportunity for the transplant community. For those who are already amenable to donation, the data show that minimizing the barriers to making the commitment to become an organ donor is a key step. It appears that education combined with an easy opportunity to register as an organ donor is an effective strategy. One example

not mentioned in the article is a successful campaign from 2012 in collaboration with Facebook, which dramatically increased the number of organ donor registrations by drawing attention to the national organ shortage and by providing the opportunity to immediately become an organ donor through website links to the respective state DMVs.⁶ Hence, targeted and continued campaigns focused on bringing registration to those already poised to commit to donation, thereby minimizing barriers and distractions from doing so, may increase the stagnant number of deceased donors nationally.

Second, the more personal the problem of organ shortage and the need for transplant is described, the more people commit to being donors. For example, when educational material included the demographics of those who are in need of transplant or when educational material was accompanied by a letter from the Ohio Secretary of State, commitment to donation increased. This again is not surprising, as personalization provides people the opportunity to identify with a product and therefore has long been a pillar of successful marketing.

Lastly, active interventions, such as those performed at DMVs, were significantly more effective than the passive display of informational material.

Having noted these important findings, the question remains as to whether the findings by Li et al⁵ can be widely adopted. Truly, the limitations of the studies included, most of which had a high degree of bias, cannot be ignored. The overall low quality of the available evidence to date is disappointing, and call for improved academic rigor of original research in this area in the future; however, we believe this meta-analysis is informative nonetheless.

In summary, Li et al⁵ provide us with critical data and, most importantly, with renewed hope, that despite the inability to increase organ donation considerably for the past decade in the United States, there might be a more successful path ahead with active education, personalized messages and the removal of barriers to organ donation.

References

1. U.S. Department of Health and Human Services - Health Resources and Services Administration (HRSA). Organ Procurement and Transplantation Network (OPTN) Data Report. Available from: <http://optn.transplant.hrsa.gov/converge/latestData/rptData.asp>
2. Pinson CW, Feurer ID, Payne JL, et al. Health-related quality of life after different types of solid organ transplantation. *Ann Surg.* 2000; 232:597–607. [PubMed: 10998658]
3. Hariharan S, Johnson CP, Bresnahan BA, et al. Improved graft survival after renal transplantation in the United States, 1988 to 1996. *N Engl J Med.* 2000; 342:605–612. [PubMed: 10699159]
4. Kim WR, Brown RS Jr, Terrault NA, et al. Burden of liver disease in the United States: summary of a workshop. *Hepatology.* 2002; 36:227–242. [PubMed: 12085369]
5. Li AT, Wong G, Irving M, et al. Community-based interventions and individuals' willingness to be a deceased organ donor: systematic review and meta-analysis. *Transplantation.* 2015; 99:2634–2643. [PubMed: 26356178]
6. Cameron AM, Massie AB, Alexander CE, et al. Social media and organ donor registration: the Facebook effect. *Am J Transplant.* 2013; 13:2059–2065. [PubMed: 23777475]