CORRESPONDENCE

Decline in Organ Donation in Germany

A Nationwide Secondary Analysis of All Inpatient Cases

by Dr. med. Kevin Schulte, Dr. phil. Christoph Borzikowsky, Dr. med. Axel Rahmel, Dr. med. Felix Kolibay, Nina Polze, Dr. med. Patrick Fränkel, Dr. med. Susanne Mikle, Benedikt Alders, Prof. Dr. med. Ulrich Kunzendorf, and Prof. Dr. med. Thorsten Feldkamp in issue 27–28/2018

Organ Donation in Germany is Inadequate

The inadequacy of organ donation in Germany is underscored by the present scientific study (1). This study is sound and practice-oriented, and the presented limitations are transparent and plausible. The causes mentioned for this deficiency, which are mainly due to donation hospitals and which are responsible for the decline in post-mortem organ donation, are in line with the experience of *Bundesverband Niere e. V.* (the German Kidney Patient Association). The results of the scenario analysis present the opportunity to formulate goals and strategies to sustainably increase the number of transplants. Overall, the study provides an excellent basis for all stakeholders involved for finding a solution that is secured at political, organizational, legal, and medical levels.

The authors also demonstrate their professionalism by not presenting simple and quick solutions—such as the proposal to introduce legal regulation (e.g., an opt-out solution)—but rather leaving this task to politics.

Organ donation hospitals must have a legally valid basis for organ procurement. At present, this role is taken by the family interview. In the future, each person's own testament must be available in electronic form—thereby allowing organ donation hospitals to act in a legally secure and verifiable manner. In the emergency file, anyone would be able to enter and change their consent or rejection for organ donation at any time. The transplantation officer and the intensive care medical team must have timely access to these data. This is our goal, and it has no alternatives; achieving it will allow patients with end-stage renal failure to be offered not only types of dialysis but also kidney transplantations on the long term, at a level that is sufficient to meet demand.

DOI: 10.3238/arztebl.2018.0749a

References

1. Schulte K, Borzikowsky C, Rahmel A, Kolibay F, Polze N, Fränkel P, Mikle S, Alders B, Kunzendorf U, Feldkamp T: Decline in organ donation in Germany—a nationwide secondary analysis of all inpatient cases. *Dtsch Arztebl Int* 2018; 115: 463–8.

Martin Koczor

Bundesverband Niere e.V., Mainz
koczor@bnev.de

Conflict of interest statement

The author declares that no conflict of interest exists.

Study Highlights System Deficiencies

The nationwide German secondary data analysis of all inpatient treatment cases shows that the decline in post-mortem organ donation is significantly associated with deficits in detection and reporting in organ donation hospitals, and less associated with a lower level of willingness to donate organs in the population. On

the contrary—willingness to donate has even risen again. Systemic improvements are therefore overdue, and politics can no longer just pass the blame to the population.

As early as in 2015, the German Kidney Transplant Initiative (*Initiative Nierentransplantation*) presented a 5-point plan with measures to increase organ donation, such as empowering transplantation officers in hospitals. It must be ensured that transplantation officers can perform their duties without constraints and with a high degree of responsibility. Presently, this is not the case everywhere—in many hospitals, the transplantation officer has only superficial functions. It is thus no wonder that the donation rate is so low.

Additionally, the expenses of donation hospitals must be adequately remunerated. A first step would be to pay for the treatment time in the intensive care unit incurred by the extended length of stay of donors. Further, a transparent reporting system would help allow comparison of organ donation hospitals and identification of those hospitals that need special support for organ donation. Currently, only the number of organ donations carried out per hospital is published. Presenting data on the realized organ donations in relation to the number of possible donors per hospital (analogous to the study [1]) would reveal organ donation hospitals with funding needs. DOI: 10.3238/arztebl.2018.0749b

References

1. Schulte K, Borzikowsky C, Rahmel A, Kolibay F, Polze N, Fränkel P, Mikle S, Alders B, Kunzendorf U, Feldkamp T: Decline in organ donation in Germany—a nationwide secondary analysis of all inpatient cases. *Dtsch Arztebl Int* 2018; 115: 463–8.

Prof. Dr. med. Andreas Kribben

Deutsche Gesellschaft für Nephrologie (DGfN), Berlin
andreas.kribben@uni-due.de

Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We are pleased with the positive contributions to our study (1), which had the primary goal of understanding why the number of organ donations in Germany has decreased by one third in recent years. However, the decline in this period is only one facet of the problem in Germany: even at its peak, relatively few organs were donated in Germany as compared to international standards (2).

Until now, the low donation rates in Germany were thought to be due to the attitude of the population. This conclusion was suggested by a German Organ Transplantation Foundation (DSO) in-house coordination project, which was carried out between 2010 and 2012. This study concluded that „the below-average donation rates in Germany are by large not due to inadequate reporting of

potential donors by hospitals“ (3). Our study, however, shows that the hospitals that participated in the project at that time were not at all representative of the overall situation in Germany. The contact rate in these hospitals was significantly higher than in the nationwide average. In short, the below-average donation rates in the international comparison were already at that time mainly due to insufficient reporting of potential donors. Thus, if the currently existing reporting deficit in the German hospitals were to be consistently rectified, there would be a legitimate hope that organ donation rates in Germany would reach the international level—as our potential analysis shows.

But how can the reporting deficit be addressed effectively? The proposal of Prof. Kribben moves exactly in the right direction. The organ donation activities of each hospital that performs organ removal must be transparent. For example, the rates we describe could be integrated into hospital quality reports. Based on this, it would then be possible to deliberately intervene in hospitals in which there is a deficit in the organ donation process.

In this context, Mr. Koczor's proposal of introducing an electronic emergency file should also be discussed. With such a file, the patient's will would be clearly documented, and it would also be comprehensible in retrospect if no report was made due to a lack of consent.

Now for the current debate about financing: Assuming that there is no reporting deficit, the informed decision making regulation was introduced in 2012. Since then, all persons covered by statutory health insurance—more than 72 million people—have been regularly sent information leaflets and organ donor cards. Just the postage costs alone for this measure exceed many times over the expense reimbursement that the hospitals receive an-

nually for organ donations that were actually performed—which, in 2017, was about four million euros. Against the backdrop of the knowledge presented above, this use of funds should be reconsidered.

Nevertheless, determining the financial framework must not obstruct the view of the decisive problem. The fact that some hospitals do an outstanding job under the current conditions proves that it can work!

DOI: 10.3238/arztebl.2018.0749c

References

1. Schulte K, Borzikowsky C, Rahmel A, Kolibay F, Polze N, Fränkel P, Mikle S, Alders B, Kunzendorf U, Feldkamp T: Decline in organ donation in Germany—a nationwide secondary analysis of all inpatient cases. *Dtsch Arztebl Int* 2018; 115: 463–8.
2. Weiss J, Elmer A, Mahillo B, et al.: Evolution of deceased organ donation activity vs. efficiency over a 15 year period: an international comparison. *Transplantation* 2018. doi: 10.1097/TP.0000000000002226. [Epub ahead of print].
3. Blum K: Inhousekoordination bei Organspenden, Abschlussbericht, Deutsches Krankenhausinstitut. www.dki.de/sites/default/files/downloads/inhousekoordination_bei_organspenden.pdf.

On behalf of the authors:

Dr. med. Kevin Schulte

Prof. Dr. med. Thorsten Feldkamp

Klinik für Nieren- und Hochdruckkrankheiten
Christian-Albrechts-Universität zu Kiel
Kevin.Schulte@uksh.de

Conflict of interest statement

Dr. Schulte declares that no conflict of interest exists.

Prof. Feldkamp has received consultant honoraria from Bristol-Meyers Squibb (BMS), Roche, Novartis, Fresenius, Chiesi, Teva, Novartis, Hexal, and Sanofi, payment for authorship or co-authorship of a publication relating to the topic of this article from Novartis, reimbursement of meeting participation fees, travel and accommodation expenses, and/or lecture honoraria from Biotest, BMS, Astellas, Chiesi, Novartis, Neovii, Roche, Hexal, Fresenius, and Sanofi, and study support (third-party funds) from Chiesi, BMS, Astellas, Novartis, Hexal, and Teva. He is a member of the Renal Transplantation Conference of the University Medical Center Schleswig-Holstein, Campus Kiel.

CLINICAL SNAPSHOT

Tubero-Ulcero-Serpiginous Syphilid (A52.7) in Tertiary Syphilis

Figure: A single, erythematous, brownish, raised, non-scaling plaque with a serpiginous edge and ulceration, located on the ventral aspect of the arm.

A 44-year-old man noted the slow, painless development of a reddish-brown plaque on his arm over the course of eight months, but otherwise felt well. Serologic testing revealed syphilis requiring treatment (TPPA titer 1 : 81 920, VDRL titer 1 : 16, positive *Treponema pallidum* immunoblot [IgM Tp47 and Tp17]) and a previously unrecognized HIV infection; the timing of the exposure was unknown. Skin biopsy revealed granulomatous inflammation without any immunohistological demonstration of spirochetes. Tubero-serpiginous syphilid is a rare cutaneous manifestation of tertiary syphilis in which few or no pathogenic organisms can be detected. It can take a more than usually rapid course in persons with simultaneous HIV infection. 6834 syphilis infections were reported to the Robert Koch Institute (the German nationwide public health authority) in the year 2015, which was a 19.4% increase compared with the corresponding figure for 2014. Ulcerating plaques of reddish-brown coloration that may indicate granulomatous disease appear in the tertiary stage. We ruled out neurosyphilis in our patient and treated him with three intramuscular injections of benzylpenicillin and benzathine in accordance with the relevant guidelines. This led to healing of the ulceration and regression of the serologic titers.

Dr. med. Sibylle Schliemann, Dr. med. Jörg Tittelbach, Prof. Dr. med. Peter Elsner, Klinik für Hautkrankheiten, Universitätsklinikum Jena, schliemann@derma-jena.de

Conflict of interest statement: The authors state that they have no conflict of interest.

Translated from the original German by Ethan Taub, M.D.

Cite this as: Schliemann S, Tittelbach J, Elsner P: Tubero-ulcero-serpiginous syphilid (A52.7) in tertiary syphilis. *Dtsch Arztebl Int* 2018; 115: 750. DOI: 10.3238/arztebl.2018.0750