

Multiple Organ Retrieval and Exchange Program

By Susan Burnell-Jones

This article is about life and death and how one of the results of a tragic death can be a new life. I am speaking about organ donation and transplants.

There are those who are reluctant to talk about such things, who feel the topic is too gruesome... who remember the novel *Coma*, where bodies were stored awaiting orders for body parts. Or who have watched television and have seen a donor heart dropped and kicked across the floor in a medical drama series. Or watched a supposedly objective documentary contending that children are murdered for their organs. These are myths... and myths are gruesome.

The realities are not gruesome. The realities are joyful and life enhancing.

The realities are that through the generous understanding and kindness of strangers, more than 600 people in Ontario last year were able to live. Six hundred people, many of whom would have died without an organ transplant. Six hundred people, the majority of whom are now able to live full, happy lives, contributing to their community.

There are also more than 150 families who last year, understood that this precious gift could help others. One hundred and fifty families, who in the midst of their grief, were still able to think of others. There was nothing more they could do for their loved ones. ...but there was more they could do for others.

Public opinion polls indicate that up to 90 per cent of people say they would donate the organs of a loved one. But fewer than 50 per cent have actually signed a donor card.

There is a fear that if the donor card is signed, bad luck will follow. This is called superstitious avoidance and it is the same reason that many people do not make out their wills. The fact that there is more likelihood that you or someone in your family will need a trans-

plant than there is of ever being a potential organ donor.

Right now, 100 out of every million people in Ontario need an organ transplant. Only 20 out of every million are likely to become a potential organ donor.

There is also the fear that if a donor card is signed, the signer will not receive complete medical care when needed because organs are in demand. The fact is, every health professional would rather have a live patient than a potential donor, that is why they became doctors and nurses—to save lives. The medical team that treats a critically-ill patient is completely separate from the donor/transplant team.

Donation is only considered when all measures have failed, when all hope is gone and brain death is declared.

Fears about possible body mutilation have also been voiced. The reality is that the recovery or organs is a delicate and skilled procedure. The body is treated with respect and dignity and after organ retrieval had taken place, the body can be displayed in an open casket and no one will ever know that an organ donation has been carried out unless the family chooses to tell others.

Concerns about fairness in who gets the available organs have also been in the news with the high profile transplants of American celebrities such as Mickey Mantle and Larry Hagman. There has been documentation to prove that in both cases, the fact that they were next on the list had nothing to do with their being celebrities.

Author

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How Organs are Allocated in Ontario

Once patients have been approved for a transplant in one of the five transplant regions across the province (Toronto, Hamilton, London, Ottawa and Kingston) their names and all medical details are entered into the M.O.R.E. Ontario computer system. When a donated organ becomes available, donor coordinators who work for the transplant centres, enter medical information into the central computer.

The main factors in choosing these patients are:

- illness of the patient: the sicker the patient, the greater the priority
- blood type
- organ size

From a pool of patients waiting for that organ, the computer then generates a list of patients that best match the donated organ. This is done for each organ consented to for donation. With all this data in the computer a list is generated based on the *best match* and not on social standing, wealth or influence. That information is not known to the M.O.R.E. computer and therefore is not part of the process. It has no bearing on the allocation of organs. Organs are allocated fairly across the province.

M.O.R.E. Ontario is a registered charity with funding from the Ministry of Health, rather than from the transplant centres.

There is no doubt that the recipients are in awe of the fact that they are alive because of this altruistic gift. There are heart transplant recipients who were unable to get out of the bed, but less than a week after the transplant, can walk around the block.

Patients with end-stage liver disease who are unable to taste their food, who suffer memory loss and who drift in and out of comas are able to live lives after a transplant.

For those on dialysis a kidney transplant offers them a better quality of life. They no longer have to carefully measure every drop of liquid that they drink, they can eat a better balanced diet and their lives are not dictated by the three times a week dialysis treatment necessary to keep them alive.

Patients with cystic fibrosis or other conditions that affect the lungs can breathe freely again after a lung transplant. They can continue to be a functioning member of their families and of their communities. It means life to them.

As one young mother said; "My daughter's life ended that day, but the lives of three other children began."

I ask you to think about organ donation to talk about it with your families. And if you decide to sign a donor card, ask your family to respect your wishes.

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