



Knowledge and Attitude of the Flemish Primary Care Physician Toward Organ Donation and Transplantation

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ABSTRACT

Purpose. Primary care physicians (PCP) might play an important role in the acceptance of organ donation (OD) in the population. This would require both a positive attitude and a good basic knowledge about the organ donation and transplantation (ODT) process. Studies on this subject are very limited however. The objectives of this study are to determine the knowledge and attitude of the PCP towards OD in Flanders.

Methods. Three-hundred twenty-seven Flemish PCPs completed an electronic questionnaire, comprising 6 sections: demographic factors, practical experience, knowledge, education, attitude and potential role in the ODT process.

Results. Eighty-seven percent of the Flemish PCP agree with the implementation of heart-beating organ donation. Ninety-four percent would agree to donate the organs of their own child. 80% know that even without explicit consent the prelevation of the organs and tissues of each potential Belgian donor will take place. Although they are aware of the current legislation, their knowledge regarding donor criteria showed significant gaps. A minority of the PCPs know that donors can be little brain-dead children (53%) or elderly above 70 years (45%). Only 61% of PCPs know that brain dead is associated with irreversible damage to the brain and only 28% know that more than one physician is involved in making the diagnosis. A majority (91%) is willing to play a role in the ODT process. But about two-thirds (61%) of them doubt their ability to answer questions of patients on this subject. 82.5% of this group would find it useful to participate in a specific training. When they are offered different choices to play a role in the process, the most accepted (84%) one is informing the transplant centre about the donor's medical history and risk behavior.

Conclusions. The Flemish PCP has a positive attitude towards ODT. He is willing to play a role in the ODT process. However, our study clearly documents deficits in the knowledge about brain death and the need for postgraduate training in the field of ODT. Correcting these deficits may be an important factor in improving the acceptance of organ donation.

LEGISLATION IN BELGIUM

THE PROCESS of ODT in Belgium is regulated by the act of 1986 which is based on the ethical principle of voluntary and unpaid donation of human organs. The decision concerning the suitability of a candidate for organ prelevation is based on this person's health and medical history. A physician must perform the medical proceedings surrounding organ prelevation. Amendments to the act are made in function of standards of quality and safety of the

organs, as well as their traceability. These standards are applied throughout the whole process of ODT. In the act, a distinction is made between living donation and deceased donation. It is stated that the procurement of organs from a

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living donor should be exclusively performed by a physician of the prelevation and transplant team of a certified transplant centre. The living donor should be 18 or older and must give his explicit consent for the donation. Exception to the latter rule is made in case of siblings and the donation of an organ with regenerative capabilities, which poses no or little risk of long term negative effects for the donor under the age of 18. A multidisciplinary meeting between all physicians and paramedical staff involved, must take place before a definite decision is made. Physicians and staff treating the recipient of the organ and/or physicians responsible for the actual surgical procurement, are excluded from this meeting. In the event of deceased donation, three separate physicians, independently from one another, must establish death. These physicians cannot have any link to neither the prelevation or transplant team nor the recipient. When establishing death in a potential donor, the physician should take the latest scientific developments into account. In Belgium, an opt-out or presumed consent legislative system is applied. This implies that everyone registered in the Population Register or in the Foreigner's Register for at least six months, is a potential donor unless refusal is explicitly expressed by notification of the National Register. In addition, a verbal refusal of the donor or a notarial act is legally authorized. If there is no notification of refusal however, the relatives of the potential donor are asked whether they know the wish of the potential donor. The surgical prelevation of organs from a deceased donor should be performed by a physician of the prelevation and transplant team in a transplant centre or in a hospital that has a cooperative agreement with the transplant centre. To be enrolled as receptor in a Belgian transplant centre, any person must have the Belgian nationality or must be a resident in Belgium for at least six months or have the nationality of a country that shares the same organ allocation system or be a resident of that country for at least six months.

Belgium cooperates with Eurotransplant. Eurotransplant is an international non-profit collaborative framework that is responsible for the mediation and allocation of organ donation procedures. This is based on scientific evidence and medical experience. Furthermore, the urgency and the prospect of success of transplantation is taken into account. The aim is an optimal use of available donor organs and tissues. At this moment seven countries cooperate within Eurotransplant; Austria, Belgium, Croatia, Germany, Luxemburg, the Netherlands and Slovenia counting 124.7 million of inhabitants in total.

CURRENT SITUATION

Belgium is one of the best performing countries when it comes to transplantation of organs. In 2010, Belgium took the second place in the worldwide ranking concerning heart and lung transplantation [1]. In 2011 there were 29.3 donors per million inhabitants, which means a total of 321 donors [2]. These remarkably good results are due to a number of factors; the organization of the donation process, the availability of specialized transplantation centres with highly

educated staff, a professional approach towards the relatives of the potential donor, the current legislation (ie, opting-out system) and finally an adequate sensitization through numerous informative campaigns.

As mentioned earlier, Belgian legislation installs an opting-out system when it comes to organ donation. Never the less the family of the potential donor is always consulted before a definite decision is made [3]. If the family has strong objections towards the donation, the process is stopped without exception. In 1998 refusals by relatives were at 23% [4]. By 2010 this number dropped to 12%, which is proof that the sensitization campaigns and a personal approach by the transplant team do have an observable effect.

Notwithstanding the earlier mentioned opting out-system, there is a possibility for every citizen to register as an organ donor, ensuring this person that he will be considered a donor if the situation would present itself. This registration can be effectuated at the municipality, at admission in the hospital or through relatives. The number of positive registrations has been climbing over the last years. In 2012 an increase of 32% was registered, when comparing these numbers to those of 2011 [1]. However, in total there is still only 1% of the total Belgian population who registered for organ donation.

OBJECTIVES

Notwithstanding the above-mentioned results, Belgium still has a major shortage of donors. This statement is underpinned by the fact that the number of persons on waiting lists to receive an organ and the time spent on this list is clearly increasing. In 2011, 101 patients died waiting for a life-saving organ transplantation [2].

Since the PCP is closest to the people as a primary care provider and consultant, it seems paramount to integrate him in the recruitment for, and implementation of the ODT process. This role requires both a positive attitude and a good basic knowledge about this process. Research conducted on the attitude and the knowledge of the primary care physician and his potential role in the ODT process was never implemented in Belgium. However, it is a topical political issue. Therefore, the objectives of this study are to determine this knowledge and attitude of the PCP towards ODT in Flanders. Also the motivation to do so will be examined in this study as this is off course the key factor when involving these health care workers in this specific process.

METHODS

Prior to this study, research on the existing literature was undertaken using the databases "PubMed" and "Web of Science." The following search terms were combined: "Attitude," "Knowledge," "Organ donation," "Donation," "Organ transplantation," "Transplantation," "Organ procurement," "Donor card," "Education," "Physician," "Primary Care Physician," "Family Physician," "Brain Death," "Belgium." Relevant articles were retained and additional articles were obtained from the bibliography of the selected articles. A questionnaire was drafted through organized meetings of specialists in the field. This resulted in a questionnaire comprising six

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