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Original research

A survey of medical students on their attitudes towards face transplantation

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ABSTRACT

The aim of this study was to assess and analyse the attitudes of medical students towards face transplantation. Medical students at the University of Cape Town were prospectively surveyed using a self-administered questionnaire. There were 402 participants; the mean age was 21 years (range 16–37 years), 35% were male and 65% were female. Only 12% were registered organ donors and 33% were interested in a surgical career. Two thirds of the respondents were in favour of face transplantation. Registered organ donors were the most willing to donate their face in the event of brain death ($P = 0.00$). Seventy-four percent of the respondents stated 'identity issues' as their main concern and 33% mentioned cost as a critical factor when considering the procedure. Personal experience with facial disfigurement and involvement in the care of a patient with facial disfigurement did not affect the willingness to donate or accept a face transplant, or the amount of support for the procedure ($P > 0.05$). This is the first study that exclusively describes the attitudes of medical students towards face transplantation.

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1. Introduction

Face transplantation has emerged as a surgical alternative for patients requiring pan-facial reconstruction, particularly where conventional surgical techniques offer suboptimal functional and aesthetic results. Although centres offering this procedure have stringent protocols with meticulous donor and recipient selection criteria, face transplantation has not been without controversy.^{1–5} Concerns expressed relate to the risks of life-long immunosuppression for a life-enhancing procedure, long-term psychological sequelae for donor families and recipients and the overall risk-benefit ratio of such a complex surgical procedure.^{6–9}

As the number of face transplants performed increases, our future health professionals will need to be adequately prepared and trained to identify donors and care for recipients. The attitudes of medical students towards face transplantation have not been explored previously. We believe that investigating such an issue is critical since the opinions of future doctors are essential factors for

creating an environment conducive for organ donation by families as well as the continuous support of recipients. Education strategies must therefore target current behavioural patterns of our students.

The Department of General Surgery, in conjunction with the University of Cape Town Students Surgical Society, offers an undergraduate transplantation course to all our medical students.¹⁰ This course was designed in response to two studies, which showed low levels of knowledge regarding transplantation in the undergraduate student population, and that socio-demographic factors influenced attitudes towards solid organ transplantation.^{11,12} Thus, the aim of this study was to assess and analyse the attitudes of medical students towards facial transplantation with a view to integrating the topic into an existing teaching program.

2. Materials and methods

The Committee for Human Studies at the Faculty of Health Sciences of the University of Cape Town granted ethical approval for this study. A self-administered anonymous questionnaire was distributed to all medical students in the Faculty of Health Sciences at the University of Cape Town without prior notice. Questions were structured into three main categories: (1) socio-demographic data (age, gender, race, school, schooling, organ donor status, blood donor status, year of study), (2) knowledge-related questions dealing with facial transplantation and personal/clinical experience with facial disfigurement and (3) attitudes toward face transplantation (see Appendix

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for detailed questionnaire). The undergraduate medical program at the University of Cape Town spans over six years. The first three years of study termed as the pre-clinical years impart basic sciences knowledge with an introduction to clinical subjects. Clinical years constitute the remaining three years of training; students are then assigned to various departments at our university-affiliated hospitals to complete clinical clerkships.

Data were stored on a spreadsheet registry (Microsoft Excel, Redmond, WA, USA); descriptive statistical methods were used to determine the response rates for the various attitudes investigated. Statistical analysis was performed using SPSS version 15.0 (SPSS Inc., Chicago, IL, USA). Chi-square test and Fisher's exact test were used to determine associations between the socio-demographic characteristics along with the responses to the knowledge-category questions and attitudes explored. A two-sided $P < 0.05$ was considered statistically significant.

3. Results

Four hundred and two students handed in a complete questionnaire. This constituted 33% of the total undergraduate population. The socio-demographic characteristics of the study population are shown in Table 1. There were 141 (35%) males and 261 (65%) females, with a mean age of 21 years (range 16–37 years). Forty-two percent of the students were Black, 33% were White, 16% were Asian and 9% were of Mixed Racial Origin. Only 12% of the students were registered organ donors, and 42% were registered blood donors. There were 268 (67%) pre-clinical students (first year: 68, second year: 98, third year: 102) and 134 (33%) clinical (fourth year: 55, fifth year: 26, sixth year: 54) students.

Thirty-nine percent of the students indicated that they were interested in a career in surgery and 48% were interested in a non-surgical career. Seventy percent of the respondents had heard about face transplantation (Table 2). The majority (55%) had heard about it through the mass media. In 11% of the students, this knowledge had been acquired through formal lectures and/or tutorials. Only 12% of the students had had either personal experience or a friend/relative with facial disfigurement. There were 42 students (10%) who had been involved in the care of a patient with facial disfigurement. Sixty-six percent of the study participants stated they were in favour of face transplantation. Fifty-two percent felt that it should be included in the undergraduate curriculum. Twenty-four percent of the students reported they would be happy to have their face donated if they were brain dead, whereas 50% would not (Table 3). Twenty-five percent of the students would be willing to accept a face allograft, whereas 44%

Table 2 Summary of responses to questions in the knowledge category.

Knowledge-related questions and responses	Number (%)
Where did you learn about face transplantation?	
Mass media	221 (55)
Have no knowledge regarding the topic	123 (30)
Formal lecture/tutorial	45 (11)
Scientific journal	15 (4)
Other	2 (1)
Do you have any personal experience/close friend/relative with facial disfigurement?	
Yes	48 (12)
No	353 (88)
Have you been involved in the care of a patient with facial disfigurement?	
Yes	42 (10)
No	360 (90)

said that they would not. The reasons for not wanting to have their face donated included never having thought about it (30%), concern about facial disfigurement (12%), and religious objections (7%).

The factors that influenced the attitudes of the students to face transplantation are shown in Table 4. A higher proportion of clinical students would donate their face in the event of brain death when compared to pre-clinical students (33% vs. 20%, $P = 0.03$). There was no significant correlation between year of study and the willingness to receive a face allograft or being in favour of face transplantation.

Black students were most averse to donating or receiving a face transplant and were least supportive of face transplantation compared to other race groups ($P < 0.0001$). Students who were in possession of an organ donor card were more willing to donate ($P = 0.00$) and accept a face transplant ($P < 0.0001$) compared to non-card carriers. Students who were registered blood donors were more willing to receive a face transplant compared to non-donors, but were not more willing to donate a face allograft or more supportive of face transplantation. Both personal experience with facial disfigurement and involvement in the care of a patient with facial disfigurement did not affect the willingness of students to donate or accept a face transplant, or the amount of support for facial transplantation (Table 4).

The factors about face transplantation that were of concern to medical students included identity issues (74%), cost of the procedure (33%), rejection of the allograft (31%), and ethical issues (8%).

Table 1 Socio-demographic characteristics of study.

Socio-demographic characteristics	Number (%)
Gender	
Males	141 (35)
Females	261 (65)
Age (years)	
Mean	21
Range	16–37
Organ Donor Status	
Donor	49 (12)
Non-donor	353 (88)
Blood Donor Status	
Donor	167 (42)
Non-donor	235 (58)
Schooling	
Urban	353 (88)
Rural	49 (12)
Career choice	
Surgical	155 (39)
Non-surgical	195 (48)
Undecided	52 (13)
Race	
Black	168 (42)
White	135 (33)
Asian	64 (16)
Mixed Race	35 (9)

Table 3 Response rates for various attitudes explored.

Responses for attitudes explored	Number (%)
I am in favour of face transplantation.	
Yes	265 (66)
No	97 (24)
Not sure	40 (10)
I would donate my face in case of brain death.	
Yes	97 (24)
No	200 (50)
Not sure	105 (26)
I would be willing to accept a face transplant.	
Yes	99 (25)
No	177 (44)
Not sure	125 (31)
Reasons given for not donating face:	
Never thought about it	119 (30)
Not declared	90 (22)
Facial disfigurement	48 (12)
Face might be removed before death	34 (9)
Religion against procedure	25 (6)
Reasons given for not accepting face allograft:	
Identity issues	237 (59)
Not declared	61 (15)
Risk of infection	30 (8)
Religion against procedure	26 (7)

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