

Survey of the Knowledge of Brainstem Death and Attitude Toward Organ Donation Among Relations of Neurosurgical Patients in Nigeria

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ABSTRACT

Background. Organ transplantation is a developing field in Nigeria, and availability of organs for donation would be a determining factor of the success of the transplant programs. Patients with brainstem death (BSD) are a major source of organs for transplantation. The level of knowledge of BSD as well as attitudes toward organ donation are very important determinants of people's willingness or otherwise to donate organs. We conducted a survey of relations of our in-service neurosurgical patients to assess their knowledge of brainstem death and attitude toward organ donation. To our knowledge, this is the first study of its kind among the growing Nigerian neurosurgery patient and patient-relations population.

Methods. Convenience sampling of randomly selected relations of neurosurgical patients on admission using interviewer-administered questionnaires was performed. Demographic information and information about brainstem death, attitude toward brainstem death, knowledge of organ donation, and attitude toward organ donation were obtained.

Results. The study comprised 127 respondents with a mean age of 36 years (range, 19-72). The majority of the respondents (87, 62.4%) were Christians, 122 (96.1%) were Yorubas, and 66 (52.0%) were women. Eighty-five (66.9%) of the respondents had at least a secondary level of education, and 77 (60.6%) were of low socioeconomic status. Twentyeight (22.2%) of the respondents had heard of brainstem death. Twenty-six (92.9%) of those who had heard of brainstem death believed that the brain could die long before life finally ceases. One hundred twenty-five (98.4%) of the respondents believed that death only occurs when both breathing and heartbeat stop, and 107 (83.6%) would agree with the physician on a diagnosis of brainstem death in the relation. Sixty-five (51.2%) would want such patients put on a ventilator, and, of these, 43 (66.2%) would want such patients on the ventilator in hope that he or she may recover. One hundred twelve (88.2%) of the relations were aware of organ donation, 109 (85.8%) knew that the kidney can be transplanted, and 27 (21.6%) and 17 (13.4%), respectively, were aware of heart and cornea transplant. One hundred five (82.7%) supported organ transplantation, 85 (66.9%) would donate an organ, and 97 (76.4%) would accept a transplanted organ. The majority of the respondents (76, 59.8%) would generally not allow an organ to be taken from their relation, although 70 (55.1%) would allow organ(s) to be harvested from their relation if the person had consented to it before death. More men are likely to donate organs and allow organs to be harvested from their relations than were women. Likewise, respondents with at least a secondary level

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of education had better awareness of brainstem death and were more likely to donate organs and allow organs to be harvested from their relations than were their less-educated counterparts.

Conclusions. The knowledge of brainstem death was low among respondents, although most of them would agree with the physician if such diagnosis was made for their relation. Most of the respondents were aware of organ donation and supported it, but the majority would not allow an organ to be harvested from their relations. Hence, education of the Nigerian people about brainstem death and organ donation is essential to increase the pool of available organs for transplantation in our community.

B RAINSTEM death (BSD) refers to complete and irreversible loss of all brainstem functions. [1–3] Patients who are diagnosed with BSD are suitable sources of organs for transplantation. [2] Although organ transplantation is a well-established and effective treatment for selected patients with end-stage organ failure, this is limited mainly by the shortage of donors [4].

A variety of socio-cultural, religious, and demographic factors influence the attitudes of people toward organ donation. [5–7] The level of knowledge of BSD as well as attitudes toward organ donation are very important determinants of people's willingness or otherwise to donate organs [6,8].

Nigeria, being a socio-culturally and religiously diverse nation, has a variety of factors that may affect the perception and attitude of people in various communities toward organ donation.

This study assessed the knowledge of brainstem death and determined the factors that guide the perception and attitudes of a cohort of Nigerians regarding organ donation and transplantation.

METHODS Settings

This study conducted at the Ladoke Akintola University of Technology (LAUTECH) Teaching Hospital, Osogbo, and the Federal Medical Center, Ido-Ekiti. Both institutions provide neurosurgical services in South Western Nigeria. The first is located in an urban center; the latter is in a rural part of the country.

Respondents

Relations of neurosurgical in-patients at both centers were selected for the study. The population of neurosurgical in-patients during the study period was about 350. Convenience sampling was performed, and 127 consenting relations were randomly enlisted for participation in the study between 2011 and 2013. Only 1 relation per patient was enlisted into the study to ensure a good representation of the study population.

Questionnaire

The data collection instrument was a structured intervieweradministered questionnaire (Figs 1 and 2). The questionnaire was divided into 3 sections: the first section was for demographic information; the second section was on information about, and altitude toward, brainstem death; and the third section was on knowledge of organ donation and attitude toward organ donation. Yoruba translations were provided by the interviewer for respondents who did not understand the English language. The questionnaire was validated by initially administering it to a small, select group of patient relations to test its cultural acceptability. The questionnaire generally followed the patterns adopted in previously validated test instruments with local adaptations and contents to suit the ethnoreligious and cultural needs of the study population [9,10].

Data Analysis

Data were tabulated and simple descriptive analyses were performed with the use of the Statistical Package for the Social Sciences (SPSS), version 11 (SPSS Inc, Chicago, Ill, United States) to

| KNOWLEDGE AND PERCEPTION OF BRAIN STEM DEATH/ATTITUDE |
|---|
| TOWARDS ORGAN DONATION AMONG RELATIONS OF |
| NEUROSURGICAL PATIENTS IN NIGERIA. |
| |
| BACKGROUNG DATA |
| Age (yrs) Sex: M□ F □ Occupation Religion: Ethnicity State of Origin: Educational Qualification: Nil □Primary □ Secondary □ Polytechnic□ University □ Socioeconomic class: Relationship to patient. Polytechnic□ University □ |
| PATIENT'S DETAILS Hospital Number Age Sex Diagnosis |
| Brain Stem Death: Yes D No D |
| BRAIN STEM DEATH |
| 1. Have you ever heard of brain stem death (BSD) or brain Death? YES NO II If NO, Go to item 5 |
| 2. If yes, through what medium? Doctors Verses Internet Other Hospital Worker |
| 3. Describe what you know about BSD: It includes cessation of breathing □ It includes cessation of heart beats □ Affected individual may need artificial ventilation □ Affected individual may still respond to calls/painful stimulation □ It only occurs following head injury □ Diagnosis allows for organ donation □ Diagnosis allows times for the family to make crucial decisions □ |
| 4. Do you belief the brain can die long before 'life' finally ceases? YES \Box NO \Box |
| 5. Describe your belief about death Brain Stem Death represents death □ Death occurs only when breathing and heart beats stops □ Death does not exist, but the soul is transformed into a celestial entity □ |
| 6. Have you ever had a relation diagnosed as having BSD? YES IN NO I |
| 7. If Yes to item 6, state the following: i. Likely cause of death |

Fig 1. Structured Questionnaire A.

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