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An effective way to expand the heart-beating donor pool

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Dear Editors:

Over the past years, the number of patients waiting for organ transplantation has been increasing; the supply of organs, however, has remained almost unchanged [1].

In Styria, an Austrian state of 1,150,000 inhabitants, the number of heart-beating cadaveric organ donors decreased between 1998 and 2001, from 24 per million to 12 per million. In contrast, in Spain, donor frequency is significantly higher (33.6 per million), although in both countries the “presumed consent” regulation by law is practised [2]. Thus, in 2002, national authorities in Austria hired a freelance senior anaesthesiologist (“transplantation consultant”) for Styria to improve cadaveric organ donor recruitment and management of the respective hospitals.

The qualifications of this anaesthesiologist required personal and professional acceptance by the regional staff intensivists. In addition, experience of the organ donation and transplantation process was demanded. As a consequence of the transplantation consultant’s work, the number of cadaveric organ donors has increased from 12 per million to 30 per million, per year. The mainstays of the transplantation consultant’s improvements included reorganization of the donor management process and information

from intensivists of remote intensive care units. Furthermore, guidelines for organ donor management were introduced to minimize the additional workload for intensivists. Coordinators in the transplant centre were instructed to support the local donor caring team and to reduce organizational problems. Standardized protocols for organ donor identification and organizational procedures were created and provided to staff teams of all regional intensive care units. In addition, psychological assistance was organized on demand for donor caring employees. Symposia and other meetings were held for intensivists and included donor identification, maintenance, brain-death assessment, and dialogues with relatives. Also, physicians at intensive care units, with a positive attitude to organ donation in general, were identified and contacted periodically by the transplantation consultant. In our opinion the most effective measures to improve organ donation were simplification of the donor procurement process, which resulted in a reduced workload for the intensivists, and continuous dialogue about organ donation to remind intensivists of that possibility.

To ensure a persisting effect all the above-mentioned actions have to be performed continuously.

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Reference

1. Gridelli B, Remuzzi G. Strategies for making more organs available for transplantation. *N Engl J Med* 2000; 343:404.
2. Matesanz R, Miranda B. A decade of continuous improvement in cadaveric organ donation: The Spanish model. *J Nephrol* 2002; 15:22.