

Negative attitudes and feelings of well-educated people about organ donation for transplantation

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In an international opinion poll of well-educated people regarding awareness and feelings about organ donation for transplantation, Cantarovich *et al.* [1] reported that despite repeated campaigns aimed at promoting transplantation, the refusal rate for organ donation remains very high. They concluded that ignorance and misinformation may dissuade well-educated people from donating organs at or near death.

The campaign to promote organ donation emphasizes the messages of “altruism,” “solidarity,” “gift of life,” and “sharing of body parts.” The main type of organ donation at or near death anticipated from the global campaign is the nonheart beating (cardiac or circulatory death) organ donation (NHBOD) [2]. The procurement process for NHBOD is different from brain death (heart-beating) organ donation [3]. Advocates have declared the moral and religious acceptance of NHBOD as a “continuum” rather than an “alternative form” of end-of-life (EOL) in society [4]. Organ donation at or near death requires many sacrifices for the organ donor and can be distressing and traumatic to families [3,5]. NHBOD deviates from over 60% of standard quality indicators for EOL care recommended by Robert Wood Johnson Foundation Critical Care End-of-Life Peer Workgroup [6]. Regrettably, the campaign aimed to encourage organ donation also downplays the disparities and trade-offs in the EOL care raising doubts about public transparency [2]. Transparency about transplantation practice can influence the willingness for organ donation [7].

Religious opinions or so-called “precepts” (as implied by Cantarovich *et al.* [1]) favoring organ donation at the EOL are widely disseminated on procurement organizations’ Web sites for positive reinforcement of consent [1,2]. Nonetheless, major religions have disastrously low level of factual knowledge about harvesting organs at the EOL and uninformed about the scientific uncertainty if organ donors are truly dead at the time of organ donation [8]. The common beliefs in respect for human dignity and values disapprove of the transformation of “dignified peaceful death” to a “profanely high-tech death” in the operating room environment surrounded by medical personnels gowned up and ready for surgical

removal of organs [9]. While advocates have argued that the administration of medications either to hasten death or suppress reanimation for organ procurement is an ethically acceptable practice [10], critics have considered this practice a form of “killing” [11,12]. All major religious affiliations and many European cultures share similar beliefs objecting to any means of active shortening of the dying processes at the EOL [13]. The failure to increase organ donation rates among well-educated people may also indicate a failure to recognize that attitudes to donation are influenced by complex social, cultural and personal beliefs, and not simply by knowledge of preconceived religious precepts [14].

The transplant campaign has elevated “organs shortage” into a serious “public health crisis” surpassing poverty and lack of access to primary health care [15]. The message of increasing the supply without decreasing the demand for organs (incidence of end-stage organ disease) as a solution to the global “organs shortage crisis” may also appear to well-educated people as a short-sighted naive policy. The argument commonly made for “organ transplantation” as a panacea treatment for end-stage organ disease is based on quantitative survival with sparse data on the quality of life of solid organs-transplant recipients or the psychological, social, and economic ramifications of that practice on families and communities [16]. In the United States, the President’s Council on Bioethics considers the potential of preventive medicine to reduce the incidence of end-stage organ disease rather than seeking to increase the supply of organs from deceased donors as cost-effective and practical solution for the society to address organ failure [17]. Improving the health of the population through a public campaign to promote healthy lifestyles, access to primary medical care, and comprehensive preventive programs for common chronic diseases can shrink the number of individuals needing organs in the future [18].

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JLV, MYR, and JM attest that they have each made substantial contributions in drafting the manuscript or

revising it critically for important intellectual content; that they have given final approval of the version to be published; and that they have participated sufficiently in the work to take public responsibility for appropriate portions of the content. They also have read and approved the final manuscript.

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