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Transplantologia – czy nasza decyzja za życia ma znaczenie?

Transplantology: does our decision during life matter?

Streszczenie

Wstęp. Nie od dziś wiadomo, że istnieją na świecie choroby, które wymagają od medycyny o wiele więcej niż mogłoby się wydawać. Złotym środkiem na tego typu schorzenia stała się transplantologia, dziedzina medyczna, która dzięki swojemu prężnemu działaniu i rozwojowi pomogła wielu chorym, stając się niejednokrotnie jedyną metodą leczenia schyłkowej niewydolności narządów. Niestety liczba dawców w porównaniu do liczby biorców ma tendencje spadkową, co doprowadza do pogorszenia stanu zdrowia, a nawet i zgonu potencjalnego biorcy. Przyczyn takiego stanu rzeczy jest wiele, a najistotniejszym elementem jest nasza decyzja podjęta za życia, która po naszej śmierci staje się otwartą bramą do ratowania potrzebujących osób i nie pozostawia wątpliwości w sercach rodzin.

Cel. Celem pracy było przybliżenie istoty podejmowania za życia decyzji odnośnie naszej woli, czy po śmierci wyrażamy zgodę na oddanie narządów potrzebującym chorym.

Materiał i metody. Metoda zastosowana w pracy to analiza literatury i doświadczenia własne z ramienia koordynatora szpitalnego.

Przeгляд. Transplantologia, określana mianem potężnej siły w polskiej medycynie, ciągle boryka się z przeciwnościami na wielu płaszczyznach, stając się tematem tabu. Z roku na rok rośnie liczba oświadczeń wpływających do Poltransplantu dotyczących braku zgody na pobranie narządów, nie tylko po śmierci, ale i za życia - do przeszczepów rodzinnych. Nie bierzemy pod uwagę, że „narząd” nie jest lekiem refundowanym przez ministerstwo, tylko przez ludzi i ich rodziny.

Wnioski. Pomimo tego, że Polacy są nazywani egocentrykami, rzadko spotyka się uświadomioną rodzinę dawcy odnośnie jego woli. Często decyzja spada na rodzinę, która kierując się swoim dobrem nie zgadza się na pobranie narządów od zmarłego już potencjalnego dawcy. Brak świadomości, brak rozmowy, a cza-

sami brak empatii pozwala na odebranie komuś szansy na lepsze bądź często po prostu życie. Dlatego tak bardzo ważna jest nasza decyzyjność, która pozwoli koordynatorom szpitalnym bądź rodzinie postępować zgodnie z sumieniem potencjalnego dawcy.

Słowa kluczowe: transplantologia, człowiek, decyzja, wola

Summary

Introduction. It has been known for a long time that there are diseases in the world which require much more from medicine than one might think. The golden mean for such conditions has been transplantology, a medical field which, thanks to its dynamic activity and development, has helped many patients, often becoming the only treatment for end-stage organ failure. Unfortunately, the number of donors in comparison with the number of recipients is on the decline, which leads to the deterioration of the state of health or even death of the potential recipient. There are many reasons for this, and the most significant element is our decision made during our lifetime, which after our death becomes an open door to saving those in need and leaves no doubt in the hearts of families.

Aim. The aim of the study was to prove the importance of making decisions during our lifetime whether we consent to donating organs to patients in need.

Material and methods. The method used in this study was a literature analysis and own experience as a hospital coordinator.

Review. Transplantology, referred to as a powerful force in Polish medicine, still faces adversities on many levels, becoming a taboo subject. The number of declarations submitted to Poltransplant concerning the lack of consent for organ donation, not only after death, but also during life for family transplants is growing every year. We do not consider that an “organ” is not a drug reimbursed by the ministry, but by people and their families.

Conclusions. Despite the fact that Poles are called egocentric, it is rare to find a donor’s family aware of the donor’s will. Often, the decision falls on the family, who, guided by their own best interests, do not agree to donate organs from an already deceased potential donor. A lack of awareness, conversation, and sometimes empathy can deny someone the chance for a better life—or sometimes, even just a chance to live. That is why our decision-making is so important, which will allow hospital coordinators or the family to act in accordance with the conscience of a potential donor.

Keywords: transplantology, human, decision, will

Introduction

Making decisions, defined as „a resolution resulting from making a choice,” is an inseparable element of an individual’s functioning [1]. It accompanies us at every stage of life, in both trivial and serious situations. So why is it not utilised in such a crucial aspect as organ donation after death? There are many reasons, stemming not only from a lack of societal awareness about the importance of transplantation but also from the rush of life in which we never consider that it might end, often unexpectedly.

Polish law offers us various ways to express our will, allowing us to either oppose or consent to the donation of our organs to those in need after death. A „donor” is defined as a person who voluntarily, gratuitously, without coercion, consciously, and

obligatorily donates their organ for the benefit of others, without any financial gain. By not expressing opposition during life, each of us becomes a donor, fulfilling our moral duty. Nonetheless, it is worthwhile to express one's opinion „out loud,” as failing to do so leaves the decision to the family, which is not permitted under Polish law [2].

All legal aspects relating to „opposition” and „consent” for organ donation after death are contained in the Act of 1 July 2005 on the Removal, Storage, and Transplantation of Cells, Tissues, and Organs. This Act also includes information on procedures to be followed in the event of brain death in the case of a minor, a person lacking legal capacity, or a minor over the age of 16 [3].

In summary, we live in exceptional times, considering the advancement in many medical fields, including transplantation. The tremendous progress observed in organ transplantation techniques has introduced topics and areas that had not previously been addressed—until now. By expressing one's will, one not only assist one's family and loved ones but also help coordinators and the entire medical staff answer the question „what next?” when a brain death diagnosis is confirmed.

Aim

The aim of the study was to prove the importance of making decisions during our lifetime whether we consent to donating organs to patients in need.

Overview

Organ transplants are effective and sometimes the only treatment that can save the lives of patients with severe organ failure. Transplantation is a surgical procedure involving grafting tissues or organs from one body to another, and their effective functioning within the recipient [4]. Transplantation medicine is characterised by rapid development. Answers to questions about organ transplantation are quickly being found. Although the origins of transplantation date back to ancient times, only since the 1950s have the procedures been considered effective. In Poland, transplantation has developed slowly, primarily due to the efforts of enthusiasts in the field [5]. In 1954, American surgeons Joseph Murray and John Merrill performed the world's first successful kidney transplant. In Poland, the first kidney transplant was performed by surgeon Jan Nielubowicz in 1966. In 1967, the world's first heart transplant took place in Cape Town, South Africa. Surgeon Christian Barnard and his team transplanted the heart of a young boy, who turned out to be a Polish immigrant. The first successful heart transplant in Poland was carried out by Professor Zbigniew Religa in Zabrze in 1985 [3]. Thanks to the efforts of medical professionals and scientists, organ and tissue transplants have made significant progress in recent years. Unfortunately, the waiting list for transplants remains

long. Despite its relatively low profile and the strong advantage it holds among medical fields, transplantation has become a treatment method that gives meaning, hope, and a new, better life to patients suffering from end-stage multi-organ failure. Many of us are unaware that there are individuals in our surroundings who have undergone or are waiting for a transplant. After all, over one million people worldwide currently live with an organ donated by another human, and 90% of them received it from a deceased donor.

We are living in extraordinary times, times of scientific progress. Like many other branches of medicine, transplantation has come a long way. Major advancements in organ transplantation have raised issues and areas that were never discussed before. This includes the ethical, religious, and ideological dimensions of organ transplantation [2]. A „donor” is a person who voluntarily, gratuitously, without coercion, and with full awareness, donates their organs to others, independent of any financial interests. There are two types of donors. Organs for transplantation can be retrieved from deceased or living individuals. According to Polish law, a lack of objection during one’s lifetime means that after death, a person is considered a potential organ donor [2]. An ethical issue is that everyone has the right to change their mind, and the absence of an entry in the Central Objection Register can be contested by relatives and family members. Another obstacle is the fact that often the deceased did not express their opinion about organ donation during their lifetime [6]. One of the key reasons why organ donation is not always approved is the lack of public trust in the medical definition of brain death and the procedures used to determine it. This is often because the donor is usually a young, previously healthy individual who died suddenly. Families struggle to comprehend that their loved one is gone, especially when they see their heartbeat on the monitor and breathing sustained by a ventilator. This is often coupled with the family’s constant hope for health improvement and recovery [6].

In our society, where there is a deep respect for the deceased, a significant group of people, regardless of their worldview, are opposed to the removal of their organs. They justify their decision by expressing disapproval of disturbing the body after death [6]. Transplantology cannot be considered in isolation from socio-cultural conditions. It is a field of medicine that is highly sensitive to crisis situations and continues to generate controversy and public fear. Due to respect for human autonomy, only an individual has the right to decide about their own body, and consent to donate organs after death is an invaluable act [6]. The issue of transplantation is a common topic in society, including from a religious perspective. Attempting to view transplantology through a cultural and religious lens is a unique challenge, as this issue affects those who participate in a specific religious and moral system that underpins their behaviours, thought processes, practices, and the duties, commands, and prohibitions they follow. There is great diversity in religious approaches, which is reflected primarily in the guidelines and methods for recognising death, granting consent for organ donation, organ donation practices, and respect for human remains [7].

The key legal act that regulates and organises the transplant system in Poland is the Act on the collection, storage and transplantation of cells, tissues and organs of 1 July 2005, which includes legal regulations and 24 executive orders, among them:

1. Organ collection from a deceased person is possible after brain death is diagnosed.
2. The Central Objection Register – the collection of organs and tissues is only possible if the deceased did not register an objection during their lifetime.
3. The Act permits the collection of a paired organ (e.g. a kidney) or a portion of the liver from a living donor if it is the only treatment method and pertains to related individuals.
4. The Act addresses the principle of organ allocation, which concerns individuals registered on the National Waiting List.
5. The Act identifies institutions that monitor the quality and safety of transplantation procedures, including: the Ministry of Health, the National Centre for Tissue and Cell Banking, and the Polish Transplant Coordinating Centre POLTRANSPLANT.
6. The Act regulates the establishment and operation of bone marrow donor centres.
7. According to the Act, the import and export of transplants to and from Poland is strictly registered and controlled by the Director of POLTRANSPLANT.
8. The financing of transplant collection is exclusively funded by public resources, with the Ministry of Health and the National Health Fund serving as the payers.
9. The law prohibits the trade of cells, tissues, and organs [3].

The obligation to declare brain death is a globally respected principle that allows the retrieval of organs from a potential donor. For centuries, the unambiguous criterion of death was based solely on the cessation of circulation and respiratory function. Today, however, we are capable of restoring circulation and maintaining the function of other organs. The sole exception is the brain, whose death is synonymous with the death of the individual. Detailed guidelines on the procedures for confirming brain death are outlined in the Notice of the Minister of Health of 4 December 2019 on the Manner and Criteria for Determining Permanent Irreversible Cessation of Brain Function. The Protocol for Determination of Brain Death is signed by two specialist doctors, who definitively confirm death [8].

Hospitals are legally obligated to report potential organ donors to POLTRANSPLANT, the Polish Transplant Coordinating Centre, which operates based on the Ordinance of the Minister of Health of 2 July 2010 (Dz. Urz. /Official Journal/ of the Minister of Health of 21 July 2010 No. 9, item 58) as amended (Dz. Urz. /Official Journal/ of the Minister of Health of 19 January 2016, item 10) of potential organ donors. This report is made by the transplant coordinator, who oversees the entire process [9]. A person in this position shapes the image of transplantology, conducts training, maintains documentation, and engages in often challenging and emotional conversations with families, which can be filled with both positive and negative energy.

Why, despite legal regulations and therapeutic successes, does transplantology so often face opposition? The reasons can be found in many places: a lack of public trust in the medical definition of brain death and the procedures for declaring it, concerns over the „respect” for the deceased’s body, where families do not wish for it to be disturbed, despite the transplant team’s full professionalism and respect during organ retrieval, or simply ignorance stemming from a lack of conversation on the topic. Where to look for the solution? Primarily in education—transplantation and the key elements of life-saving procedures should be taught from an early age, so that individuals can make informed decisions about future actions.

It is important to emphasise that death is an inevitable phenomenon, but it does not only concern the person who is dying, but also those who remain alive. The finality of death, along with the acceptance of loss, is a necessary cycle in the life of a family, essential for its continued functioning. After all, every second, two people die, and in their place, four new ones are born. This is the cycle of human life, but the pain and suffering caused by loss often lead us to denial, rejection, and an attempt to blur reality. That is why it is so important to make families aware of the essence of transplantation, to provide them with accurate information about the treatment and the subsequent procedures—after all, they are not only informed of the death of their loved one, but they are also faced with the decision of „passing on life”. Relatives of the deceased should not be burdened with guilt but should instead find meaning and a sense of purpose in the fight to save another person’s life. After all, life is the most beautiful gift we can offer to another person.

Conclusions

In Poland, transplantology remains a very difficult topic, and doctors, nurses, and hospital coordinators still struggle with biases regarding its effectiveness. The number of donors in Poland is insufficient, particularly with a shortage of paediatric donors. As society ages and lifestyle diseases increase, the number of people with end-stage organ failure continues to rise, and transplantation remains the only chance to improve and extend their lives. In Poland, organs are collected annually from approximately 450-500 deceased donors and around 100 living donors. In 2022, a total of 1,503 organs were transplanted—1,402 from deceased donors (784 kidneys, 334 livers, 173 hearts, 93 lungs, and 18 pancreases) and 101 from living donors (73 kidneys and 28 liver fragments). Despite this, by the end of 2022, over 1,850 people were on the National Transplant Waiting List. These figures show just how much work still needs to be done [10].

The lack of awareness in society contributes to fewer harvested and transplanted organs. Therefore, our decision-making is crucial in helping families make the right choice and giving our death a meaningful purpose. Transplantology is a unique field because each of us can play a part in it. With a declaration of will, we can ensure that a part of us will live on in someone else.

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