HEALTH COMM MTG 9 DOK 12

Attitudes towards organ donation in Malta in the last decade

Mary Anne Lauri

Abstract

Organ transplantation is possibly one of the few cases when even though the medical professionals have the expertise to carry out transplants of certain organs, and even though a person may have financial resources to cover every possible cost, the treatment can prove impossible to give because of the absence of an organ to transplant. It is for this reason that many countries spend thousands of pounds on promoting organ donation through health campaigns. In this paper the results of four surveys carried out before and after a national campaign for promoting organ donation will be analysed. A quota sample of 400 participants took part in each survey. The results show that, after the campaign, attitudes towards organ donation became more positive and this phenomenon was maintained for 10 years after the campaign.

Keywords

Attitudes, health campaigns, organ donation

Mary Anne Lauri PhD (Lond), CPsychol
Department of Psychology, University of Malta
Email: mary-anne.lauri@um.edu.mt

Introduction

The use of human organs for transplantation has steadily increased in the past decades. Organ transplantation is now the most cost-effective treatment for end-stage renal failure. It is also the only available treatment for end-stage failure of organs such as liver, lung and heart.[1] Organ donation and transplantation have been studied from the medical and ethical aspects, yet few researchers have studied their psychological implications even though it is clearly evident that some of the problems in procuring organs for transplantation are psychological in nature.

Two of the first researchers to study the willingness of people to donate their organs after their death were Cleveland and Johnson in 1970. In this and later studies, Cleveland found that subjects who were not willing to sign a donor card showed more fear of death and burial than those who said they have signed a donor card. Unwilling donors also avoided acknowledging their own mortality and believed more in life after death.[2]

Psychological research on organ donation

Various researchers have identified certain psychological variables which are associated with the willingness to donate one's organs after death and with carrying a donor card. Some variables identified included low death and body anxiety[3], altruism[4], empathy[5] and acceptance of mortality.[6] It was also found that some of the fears were the result of an illusion of lingering life, an uneasiness at the thought of cutting up the dead body and a certain discomfort about not keeping the dead body intact.[7]

The intention to donate organs after their death is higher in urban dwellers, females who are practicing Catholics, those who do not agree totally with the notion that the body remains intact after death, those who have a favourable attitude towards autopsy, those who are blood donors or who have donated blood in the past, and those who know the 'favourable' opinion of their relatives regarding donation and transplantation.[8,9]

Attitudes and behaviour

There is a discrepancy between, on the one hand, people's appreciation of transplantation surgery and their willingness to receive organs and, on the other hand, the considerably lower willingness to donate their own organs or organs of a close relative. While most people are in favour of organ donation, yet it is only a small percentage of these people that actually carry the

Table 3: Respondents who would donate organs of dead relatives

	Survey 1	Survey 2	Survey 3	Survey 4	Difference between 1st/2nd surveys: *p* values	Difference between 1st/3rd surveys: *p* values	Difference between 1st/4th surveys: *p* values
Situation 1	35%	44%	41%	47%	0.004	0.04	<0.001
Situation 2	56%	63%	62%	67%	0.03	0.03	0.001
Situation 3	53%	59%	62%	67%	0.05	0.005	<0.001

relative's organs, whether it was the knowledge that the person wanted to donate or whether the deceased actually carried the donor card.

Survey question: *Suppose you had a relative who died and the doctors asked your permission to take the organs. Would you give permission in the following situations:*

Situation 1: Your relative was not carrying a donor card and had never made his or her views clear.

Situation 2: If this time your relative was not carrying a donor card, but had made it clear that he or she is willing to donate their organs.

Situation 3: If this time your relative was carrying a donor card but had not made it clear that he or she was willing to donate their organs.

The results indicate that, in all three situations, the campaign seemed to have a lasting effect on the proportion of respondents who would agree to donate a deceased relative's organs. It is also clear that in situations 2 and 3, when the relatives would have known the wishes of the deceased, this decision would be greatly facilitated.

Changes in attitudes towards organ donation

Some of the above results are shown graphically in the diagram below. Where there were internalization of campaign messages, the change in attitudes was sustained.

Other measures of effectiveness

Another measure used to evaluate the effectiveness of the campaign was the number of organs donated and the number of organ transplants carried out (Figure 2). It is of course impossible to claim that the increase in the number of organs donated was solely the result of the campaign. There were other reasons which gave rise to this increase for example the expansion of ITU beds, the appointment of another transplant surgeon and better donor testing. All these factors increased the chance that potential organ donors survive brain testing and recipients could therefore receive an organ transplant. One other factor to be considered is the decision to increase the acceptance rate of suboptimal organ donors, such as elderly patients and those with a history of comorbid diseases such as mild hypertension.

Table 4 shows the number of multi-organ cadaveric donors as well as live donors. It also gives the number of kidney, cornea and heart transplants that were carried out between 1989 (the year data became available) and 2005. It is to be noted that Malta has an agreement with a particular hospital in Italy, and when the organs procured from a cadaveric donor are incompatible with any of the Maltese patients waiting for a transplant, these organs are sent to the Italian hospital. This means that the actual number of organs procured is even higher than the figures shown.

Figure 1: Summary of survey results

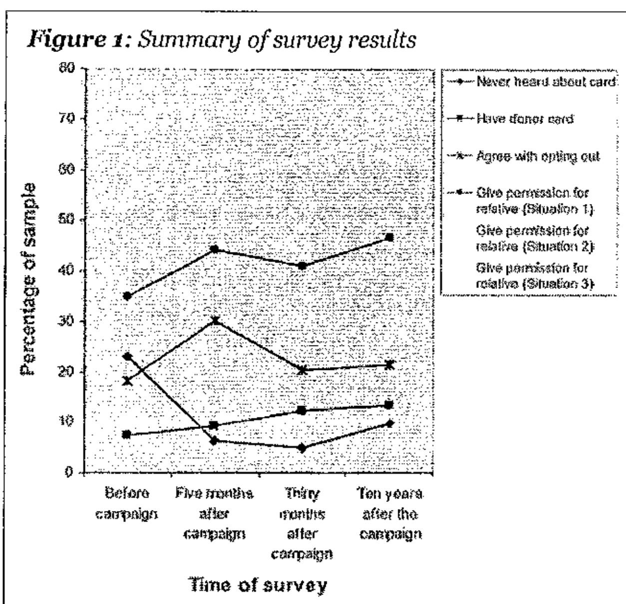
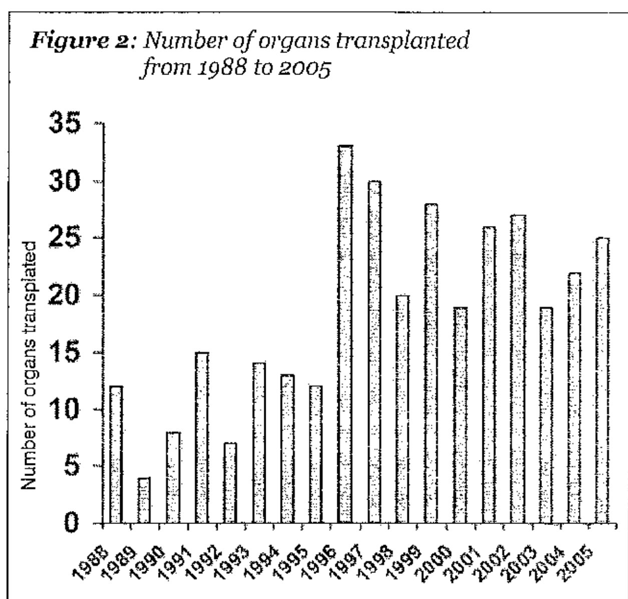


Figure 2: Number of organs transplanted from 1988 to 2005



The number of donations in the year 1996, immediately after the campaign, was substantially higher than the previous years. This could have been instigated by the fact that because organ donation was so much part of public discourse, relatives of dead patients themselves initiated the discussion of a possible donation. It is also significant that the first heart transplant was performed in 1996 when the post-campaign morale of doctors and donor families was high.

Conclusion

Public awareness and opinion could have an important role in increasing organ donation.[1] The results of the four surveys on attitudes towards organ donation indicate that the national campaign succeeded in increasing the number of organ card donors and in creating more positive attitudes towards organ donation. It is significant that this increase was sustained over a decade following the campaign, probably with the help of other campaigns like Life-cycle.

These positive attitudes towards organ donation were accompanied by a better morale amongst the physicians procuring organs. Doctors involved in organ procurement and organ transplantation were interviewed before and after the campaign. From these interviews it was clear that an important change had taken place in the attitudes of these doctors. Although they were already doing their best to procure organs, after the campaign, they found it easier to approach families of possible donors. Because the topic of organ donation was very often in the media, the families already knew about organ donation and were expecting the doctors to bring the subject up.

Table 4: Cadaveric and live donations

Year	Multi-organ cadaveric donors	Live donors	Transplants: Kidney	Cornea	Heart
1988	1	3	7	5	0
1989	1	2	4	0	0
1990	2	5	8	0	0
1991	4	3	10	5	0
1992	1	0	2	5	0
1993	4	0	8	6	0
1994	2	3	7	6	0
1995	2	0	4	8	0
1996	7	0	14	18	1
1997	4	1	8	20	2
1998	3	1	7	12	1
1999	4	2	8	20	0
2000	5	1	9	9	1
2001	6	0	11	14	1
2002	6	3	12	14	1
2003	5	1	9	10	0
2004	4	4	10	11	0
2005	4	3	7	17	1

Source: A. Bugeja (2006), Transplant co-ordinator

This facilitated the discussion on the possibility of a donation and made it much less difficult for the doctors to ask. This change is important because ultimately it is these doctors who must take the initiative to approach the relatives of the patient. If the doctors are not psychologically prepared to deal with this emotion-laden request, the procurement does not take place.

References

1 Organ donation and transplantation policy options at EU level. Consultation document. June 2006. http://ec.europa.eu/health/ph_threats/human_substance/oc_organs/consultation_paper.pdf accessed on 14 th August 2006.

2 Cleveland SE, Johnson DI. Motivation and readiness of potential human tissue donors and nondonors. Psychosomatic Medicine. 1970; 32: 225-31

3 Kopfman JE, Smith SW, Yun JK, Hodges A. Affective and cognitive reactions to narrative versus statistical evidence of organ donation messages. Journal of Applied Communication Research.1998; 26:279-300.

4 Kopfman JE, Smith SW. Understanding the audiences of a health communication campaign: A discriminant analysis of potential organ donors based on intent to donate. Journal of Applied Communication Research. 1996; 24: 22-49.

5 Skumanich SA, Kintsfather DP. Promoting the organ donation card: A causal model of persuasion effects. Social Science and Medicine.1996; 43: 401-8.

6 Robbins RA. Signing an organ donor card: Psychological Factors. Death Studies. 1990; 14: 219-29.

7 Sanner M. Attitudes towards organ donation and transplantation. A model for understanding reactions to medical procedures after death. Social Science and Medicine. 1994; 38(8): 1141-52.

8 Calvo BR., Blanca MJ de Frutos MA. Decision making about organ donation in the Andalusian population. Psicothema. 2002; 14(2): 300-9.

9 Perkins K. The shortage of cadaveric donor organs for transplantation: Can psychology help? American Psychologist. 1987; 42(10): 921-30.

10 Should organ donation registers move from an opt-in to an opt-out system? 2003. http://www.idebate.org/debatabase/topic_details.php?topicID=216 accessed on 2nd Febuary 2005.

11 Borgida E, Conner C, Manteufel L. Understanding living kidney donation: a behavioural decision-making perspective. In.: Spacepan S, Oskamp S, editors. Helping and being helped. CA: Sage.1992. p.183-211.

12 Sanner M. Attitudes towards organ donation and transplantation. A model for understanding reactions to medical procedures after death. Social Science Medicine. 1994; 38(8): 1141-52.

13 Kelly J. Medico-moral problems. Dublin: Clonmore and Reynolds Ltd.; 1960.

14 Morgan S. Miller JK. Communicating about gifts of life; the effect of knowledge, attitudes and altruism on behavioural intentions regarding organ donation. Journal of Applied Communication Research. 2002; 30(2): 163-78.

15 Lauri MA. The lay person and transplantation. In Cauchi MN. editor, Patients' rights, reproductive technology, transplantation. Malta, The Bioethics Consultative Committee; 2000. p.106-126.

16 Lauri MA, Lauri J. Social representations of organ donors and non-donors. Journal of Community and Applied Social Psychology. 2005;15: 108-19.

17 British Kidney Patient Association.Organ donation. London: Social Surveys Gallup Poll Ltd. 1994.