

Curriculum Units by Fellows of the Yale-New Haven Teachers Institute 2001 Volume I: Medicine, Ethics, and Law

Organ and Tissue Donors

Curriculum Unit 01.01.06 by Grayce P. Storey

Introduction

There are many ethical issues that comes to mind when I think of organ donations. It was only a short while ago a program regarding Organ Transplants was aired on national television that a company revealed that they dispersed the most organs for transplanting. The question that came to my mind was, is there race on between organizations? Interesting, on that same program was a couple still grieving over the loss of their little girl, they explained that they felt coerced into giving their daughter's organs to that particular organization to be used for transplants. There was really no need for that to have occurred. The procurement organizations provide ample support, patience, and information to donor families.

I discussed Organ Donors with my students to get an idea of their concerns. It was interesting to learn that we share some of the some concerns. Some of the ethical issues of my students that I found fascinating are:

- Is it ethically wrong for a family to deny loved one's organs once they are pronounced dead?
- Are you denied an organ if you are financially depleted?
- Does race play a part in who gets the organ?
- Does special organizations help with the cost of transplanting?

My students concluded that their organ parts are theirs, therefore they should not feel intimidated nor threatened if they should decide not to donate their organs.

It was brought to my attention that the low percentage of donors is due to the lack of public education regarding the benefits of organ donations. Eighty percent (80%) of my students concluded that, "maybe I will become an organ donor because I will be dead anyway." Some wanted to be buried with their organs. Some said "make sure I am really dead before you try anything". With live organ donations they had no problems. They thought it was a good idea to be able to help mankind. The conversation was great but in reality have no idea of what is actually involved in becoming an organ donor.

I think this unit will be of great interest to my students judging from their responses in class as well as a good

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public relations piece. I am limited in what I can share. I hope to gain an abundance of knowledge in my seminar, Medical Ethics and The Law. I am sure the information extrapolated from this seminar will be educational for me and my students in the humanistic and legal aspects on becoming an organ and tissue donor. It is my desire that they will share their gained knowledge with family and friends thereby helping to increase the number of organ and tissues donations.

This unit will be taught in my eighth grade science class for two weeks. The unit will consist of an introduction several sub-topics such as:

- What are the organs and tissues that can be used for transplant? (all organs tissue and bone marrow)
- Who can be a donor? (almost anyone, physical and medical circumstances prevent individuals from becoming a donor)
- Cost! (the donor does not have to pay, only the recipient but not for the organ, but for all fees involved in the transplant)
- Who gets the organ? (qualified physicians determine who gets the organs according to specific guidelines)
- Bereavement! (a specified support staff is in place to assist)
- Tissue donors, ethical issues and questions, a sample donor card, a conclusion, lesson plans, resource list, end notes, a suggested reading list, and a bibliography.

I am inspired to do this unit because my sister died from a rare liver disease and an organ was not available. She was on the liver transplant list for many months. Once the declining process was in full swing it seemed to have moved very rapidly. You see, she received a tainted blood transfusion that caused this problem. She lived about 15 years after the transfusion. Once the blood got into her body it was too late, although they stopped the transfusion. I feel that had she received a liver she would have lived. I am very bitter about the whole episode, the rush was made too late to pair her up. My heart goes out to those who may have to endure similar circumstances. That is why I want others to be aware of the importance of becoming an organ donor.

The purpose of developing this unit is to educate the students of the importance of becoming an organ and tissue donor. This unit will enhance the students thinking skills in decision making. The fact needs to be emphasized that there are young people that are in need of organs, tissue, and bone marrow. They too may be able to save a life. My intent is that the knowledge obtained from this unit will be shared with family members and the community and the community will become actively involved in organ donations.

This unit will embrace the objective of the Improved Comprehensive School Plan (ICSP), by stressing critical and analytical thinking. It will also address literacy which is a focal issue throughout the city.

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Organs and Tissues that can be Transplanted

"Organ donation is a serious endeavor. There are more than 70,000 men, women, and children currently waiting for a life-saving organ transplant".1 Unfortunately one third of these patients will die before an organ becomes available. Statistically that is about twelve a day, therefore can the lack of education permit this to continue? more people need to be informed of these statistics. We are told that this is a national health crisis and we (you and me) are the cure. Ethically if we have in our possession a cure for a life threatening disease, is it wrong to with hold it? Is it wrong to share? We always teach our little ones to share with other siblings. I encourage all to discuss organ donations with family and loved ones. Now is the time to have those discussions because during the time of grief makes it more difficult. "A recent Gallop poll found that 93% of respondents would consent to donation if the knew their loved one's wishes"2

The organization that is responsible for procurement activity is the, Organ Procurement Organization (OPO). Their job description includes discussing donation with the family. They evaluate the potential donor. Once the decision has been made to donate it becomes the OP,s responsibility to arrange for the surgical removal of designated organ(s). These surgeons and nurses are a special team. Once the organs have been removed they then must preserve the organs and distribute them according to organ sharing policies. There are sixty organ procurement organizations in the United States. In Connecticut, The procurement organization is at the North East Organ Procurement Organization and Tissue Bank, Hartford Hospital and Yale New Haven Hospital.

Organ donation should serve as a wake-up call to the African American communities. "Health officials agree that an increase in organ donation among minorities can lead to earlier and more successful transplants, especially for African Americans."3 This is based on the success rate when a donor and recipient are of the same ethnic background are matched. The posting of the United Network of Organ Sharing show that "nearly half of the 60,000 on the waiting list are African American, Hispanic, Asian Americans, and other minorities, but 25% of donors",4 each year come from these groups

In June of 1999, the United Network for Organ Sharing (UNOS), approved the splitting of livers. This process will increase the number of livers and decrease mortality especially in pediatric patients. This process involves dividing a transplantable liver into two segments. The smaller segment usually is used in a child and the remainder is used for adults. This process has been proven successful.

In response to many of the student concerns "make sure I am really dead before you try anything,"...all of the medical care possible will be given to an individual before they are pronounced dead. The quality of medical care will not be altered because the patient has decided to be a donor. Not one but two licensed physicians must declare the patient legally brain dead before organ recovery begins. I reiterate, the recovery is done by a different group of physicians and nurses from those that normally wait on the patient. Once the recovery is completed, if the family is desirous of an open casket funeral it is perfectly all right. The body will not show any outward sign of donations. This was also a concern of my students.

Listing of Organs and Tissues that can be Donated

- Heart
- Kidney

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- Pancreas
- Eyes
- Lungs
- Liver
- Intestines
- Veins
- Skin
- Bone
- Heart Valves
- Fascia Tissue
- Bone Marrow

Who can be A Donor?

- The criterion for becoming a donor are
- Medical stability
- No contagious diseases
- · No minority diseases
- Good physical condition

If religion is an issue that hinders you from becoming a donor, the good news is that most religious organizations encourage or support organ donations. Some look at it as: an act of charity, helping mankind is an act of brotherly love, and saving a life is a priority if possible is what is expected. There are some religions which say it is up to the individual's conscience. Lastly, there is that very few which says no! Even fewer believe that all body parts should be left in tact because after death the soul still retains the physical shape. So, in answer to the question who can be a donor ...anyone provided they meet the required criterion.

If you contemplating on becoming an organ or tissue donor, is your family must be made aware of you decision. A suggested time to make your family aware of your wishes is when they are all together, such as meal time. If the individual is under eighteen parental or guardian consent is necessary. Although the individual maybe under eighteen there is no age limit on who can be a donor

By becoming a donor it is possible that you can help as many as one hundred fifty people. Pancreastwo people, heartone person, corneatwo people, bonemany people, intestinemany people, bone marrowmany people etc. I'm sure you get the picture.

There are many ways to promote becoming a donor. I encourage you to come with some idea of your own. To

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get you started here are a few suggestions:

- Talk it up with your friends
- At school get permission to bring in a resource person (Presently at Yale New Haven Hospital, the contact person is N'Zinga Shani, she is the Education Coordinator for the New England Bank at Yale. The clinical person is Cheryl Edwards and the donation coordinator is Sheryl Duland)
- Talk up donors in different church organizations
- Involve the family, ask parents to talk about becoming a donor on their jobs
- Your local chapter is an excellent resource center. They too may come up with more ideas to spread the importance of becoming a donor

Cost

The recipient pays for all donations, usually through insurance, Medicare, or Medicaid. Organs cannot be bought nor sold in the U.S. It would be in violation of the law to attempt to do so, (public Law 98-507.) Also The National Organ Transplantation Act prohibits the sale of organs. Violators can be prosecuted, fined, or imprisoned. If there were such guidelines, the rich would have a monopoly over organ donations. An ethical issue that would arise out of such an advantage is, why should the rich would live and the poor would die?

Public Law 106-554 provides significant enforcement in the Medicare coverage and anti-rejection medications needed by transplant patients. Medicare also pays for some heart, lung, and liver transplants if the recipients are 65 and or disabled. This group is also eligible for indefinite drug coverage.

The organ procurement agency absorbs all cost related to organ extraction's for transplant. Knowing that there is no cost involved is a factor that all donors should be made aware of.

Who Gets the Organ?

Ethical Issue Does having wealth have anything to do with organ priority distribution? All organs are allocated according to blood type, height, weight, tissue type, length of time on the waiting list, medical urgency, and geographical location. If the recipient does not meet the requirements it would be the waste of an organ that someone that would meet the requirements could use. For an example, what would be the use of trying to fit

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an obese tall man's liver into the body of a normal twelve year old? In a mandate issued by congress in the fall of 1998, states that, "the Institute Of Medicine (IOM), endorsed the role of Health and Human Services (HHS) in ensure the fairness and effectiveness of the nation's organ transplantation system...National transplantation policies are developed by the Organ Procurement and Transplantation Network (OPTN) for approval by HHS".5 The bottom line is that this policy is in the best interest of the patient.

The IOM's focus was and still is on liver transplantation policies. Livers are in short supply. The physicians will make the call on who gets the liver. The call however is not a random call but upon need and meeting the specified requirements. Therefore the patient that receives the liver is the patient with the greatest medical need. An ethical issue that arise out of this decision is, is it fair for an individual to receive priority if he willfully destroys his liver by drinking? SCENARIO The alcoholic started off as a social drinker and his habit mushroomed into a serious alcoholic. Now his liver has been destroyed due to his excessive drinking. In order for him to live he has to get a liver transplant. He is placed as a priority on the liver transplant list. On the other hand there is a patient that went into the hospital for an operation. During the surgery the doctors decided that she needed a blood transfusion. They gave her the blood and she came down with a rare liver disorder. Now she too needs a liver. She too is placed as a priority on the liver transplant list. Question, who should get the liver? Should it be the individual that drank himself into poor health or should it be the individual that received a tainted blood transfusion? The answer of course will rest with those qualified physicians whose job is to make those decisions based on fairness and the other criteria for distribution.

Each day sixty people on the waiting list receives an organ and lives, but the down side is, seventeen people on the waiting list dies. There just aren't enough organs to go around.

"Ethnicity is a factor in organ donation. Some diseases of the kidney, heart, lungs, pancreas, and liver are found more frequently in racial and minorities than in the general population. Successful transplantation often is enhanced by the matching of organs between members of the same ethnic and racial group".6 Genetically speaking, people of the same ethnic race are more similar than people of other races. That is why it is important for more minorities to become donors. This will have to occur in order for the death rate among minorities to go down and the long waiting period would decrease for transplants. That is not to say that if you are donating you can go in and specify who is to get your organs. If that were the case your offer to donate will be declined.

If a wealthy person comes to this country from another country in need of an organ transplant and he or she meets the necessary requirements he or she may be put at the head of the list. He or she may be put ahead of an American citizen. Some questions may arise such; why didn't he or she stay in their own country? Why must an American die in order for the foreigner to live? All of these are good arguments but the fact remains, the criterion for selecting a patient for transplant stands. However, there is a policy in place that prohibits the granting of too many non-citizens organs for transplant.

If you are looking to purchase an organ , and I strongly advise everyone not to ever to consider such an act. Nevertheless, there are countries that do participate in this type of activity and they are in the realms of the law, for an example, India. These procuring facilities are not suitable They are not up to the sanitation standards. You put the recipient's health at risk if you choose organs from these facilities. The preserving source is not of a quality to be desired. The donors sometimes prevaricate regarding their health. Keep in mind it is the poor that donate their organs for money. A good practice is to stay far away from such facilities. An ethical issue Is it wrong to sell organs for money?

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Bereavement

A special trained staff is available to assist families who are participants in the organ donor program. They are available for weeks and months after the death of a loved one. There is literature for the bereaved family that is provided by the Donor Family Program. The family receives letters, telephone calls, and there is an annual gathering in memory of the donors. They have the privilege of making contact with other donor families. Families may participate in a bereavement support group. They may choose a skilled person to work with them.

The Transplant Network, writes letters of condolence and thanks to every donor family, "Included in the letter is a Certificate of Appreciation from the U.S. Surgeon General and the National Kidney Foundation's book For Those Who Give and Grieve."7

The National Transplant Network also write letters of appreciation to the hospital staff. They are also given information on the organs that were transplanted. The purpose of these letters is to provide information to the families and health care personnel about the recipients while respecting their confidentiality.

Posted on the California Transplant Donor Network web page is a Bill of Rights for Donor Families. The three that stand out most in my mind are:

- 1. To be provided with time, privacy, freedom from coercion, confidentiality, and the services of an appropriate support person and other resources, which are essential to optimal care for the family and to enable family members to make an informal and free decision about donation.
- 2. To be cared for in a manner that is sensitive to the family's need and capacities by specially trained individuals.
- 3. To have opportunity to spend time alone with loved one before and after the process of removal of tissue or organ, and to say their "good byes" in a manner that is appropriate to the present and future needs of the family consistent with their cultural and religious identity.

I think the most comforting aspect of the bereavement process is to know that you are not going through the ordeal alone. There are a lot of trained people to assist and help you get through. There are families that can empathize from a very personal level.

Tissue Donations

It was just this year 2001 that a thrust was made in my school to provide all of the students who did not have glasses, but needed them, with glasses. Fortunately the eye glasses made the difference. Corneal blindness is a condition that glasses cannot correct. It requires surgery. The cornea is a small piece of tissue, a little larger than a contact lens. It covers that part of the eye that you can see, the front. The cornea is a piece of tissue that can be recovered and transplanted. The majority of people who are affected with corneal blindness is under the age of thirty. On the world wide scale corneal blindness affect more than ten million people.

The cornea can be affected by trauma, disease, and of course inherited conditions. The results can cause loss of sight or blindness. With a cornea transplant operation the sight can be restored.

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The Tissue Bank International (TBI) have facilities in thirty-three U.S. locations. Many of the recovered tissue has nothing to do with being able to restore sight. These non-ocular tissues include musculoskeletal tissue, bone ligaments, and tendons which are necessary for mobility, skin which is used in reconstructive surgery saphenous veins and more.

Previously patients had to wait months or even years for tissue to become available. Today there is virtually no waiting no lines. For those who have lost their sight and can get it restored this is good news. Can you imagine what it would be like if you were unable to look upon some of the beauties of nature?

Conclusion

Until now I have never really given much thought to becoming an organ or tissue donor. It wasn't until I researched this topic that I saw the real importance. As I previously mentioned, my sister died from the lack of an organ (liver). I also learned that of all the organs the liver is the hardest to find. they are in short supply.

Making a decision to become an organ or tissue donor requires thought. After you have seriously given thought about becoming a donor the next step is to discuss your decision over with your family. Make the family aware that there is assistance available to help them get through the bereavement period. Let them know that if they wish they can meet and talk with the recipient of organ(s) donated. Let them also know that a part of them will still be alive but in the body of another person or persons.

The dispersal of organs is not a random process. There are specifics that must be met before you can receive an organ. The specifics are proper blood type, tissue type, length of time on the waiting list, medical urgency, and geographical location. There some stipulations where organs will not be accepted for transplant. These stipulations include physical and medical discrepancies such as diseases and instability.

Black market organs for sale in India really are no black market. Selling body parts are in the confines of the law. The procedure in which these organs are procured and preserved causes an eye brow to be raised as well as questions. It may be well if these facilities were shunned.

The gift of life, I have learned is a marvelous opportunity to do some good for your fellowman. Who knows, I may have to depend on someone's organ to keep me alive or to enjoy the beauty of nature. I will not have to worry about my financial status because I have learned that my insurance company along with Medicare and Medicaid is there to assist me. Because of the fairness involved in becoming a recipient there is no need to become anxious that the rich and famous will receive preferential treatment. There is no monopoly. The only concern is the availability of an organ.

By becoming a donor will not disfigure the body. Therefore after the donations have been made, and the family is desires they can still have an open casket funeral. This will be good because it will allow others the opportunity to see first hand that donations does not have any physical outward affects on the appearance.

Young people under the age of thirty are affected by corneal blindness. In the thirty three facilities in the U.S. there is no line. The cornea is a tissue that can be recovered and transplanted. The cornea is that small piece of transparent tissue across the front of the eye.

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If you are physically able you are able to become an organ, tissue, or bone marrow donor. In reality you are giving part(s) of your body to someone that is in dire need in order to remain alive. Look at it for what it really is, a gift of life. You will be helping mankind and bringing lots of joy back into the lives of others.

Ethical Issues and Questions

If I am a black woman and I was the victim of an accident, will I be with held medical assistance once they found out I signed a donor card?

Who will determine who gets my organs?

Does the prominent people in society have a monopoly over the common people when the decision is made who gets the organ?

Why shouldn't favoritism be given to the youth over the aged because they may have longer to live?

If I have no income and I am in need of an organ transplant am I denied?

Does a foreigner get priority over an American when a transplant is needed?

How old does one have to be in order to become a donor?

Will donations disfigure the body if an open casket funeral is desired?

What about live donations? Does every one have to be dead to be a donor?

What is the criterion for becoming a donor?

Who is the Education Coordinator at Yale for organ and tissue donations?

Does race play a part as to who receives an organ?

Can organs be bought and sold?

What are some start up ideas on how to tell others how to become donors?

UNIFORM DONOR CARD

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take affect upon my death. the following indicates my desires:

I give

(a) _____any needed organs or tissues
or

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(b)	only the following organs or tissues
(Specify	the organ(s) or tissue(s)
for the p	urpose of transplantation, therapy, medical research or education.
Signature	e of Donor
Signature	e of Witness
/	_/
Date Sig	ned
City and	State
This is a	legal document under the Uniform Anatomical Gift Act or other similar laws.
Please to	inform your loved ones about your decision to donate
Lesson	n Plans
1. Using	the Computer
Objective	
-	ents will use their writing, critical and analytical skills to discuss the assigned passage.
Activity:	ents will use their writing, enticul und undryficul skins to discuss the ussigned pussage.
	ents will log on their computers to
-	vw.ctdn.org/donor.html
They will	read the poem and jot down notes
They will	write the parts that fascinated them the most

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They will choose three of their fascinations an write three paragraphs. Each containing eight sentences.

At the end they will share their paragraphs with the class

Homework

Ask five people the following questions:

Do you know what a donor is?

Have you ever thought about becoming a donor?

Do you know the name of some of the organs that you can donate?

Would you accept an organ from a deceased person in order to live?

Do you think that it is a good thing to become a donor?

Did you know that there is fewer minorities who donate?

Be prepared to discuss your responses the following day

2. A Resource Speaker

Objective:

The students will enhance their listening and speaking skills through a resource speaker with responses pertinent to the presentation.

Prior to doing this lesson contact N'Zinga Shani, Education Coordinator for the New England Bank at Yale New Haven Hospital. She will inform you of the specifics regarding her presentation. She also has brochures.

Inform the students prior that at the end of the presentation they will receive an "A" for the day if they ask questions. This I find will help them to pay more attention.

3. Debate

Objective:

The students will be divided into two teams, pros and cons, to discuss the issue, "On Be Coming An Organ Donor."

Activity:

Randomly divide the class into two teams

One pros team in favor of becoming a donor

One cons team strongly oppose to becoming a donor

Over night assignment

Inform the students to discuss their opinions with their family, friends, clergy and classmates. The idea is to

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get as much information that they can possibly obtain.

Allow 10 minutes of class time on the day of the debate to meet and get the ideas together.

Allow 20 minutes to debate

10 minutes per team

If there is an uneven number allow that student to be the time keeper

2 minutes of summary per team

Teacher will close with remarks

Invite parents to come in and witness the debate

Resource List

Resource and Links United Network for Organ Sharing (UNOS)

New England Bank at Yale New Haven Hospital

Association for Organ Procurement Organization (AOPO)

National Coalitions Organ Donors (NCOD)

American Liver Foundation

Eye Bank Association of America

Tissue Bank International

Stanford University Transplant Program

Notes

- 1. California Transplant Network htt://www.ctdn.org/pe.html
- 2. Ibid
- 3. June 1999 Community Key in African American Donation Program

http://www.ctdn.org/pe.html

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4. HHS News U.S. Department of Health and Human Services 04/06 2000

hhp://www.hrsa.gov/newsroom/release/2000Release/organadvisorycommittee html

5. Ibid

6. Youth Unite "Not All Angels are in Heaven Some Organ Donors are Still on Earth"

http://user.erol.com/dcoffman/donor 05/01/2001

7. California Transplant Donor Network

http://www.ctdn.org/donor.html 2 of 9

Bibliography

Eggers P.W., "Effect of Transplantation on the Medicare End Stage Renal Disease Program" *New England Medical Journal of Medicine* 318 (1989) 257 (1987) 3037-75

Jeffrey M Prottas "Nonresident Aliens and Access to Organ Transplantation Proceedings", 21 (June 1989) 3428

Task Force Transplantation. 88-89 James F. Childress, Who Shall Live When Not All Can Live," Soundings 53 (1970)

UNOS AP 41989, TE. Starz. 1, R. Sharpiro, & L. Teperman *The Point Proceedings* 21 (June 1989): 3434Robert M. Veatch Allocating Organs by

"Utilitarianism Is Seen as Favoring White over Black" Kennedy Institute of Ethics Newsletter 3 (July1989)

Public Education, California Transplant Donor Network

http://www.ctdn.org/pe.html

Split liver policy, California Transplant Donor Networkhttp://www.ctdn.org.splitlivers.html

Sources and Links

http://www.ctdn.org/donor,html

Donor and Recipients

http://www.ctdn.org/donor.html

Organ and Tissue Donation Initiative

http://www.organdonor.gov/fag.html

HHS News, U.S. Department of Health and Human Services

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http://www.hrsa.gov/newsroom/release/200release/organadvisorycommittee,html

Organ Donation

http://www.organdonor.gov/fag.html

June 1999 Community Key in African American Donation Program

http://www.ctdn.org/pe.html

California transplant Donor Network

http://www.ctdn.org/donor.html

Youth Unite "Not All Angels are in Heaven Some Organ Donors are Still on Earth"

http://users.erols.com/dcoffman/donor 05/01/2000

Suggested Reading List

James L. Bernat, Charles M. Culver and Bernard Gert, "On the Definition and Criterion of Death," 94 *Ann Int. Med.* 389,391 (1981).

Caplan, Arthur. If I Were A Rich Man Could I Buy A Pancreas? Bloomington: Indiana University Press, 1992.

Donor and Recipients

http://www.ctdn.org/donor,html

Robert A. Crouch, Carl Elliot, "Moral Agency and the Family: The Case of Living Related Organ Transplantation", *Cambridge Quarterly of Health Care Ethics* 1999; 8 (3): 275-87.

Patricia Werhane, Moral Imagination and Management Decision Making, Oxford, fourthcoming, 1999.

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