

# THE POSSIBILITY OF DONATION OF ORGANS AND TISSUES

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**Abstract:** Organ and tissue donation is a very important subject in our society in general. I intend to discuss what organ donation is. The importance of organ and tissue donation. About the importance of awareness. Organ or tissue donation is an act by which the living individual decides to help in the treatment of other people. Donation may be from organs (kidney, liver, heart, pancreas and lung) or tissue (cornea, skin, bones, heart valves, cartilage, bone marrow and umbilical cord blood). The donation of organs such as the kidney, part of the liver and bone marrow can be done in life. For the donation of organs of deceased persons, only after the confirmation of the diagnosis of brain death can the procedure be performed. The most common is that it happens to people who suffer some kind of accident that causes head trauma, or who are victims of a stroke (stroke) and evolved to brain death. To understand the transplantation of the organs it is necessary to emphasize that the right to separate parts of the living or dead body integrate the personality, according to the understanding of Maria Helena Diniz (2006, p.249). Most of the time, organ transplantation may be the only life expectancy or the opportunity for a fresh start to about 40,000 patients waiting in the queue for Brazil. The gesture of family members who lose a loved one and decide to donate is an act of life, altruism and generosity, as a single donor can benefit at least ten people and make the difference between life and death. Brazil has the largest public transplant system in the world, responsible for financing about 95% of transplants. It is the second country in absolute number of transplants, behind only the United States.

**Keywords:** Health, Organ Donation, Tissues

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## INTRODUCTION

Organ donation is provided for by the Federal Constitution, has a specific law to regulate the subject (Law 9.434/97) and is dealt with by the Code of Medical Ethics, published by Resolution No. 1.246/88 of the Federal Council of Medicine.

Most of the time, organ transplantation can be the only hope for someone or the opportunity for a fresh start for the approximately 40 thousand patients waiting on the waiting list. We have a huge set of resources involved and rules so that all requirements are met.

From the rules related to medical procedures to who can receive the organs, many factors must be respected.

Organ donation still generates great curiosity about the process to be pursued, what it means and how its stages work. The basic definition of organ transplantation is the removal and exchange of a non-functional organ or one that has a problem for another, and covers a long and extensive path performed by trained professionals.

Currently, Brazil has one of the largest public transplant systems in the world, but it faces some difficulties, such as: bureaucracy and lack of infrastructure, the first being a major problem to be faced, on the part of the donor and those who will receive the organ, while the second, should be something provided by the government, but that does not happen due to negligence in front of society.

It is justified by the fact that Brazil is increasing its rate of organ donations and transplants, but the ideal rate is far from being reached, because in relation to the number of inhabitants in the country, the percentage is very low, and some negative points are pointed out, which influence this, such as: poor distribution of teams that perform transplants throughout Brazil, Precarious infrastructure, unprepared professionals and bureaucracy that slows down the process.



## **DEVELOPMENT**

### **Methodology**

As for the methodology, this was done in the form of an online survey focusing on literature relevant to the subject and informative sites, whether institutional or governmental, also on medical and scientific research sites.

This work is a descriptive literature review that includes articles from electronic journals and literary works, published over the last few years. To select the articles studied, we analyzed several scientific articles and literary works pertinent to the theme. The criterion for choosing was the approach to the subthemes into which this study is divided: organ transplantation, health education, organ donation and harvesting. To capture the results, we conducted a survey and a comparison between the opinions of the selected articles, from different authors, so that the documentary analysis of the subject allows us to outline a generalist picture with a wealth of information about each subtheme.

### **Results and Discussions**

The topic of human organ transplantation and organ donation are controversial and have aroused interest and discussions in several areas. The lack of clarification, the sensationalist news about organ trafficking that generates various fears, the absence of permanent programs aimed at raising awareness among the population, such as good publicity and marketing, and the encouragement of organ harvesting, contribute to fueling doubts and ingraining myths and prejudices (NEUMANN, 1997). Perhaps, for these reasons, there is an insufficient number of donors and a great loss of potential donors, prolonging the suffering of patients who depend on organ donation, condemning them to remain on an endless waiting list (MORAES, GALLANI; MENEGHIN, 2006). The incentive must start clearly, through the communication networks, proposed in the health centers in the face of the presentation of the proposal by health professionals and in the private and public health networks.



Tissue organ donation is seen by society, in general, as an act of solidarity and love from family members as well as postmortem donors. However, it requires decision-making at a time of extreme pain and anguish motivated by the impact of the news of death, by the feeling of loss and by the unexpected interruption of a life trajectory (ALENCAR, 2006). Today, with the modification of the criteria for death, the concept of brain death and the possibility of using donor organs and tissues arise. When there is not a good understanding of the organ donation process, the relatives of potential donors feel apprehensive, in doubt and undecided at the time of the occurrence, because it is a subject about which they do not have much clarification (ALENCAR, 2006). This fact should be discussed even in the case of the donor or possible donor. The objectives of the present study are to conduct a literature review on factors associated with specific education for organ donation and to emphasize how a higher level of knowledge on the subject positively influences the statistics of organ donation

A potential donor is a patient who is admitted to a hospital, under medical care, for severe brain collapse caused by an accident with head trauma, stroke, tumor and others, with subsequent irreversible damage to the brain.

When there is the identification of a potential donor in an intensive care unit or emergency room, there is a mandatory notification to the Notification, Procurement and Distribution of Organs and Tissues (CNCDO) Center, decentralized in OPOs (Organ Procurement Organization). Thus, the professionals of an intensive care unit have the ethical commitment to notify a potential donor to the CNCDO of his or her state.

The OPO goes to the Hospital, evaluates the donor based on the clinical history, medical history and laboratory tests, organ viability and serology, to rule out the possibility of infectious diseases; and tests compatibility with likely receivers. The family is consulted about the donation.

Once the evaluation is finished, when the donor is viable, the OPO informs the Transplant Center and passes on the information collected. The Transplant Center issues a list of registered recipients, selected in its technical register, and compatible with the donor.

The Transplant Center informs the transplant teams about the existence of the donor and



which recipient patient was selected from the single list in which everyone is enrolled by a team responsible for the transplant procedure. The teams extract the organs in the hospital where the donor is located, in the operating room, respecting all the techniques of asepsis and preservation of the organs. Once the procedure is over, they go to the hospitals to proceed with the transplant; Liberation of the Body: the body is delivered to the family with dignity recomposed.

Family refusal represents a major obstacle to transplantation, contributing to the insufficient number of donors to meet the growing demand for recipients on the waiting list, and is also pointed out as one of the major factors responsible for the scarcity of organs and tissues for transplants (JACOB et al, 1996). Families who understand the diagnosis of brain death well are more favorable to organ donation compared to families who believe that death only occurs after cardiac arrest. These usually manifest difficulties in accepting the condition of death of the loved one (SMIRNOFF; MERCER; ARNOLD, 2003). Dissemination and clarification are of fundamental importance so that the population can create awareness about organ donation, and the media have an important role in this process (MORAES; GALLANI; MENEGHIN, 2006). The mass media (television, radio, newspapers, magazines) are the main vehicles of information about transplantation and organ donation for the population. In addition, a portion of society is influenced by individuals with whom it relates and by campaigns that encourage the increase in organ donation (CONESA et al, 2004). The literature is prodigal in references, demonstrating that the mass media, despite their great penetration at the national and global levels, are not the most appropriate to promote sufficient clarification on controversial topics, such as organ donation. On the contrary, the form, symbology and repertoire used by the mass media often cause more stir and confusion than clarification (MORAES; GALLANI; MENEGHIN, 2006). A study carried out in Spain found that much information from the media, which could be a way to clarify doubts, sometimes reproduces distorted, superficial and prejudiced information, thus being unable to modify negative behaviors related to organ donation. It was observed that the denial of consent to organ donation can be more easily modified through the implementation of specific meetings, school campaigns and guidance by health professionals (CONESA et al, 2005).



We emphasize here the importance of discussing the subject of 'organ donation' with friends and family, because people, when well instructed on the subject, are able to promote discussions, which can be considered as donation promotion. Education is also an important variable, and people with a higher level of education seem to have a better acceptance of organ donation (CONESA et al, 2005). The individual opposed to organ donation appears in studies as being: a man or woman over 45 years of age, with a low educational level, who does not understand or does not know the concept of brain death, who has a partner against organ donation, who is not in favor of blood donation and is afraid of manipulation of the body (cadaver) after death. The main reasons for not being a donor were the lack of knowledge of how to be a donor and the fear of misdiagnosis of death (MARTINEZ; MARTI; LOPEZ, 1995).

A study developed by Moraes and Massarollo (1995) pointed out that the main reasons for refusing organ donation are religious belief, which is considered to be one of the reasons for refusing to donate organs and tissues for transplantation.

Belief in God fuels the family's hope that a miracle can happen. The belief that God can resurrect or bless the patient with a miracle is so great that the family member, even when he is aware of brain death, prefers to believe that the patient will get better.

The family's lack of understanding about brain death makes it difficult to assimilate that a person can be dead when they are on advanced life support. In this circumstance, the consent to organ donation is interpreted by the family as being the same as murdering, decreeing or authorizing the death of the relative. The family member has difficulty accepting the manipulation of the relative's body for the purpose of removing organs for transplantation, and non-acceptance is a reason to deny the donation, because he believes that the body is the sacred temple of God and, therefore, untouchable. The family member who favors donation disregards his intention to donate for fear of repression by another family member. The lack of confirmation of the diagnosis of brain death and the mismatch of the information transmitted to the family by the hospital team generate doubts about the patient's condition and are reasons for her to refuse to donate the organs. There is a belief that the death of



the relative can be anticipated or induced with the aim of organ donation. The request for organ donation by the medical team, when made before the diagnosis is confirmed, is a reason for revolt and indignation for family members. The family, when they feel charged by the team to authorize the donation of organs, becomes suspicious and refuses the donation, even though they regret not respecting the deceased's desire to be a donor. The deceased's wish, manifested in life, not to be an organ donor, is respected, and the family member considers that the important thing is to comply with the loved one's wishes, even if for some people the patient's will, after death, is not important or that the act of refusing the donation seems a selfish attitude. It was revealed that the family member is afraid of the loss by denying the donation of organs.

When we talk about education as a way to encourage organ donation, we should not stop only at the population. The education of health professionals, specific to organ donation, is a decisive factor both for the technical refinement of the transplant and for the improvement of the organ harvesting rate. *Saúde em Debate* • Rio de Janeiro, v. 36, n. 95, p. 633-639, out./dez. 2012 637 MORAIS, T.R.; MORAIS, M.R. • Organ donation: it is necessary to educate in order to make insufficient progress among Brazilian health professionals on the subject of organ transplantation, which may justify the low level of organ harvesting in our environment (AMARAL et al, 2002). A survey carried out with people who attended health centers in Spain pointed out that only 7% of people received information about transplantation from primary health care professionals; the rest from other vehicles. It was observed that when the patient received negative information about transplants from a health professional, this type of information had the worst impact on the acceptance of the donation. On the other hand, when these same professionals provided positive information about transplants, there was a clear increase in positive reactions, which were more important than those from other sources (89% and 65%, respectively) (TRAIBER; LOPES, 2006). It is estimated that only 15 to 20% of potential organ donors become effective donors. There is the idea that the scarcity in the number of donations is the result of the lack of donors or the high rate of refusal of donations by family members, but these data reveal that there is not an absolute lack of donors, but of donations. In other words, although there is



still the belief that the reason for non-donation is the lack of potential donors, it is described in studies that, before the refusal by family members, one of the biggest obstacles to organ donation falls on health professionals (SILVA, 2004). The family's denial of consent could be circumvented more easily if the professionals involved in the recruitment process competently clarified the family's doubts. Unfortunately, many professionals are not prepared to answer questions about donation. Another factor to be considered is the incorrect classification of organs and tissues that, for this reason, are rejected, reducing the number of transplants (ESPÍNDOLA et al, 2007). Health professionals play an important role in disseminating information about organ donation, as they have access to a large part of the population and have a greater impact than other means of communication on attitudes towards the subject. Clarification campaigns should take place within the institutions themselves, with the participation of doctors, nurses, nursing technicians and all other professionals who work in the hospital. The same should happen in health centers, clinics and smaller hospitals. These campaigns should provide clear and specific information about the basic concepts of brain death, organ donation, donation cost, appearance of the body after organ removal, ethical aspects, experiences of the donor's and recipient's families, among other guidelines, because these people, as they are opinion makers, influence patients and their families (TRAIBER; LOPES, 2006).

Research carried out with families of organ donors shows that an important factor for this decision was the previous discussion about donation among family members. A study carried out in the city of Pelotas (RS), which evaluated a sample of 3159 adults, through a questionnaire, showed that 80.1% of the participants would be in favor of organ donation from a family member, if he had previously expressed the desire to be a donor. On the other hand, only a third of those investigated would authorize the donation if there was no prior discussion with the family (BARCELLOS; AHMAD; COSTA, 2005). A Canadian study that investigated family members of patients who progressed to brain death in nine hospitals found some differences between donor and non-donor families. Family members of young male patients with death associated with trauma were more likely to consent to donation. The fact that the family had discussed donation with the patient or believed that the





patient would like to be a donor, even without having had an explicit discussion on the subject, was strongly associated with consent for organ donation in this study (SMIRNOFF; MERCER; ARNOLD, 2003). It is inferred that campaigns that influence people in such a way to discuss organ donation and transplants with their families are fundamental.

## CONCLUSION

The nurse, together with the nursing team, are responsible for welcoming the patients' families, in addition to offering support and adequate information for the family to collaborate with the donation and transplantation process, showing how fundamental this process is.

Since nursing is active in the donation-transplant process, it must be able to meet the basic needs of a transplant, considering the degree of complexity it involves, and must be very well trained, qualified and updated, following technological and scientific evolution.

A study conducted in the United Kingdom shows that nurses commonly have concerns about their lack of knowledge and experience, feeling insecure in the process of organ donation.

The contribution of nurses to the success of transplantation is undeniable. In Brazil, few higher education institutions offer training courses in the area of organ transplantation. It is important that nurses involved in transplants continuously check their professional practice, seeking increasing training. The training strategies adopted have proven to be failures to remedy the existing shortcomings in the market, from the beginning of the process, which goes from the diagnosis of brain death to the family approach, to the performance of the transplant that involves the care of the recipient in the hospital. This scenario is understandable since, in Brazil, there are few higher education institutions with a specific discipline of donation and transplantation in their curriculum.

Nurses working in this area of organ and tissue transplantation need a greater load of scientific knowledge about it. Whose clinical competencies need to be greater than just the undergraduate degree in nursing. The donor, the transplant recipient, the potential donor or the living donor must be



evaluated. There should be counseling from the living donor related to self-care, healthy living and preparation for complications.

Having an important role in successful transplantation and being a crucial member of the team providing quality care to patients and families, using technological, logistical and human resources, for the development of coordination, assistance, education and research activities in organ and tissue donation and transplants. Therefore, nurses need to have comprehensive and practical knowledge about work ethics and have resources available to assess the possible donor and recipient, risks and social issues related to transplants.

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