**Nurse as an Organ Donation and Transplant Coordinator**

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*The value of life is not in its duration, but in its donation. You are not important because of how long you live, you are important because of how effective you live…*

It will be of interest to you to know the systematic joint venture in organ donation, transportation and transplant of October 20, 2016. A government hospital in Nanded facilitated its first-ever cadaver organ donation, helped by quick networking with zonal transplant coordinators and a prompt decision to counsel the family of a brain-dead man to donate his organs. The hospital’s efforts paid off, with four people in different parts of Maharashtra obtaining a new lease of life.

The donor, a 35-year-old man Nanded resident, had suffered a head injury in a road accident and was taken to the Government Medical College, Nanded. Later he was declared brain dead. The family was counselled for organ donation and they agreed for it.

Dean, Dr Yelikar informed the Zonal Transplant Coordination Committee (ZTCC) Aurangabad, who in turn alerted other ZTCCs including the one in Mumbai. Based on the waiting list, it was decided that the heart will go to a patient at Fortis Hospital, Mulund and the liver to one at Ruby Hall Clinic in Pune. Two patients at the Government Medical College in Aurangabad were in queue for the kidneys.

By noon, teams of doctors from Mumbai and Pune landed in Nanded by chartered aircraft to harvest the organs. By 2.30 pm, teams from Fortis and Ruby Hall Clinic had left with the heart and the liver respectively by plane, while the kidneys were taken by road to Aurangabad.

In Mumbai, a green corridor created from the airport to Fortis Hospital in Mulund facilitated a 19 km journey in 19 minutes. This was the 31st green corridor created in the city by the traffic police. The heart transplant was successfully carried out at Fortis Hospital. The heart and liver went to patients in Mumbai and Pune respectively and the kidneys to Aurangabad.

Organ Donation: The Indian Scenario

Diabetes and hypertension are the leading cause of end-stage kidney failure in India and it is estimated that over 210,000 patients are suffering from end stage kidney failure. The increasing number of liver diseases caused by B & C viruses and alcoholism has led to an increased rate of liver failure. Patients suffering from heart failure due to infection or cardiomyopathy, requiring heart transplant are about the same number as liver and kidneys. Overall, it is estimated that 500,000 people in India need kidney, liver and heart transplants, against which only around 8,000 transplants are done annually, which barely meets 1 to 2 percent of the demand for organs. For some organs like heart and lungs, deceased donors are likely to be the only sources (DMER, Maharashtra State).

Each year, hundreds of people die while waiting for an organ transplant. There is a shortage of organs, and the gap between the number of organs donated and the number of people waiting for a transplant is getting larger. Transplants, as an option, have successful outcomes, and the number of people needing a transplant is expected to rise steeply due to an ageing population and an increase in organ failure. In India, a large number of people die due to road traffic accidents. However, only a small number of people that die due to these circumstances are able to donate their organs. As organs need to be transplanted as soon as possible following the donor’s death, they can only be donated by someone who has died in the hospital. Usually, organs come from people who are certified as dead while on a ventilator in an intensive care unit, which can be as a result of a haemorrhage, major accident like a car crash or stroke.

To curb organ commerce and promote donation after brain death, the government enacted a law called “The Transplantation of Human Organs Act” in 1994 that brought about a significant change in the organ donation and transplantation scene in India. Many Indian states have adopted the law and in 2011 further amendment of the law took place (Mohan Foundation). Maharashtra has State level Human Organ Transplant Authorisation Committee for approval of live organ transplants in the state.

Pivotal role of a Nurse in Organ Donation and
Another parable, a team of nurses at a New York hospital has taken it upon themselves to improve the organ donation process at their facility and to increase the number of donors in their region. Overall, 2.7 million New Yorkers are registered organ donors, which work out to about 18 percent of the potential donors in the state (Jenifer Olin, 2012).

In light of the news pertaining to organ donation, transportation and transplantation, at Nanded city, the whole story has brought much attention, which was highlighted in the media, became a talk in the city and created the curiosity in the general public and confidence in the medical fraternity. It was the systematic joint venture by the donor’s family, the authority, the transport system and the speciality hospital, where the transplant took place. In this process what was lacking, the role of a nurse. The role played by the nurse was totally side-lined by the media.

Registered professional nurses are often the primary care givers for patients approaching the final stage of life. It is the nurse who facilitates the coping of the patients and their families. In general, the work of a transplant nurse is anchored on counseling and facilitating the process for organ and/or tissue donation by educating and guiding to the donor families without a doubt, a difficult, heart wrenching process. The Nurses stay with the patients and help the family to understand the organ donation process, which includes keeping the brain dead patient’s body functioning until the organ been collected. Nurses are able to sensitise the family in such a way that the family members have no regrets. They do this by resolving the ethical dilemma, if any, within the policy frame work.

To be a perfect organ transplant coordinator, there is one year certificate course offered by Mohan Foundation in ‘transplant coordinator’ for nurses and other eligible candidates.

**What Nurses Must Know about Organ Donation?**

**Facts about organ donation:**

1. Anybody can be an organ donor irrespective of their age, gender, caste, religion and community. However, anyone younger than 18 need to have agreement of parents or guardian to be a donor.
2. The decision to donate the organ is based on the strict medical criteria and law.
3. Tissues such as cornea, heart valves skin and bones can be donated in case of natural death but vital organs such as heart, liver, kidney intestine, lungs and pancreas can be donated only in case of ‘brain death’.
4. Organs such as heart, pancreas, liver, kidney and lungs can be transplanted to those recipients whose organs are failing, because it allows many recipients to returns to normal life style (NOTTO, 2017).

To become a transplant coordinator, the nurses must have in-depth knowledge regarding the following aspects:

- What is organ donation and why it is needed?
- How does organ donation help patient with organ failure?
- Counselling the family members of brain dead patient for organ donation?
- What body parts can be donated?
- Who can be the potential donors?
- Documents required for the donor and for the recipient
- What are the ethical aspects?
- Standard operating guidelines of Human Organ & Tissue Transplantation Act/ HOTA.
- Network of organ donation, transportation and transplantation functioning.
- Why to become organ donor & how to get registered.
- How does the family of deceased donor cope up with their loss?
- Creating the awareness in the community about organ donation.

**Ethics of Organ Donation**

There are guidelines for nurses who work in areas where organ donations and transplant occur. She should be the “whistle blower” if any unethical things happen.

1. The nurse’s first obligation is the well-being of the patient entrusted to our care.

- Provision 1 of the Code of Ethics for Nurses states, “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.”

- In the case of the organ donor, the nurses have a duty to protect the patient’s dignity and make the patient’s comfort and well-being their first priority.

2. The act of procuring organs should never be the explicit cause of a person’s death.

- Provision 1.3 of the Code of Ethics states, “The
nurse should provide interventions to relieve pain and other symptoms in the dying patient, even when those interventions entail risks of hastening death. However, nurses may not act with the sole intent of ending a patient’s life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations.”

- Bound by this moral rule, in organ donation defining death is morally essential. It is *vitally important* that nurses who serve the patient population with potential donors are educated in the acceptable definitions of death.

3. **Nurses understand the good of organ donation itself.**

- Provision 1.4 of the Code of Ethics addresses the patient’s Right to Self Determination (Autonomy). “Patients have the moral and legal right to determine what will be done with their person; to be given accurate, complete and understandable information in a manner that facilitates an informed judgment.”

- A patient’s wish to be a donor gives people a novel way to die well by making their death a benefit to the living.

**Awareness Campaign**

“Organ donation is the way to continue to live forever”. Two decades after the Transplantation of Human Organ Act (THOTA) came into existence, there is no significant rise in the number of cadaver organ transplantation in India, mainly because of lack of awareness due to various myths about the latter which is an emotional issue. Nurses working in the community create awareness among the urban as well as rural area, since donating body organs is still an urban concept; there is need to create awareness in rural area also. School, colleges, public places, public transports, cinema hall, youth club need to be included in awareness camps (Fig 1).

As a part of the campaign, Organ Donation Day is observed every year on 13 August. There are myths and fears in peoples mind about the organ donation.

**Public, private and community partnership in organ donation:** Organ donation is a joint venture; its effectiveness is based on the number of stakeholders involved. Medical and Nursing Colleges, Transplant Centres, Transportation system, Community partners, Education Department, NGQs, Political Parties, NSS wings, Mahila Mandals, Chritable Trusts and the political leaders are vital for public education. Efforts need to be increased for donor registration, transportation and transplantation.

**Organ Donation to be highlighted in the Nursing and General Education curriculum:** Inculcating the concept of ‘organ donation’ should begin in primary education so that the children get a clear understanding and need of it irrespective of myths and fear. Gradually its scope can be widened till the professional education. Printed message on notebook, short films, leaflets, role plays are the effective communication media for the students.

**Conclusion**

Nurses play a pivotal role in not only the care of the patient but in the care of the family when tragedy strikes. As a support system we can influence the public’s view of organ donation, through sharing the...
positive outcomes we see in transplant recipients. Nurses make their role remarkable by being proficient coordinator in the process of organ donation and transplant.

Nurses often witness first and the last breath of a human life. Now let’s pass on one life to another through organ donation.

References
6. International Council of Nurses. ICN code of ethics for nurses (Revised 2012)

TNAI New Life Membership Card

Members who are already enrolled with TNAI and would like to have new Computerized photo-ID Membership Card, are requested to fill in the new Application Form along with a payment of Rs.150/- through Demand Draft, drawn in favour of “The Trained Nurses Association of India, New Delhi” and send it to TNAI Headquarters. Application Form can be downloaded from TNAI Website: www.tnaionline.org or write to us. Else, they may send their request in the following format.

Application Form for New Computerized Membership Card

The Trained Nurses’ Association of India
Incorporating Student Nurses’ Association, The Health Visitors’ League and Midwives & Auxiliary Nurse – Midwives Association
L - 17, Florence Nightingale Lane, Green Park, New Delhi – 110 016.
Tel: 91-11-26566656, 26566873, 26524665. Telefax: 91-11-26568304
Email: membership@tnaionline.org, tnai_2005@yahoo.com. Website: www.tnaionline.org

Instructions for Applicants
Write with felt pen (black) in CAPITAL LETTERS only with one letter in one box.
Each word should be separated by one blank box.
Applicant should sign in full, clearly within the boxes provided.
Incomplete form will be rejected.

TNAI Membership No.

NAME:

Address:

Date of Birth

Please do-not sign on the photograph.

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