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Doctors and Organ Transplantation. Organ Donation for Transplant. Opinions and Medical Representations

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Doctors and Organ Transplantation. Organ Donation for Transplant. Opinions and Medical Representations.

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Abstract

Present article aims to identify a part of the patterns of representation and explanation of the low rate of organ donation among ICU physicians, neurologists and hospital neurosurgeons from Moldova's region hospitals. The methodology used was a qualitative one. The results obtained from the interviews show that essentially there are three dominant explanatory models: the systemic model, the informative model, and the educational model. These three models show somehow the pessimistic attitude of medical professionals towards the issue of organ donation and organ transplant.

On the other hand, these three new models we had identified can also be three major solutions that could improve the current situation.

Keywords:
Transplant, organ donation, pattern, representation

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1. General context

Aspects of statistical nature and relatively low production, and research studies aimed to follow opinions and representations of Romanian doctors are two important arguments which lead us to explore this subject.

Existing figures at national and European context places Romania on the last places regarding donation and organs transplant. The number of transplant programs in the country is relatively small in comparison with what is happening in Europe. Currently we have five transplant centers, only seven transplant coordinators (people who are responsible for identifying potential donors and family interview) for a population of more than 20 million inhabitants. According to statistics provided by the National Agency of Transplantation and the European Union we find that in 2008 there were registered 61 donors (2,85 per square metre), while in Europe there were 8293 donors (16.85 per square metre). Equally, not just the small number of donors is problematic, but also the availability of future donors and their families to accept the donation of organs from brain-dead persons.

As a result of this in 2008 the European Commission adopted a proposal for a Directive on standards of quality and safety of organs intended for transplantation.

The Eurobarometer survey conducted in 2009/2010, which investigated the views of 26,788 Europeans from the 17 Member States, and also other 3504 people from candidate countries to access E.U. (Croatia, Turkey, Macedonia, and Cypriot communities from Turkey). Compared to the 2007 Eurobarometer the figures remain constant: about 40% of European citizens have approached into the family the theme of organ donation and transplant, 28% were aware of national laws relating to transplantation, 55% are willing to donate their organs after death and 53% would have done the same for family members. Figures show that informing family is one of the most important factors that influence positively the decision to donate. 76% of those who discussed the issue inside the family expressed their willingness to donate their organs after death (Special Eurobarometer 333A, organ donation and transplantation, 2010, http://ec.europa.eu/public_opinion/archives /ebs/ebs_333a_en. pdf). European Commission's Action Plan 2009 - 2015 encourages the development of coherent national policies in order to increase the number of organs donated for transplant.

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"Statistics show That in Romania, During 2010, around 200 Kidney Transplants, 175 medullar Transplants, 50 liver Transplants Heart Transplants and 6 were performed. Romania is situated above the European average with 25% - 32% on various transplant-related topics: Concerning family organ donation discussions, the availability to donate year to Agree with organ or body donation of the deceased family member or accepting a donor card. However, as everywhere in Europe and globally, at the end of 2009 the waiting list for transplantable organs was much longer: around 7000 waiting for a kidney, 338 for the liver, pancreas and 70 for a 158 for a new heart. This is the situation of transplant in 2009 and there has Reasons for arguing That it did not change significantly in Subsequent Years. "(C. & M. Gavrila Leaf, 2012, p 50-51)

Figures presented above show a modest situation regarding organ donation and organ transplant in Romania. The situation is somewhat paradoxical, because although statistically we are not in front, we offset in terms of medical performance in the field of organs transplant.

Also in the research field of this particular area there are few studies or books that focus on the issue of organ donation and organ transplantation. Most studies and articles are focused on ethical dilemmas related to transplantation (M. Frunză 2010, S. Frunză 2011, Jung 2008, Duca et al. 2008; Ioan, Astărăstoae, 2007; Stîngă,Vicol 2006; Iov, Stîngă, 2006 and so on), on the legal aspects of transplantation in Romania (Ioan, Astarastoae, 2007), or are considering organ transplantation from a Christian perspective (Iuvenalie, 2007; Asandei, 2005; Moldovan, 2009). There are also a few empirical research studies focusing on the medical prefessionals or students that sudy medice (Jung 2008, Duca et al. 2008).

It is worth mentioning that eurobarometers study mainly the population's opinion regarding organ transplantation, and existing statistics at National Transplant Agency show only medical achievements in the field of organ donation and transplantation. We do not know about any ample research in the Romanian space that capitalize the doctors' opinions regarding the issues of organ transplantation.

Therefore, our research can bring into attention the specialists' perspective, those whose activity is also associated with the topic studied

by us. Concrete experience of these individuals in the medical system makes that this research is more valuable, and solutions closer to what is happening in the medical system.

2. Methodological highlights

This study represents a beam from a wider research that has been done within a broader post-doctoral research program which has the theme: Transplant organs from deceased donors - ethical perspectives and moral-psychological, socio-cultural, medical, legal influences.

The methodology used is qualitative and involved the usage of semidirectiv interview as the research method.(S. Moscovici, Fabrice Buschini, 2007, p.213; Grawitz, 1996; Mayer şi Saint-Jacques, 2000; Boutin, 1997).

To study the doctors' perspective on organ transplantation we had a sample formed of ICU doctors (Anesthesia - Intensive Therapy), neurologists and neurosurgeons from hospitals from the following counties: Iasi, Botosani, Bacau, Neamt, Suceava, Galati and Vaslui .

As a selection criterion we had into our attention the categories of doctors who are more involved in determining brain death diagnosis. Research was conducted during 2011. There were realized 14 interviews with individuals from our sample.

The interview guide contains 15 questions and is divided into several themes as follows:

- Reviews and perceptions about the situation of organs' donation and transplantation of brain dead persons;
- Problems and risks related to brain death diagnosis;
- Relationship between religion and attitudes toward organ donation;
- The role of the physician in communicating the diagnosis, and organs' donation;
- Solutions

Data obtained were checked based on a thematic qualitative analysis (Atkinson, P., Coffey, A., & Delamont, S., 2003). These allowed us to identify, depending on the responses received, three dominant explanatory models. The fact that they come back strongly in the discourse of the interviewees can hide the fact that doctors take a series of patterns derived from their professional training, experience and beyond.

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Limitations of this research would lie mainly in collecting data. We encountered difficulties in contacting a part of the individuals in the sample, and to determine, by mutual agreement, meetings to work out the interview. Beeing a highly sought socio-professional category of professionals, interviews were conducted quite difficult (Booth, T. & Booth, W., 1994, Becker, HS, 1956, p 199-201). Many of them are made in the hospital especially during the guard time, when doctors had little free time. It is possible that many answers may have been influenced by what Grawitz Madelaine (1996) states as beeing the motivation to participate in research: (1) reflex or gesture of politeness, (2) willingness to talk and communicate with someone (it is also the need to send a message), (3) the idea that some answers may influence things in any way.

Some refusals encountered were justified either by the inability to take time off, or have been expressed doubts about the stated purpose of the study.

Despite these limitations, the data obtained allowed an analysis and interpretation which led us to the construction of models of approaching this issue, from the perspective of the actors involved in medical transplantation.

3. Patterns and explanatory models

Data obtained from the interviews and their transcription led us to build descriptive-explanatory models (C. Zamfir, L. Vlăsceanu, 1993, p.366). They can act as "durable and transposable systems of schemes of perception, appreciation and action" (P. Bourdieu, 1992, p 102, S. Moscovici, 1997, p.365) that may have direct or indirect effect on behavior and attitudes of those with whom they come in contact. Behind a language, often with profound professional connotations, hides behaviours and specific attitudes toward the subject of transplantation. They could cause contamination behavior of others, or a redefinition that could arise unfavorable attitudes and behaviors towards the acceptance of organ donation (Gavriluta, Ioan, 2012; Rebeleanu, Soitu, 2012). For this reason a hermeneutics of the results must take into account the complexity of relations that are estabished between doctor and patient in terms of interaction between the two, and the authority

that the doctor manifests through its role in front of patient (Kvale, S., 1983 , 171-196).

In fact, attitudes and perceptions of physicians, as well as those outside the medical system too, are build each other through communication, interaction and continuous redefinition. Moreover, physicians receive training thanks legitimacy, their health care, the belonging and through the use of a specific language (P. Berger & Th. Lukmann, 2008, pp.122-123). This places them in a symbolic world that gives them authority that is not accessible to everyone.

The consequence of such a discourse can not have effects around. Profane still remains profane (P. Berger & Th. Lukmann, 2008) but will adopt some attitudes and behaviors according to the meanings they assign medical discourse and behavior.

Moreover, the fact that doctors identify culture and information as two important factors impeding the acceptance of organ donation, they are located in a somewhat higher position that is not willing to give great credit to population's capability of comprehension and acceptance. From here we can explain the low concern of medical personnel to publicize and communicate accessible possibility of organ donation from people in cerebral death.

Qualitative analysis of the information obtained as a result of the interviews led to the identification of three major explanatory patterns existing regarding the medical discourse that exist whatever their specialization.

- The medical system in Romania and its shortcomings

Interviewed doctors capture a paradoxical situation in the Romanian medical system: on the one hand remark exceptional achievements in national and European level in transplant operations, and on the other hand requires severe shortage of personnel and the material base of the system. They are added, according to experts, insufficient system organization to increase the number of donors.

> *"Basically to say, this issue comes down from somewhere above. First create possibilities, and then say payments, ie the services, but as is the present, and as the immediate future, the staff tends to fall than to rise in Romania (...)*
>
> *First I think, so as I understand ... money and organization was one of the reasons."(doctor 1 BT)*

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"Yes, it's a matter of organization from top to bottom, everything is to be organized from the very beginning, I think GP should start informate the population (...)" (doctor 2 NT)

So, mainly doctors have a systemic perspective regarding organ donation and their arguments are quite strong:

- severe lack of personnel (doctors, nurses, caregivers) in counties' hospitals. Many medical professionals have migrated, and Romanian health system has been left as a result of system overload and low wage incentives. In addition, the new Romanian legislation limits the number of employment in the state system, a ratio of 1 to 7. All this leads to an overworked left staff that does not allow effective exploitation of all opportunities to increase the number of organs harvested. For many of the doctors this remains a distant prospect, an opportunity.

"We have so much volunteering work, that (ironically) .... I do not know what can.....the government gives something symbolically. How overseas doctors are paid and how they are paid here in mockery, and what work is ... (This note). Because there is virtually no primary network ... we see what we face, and over 100 urgent consultations on guard ... and go on all fours (...). So for how much they pay you get home exhausted, youn can not read a book, as you do not understand what you read there, which language it is.. You can not compare doctors with those in other times, when you had time to specialize, to socialize, have time to train ... here you die writing papers (...) it is normal to react like this sometimes ... County Council?! Smiles! ... Even if we do not have with what to work, we manage....Smiletherapy.... "(doctor 1, BC.)

- Lack of materials (keeping a brain dead person able able to achieve very expensive harvesting and several advanced devices).

"There are specialists costs, materials, medicines, nutrition and ... many other things (...) I think it would be the first reason. "(Doctor 1 BT)

Currently many county hospitals face serious problems of drugs and supplies needed to treat sick people, reason that the problem of organ harvesting from brain-dead persons can not even count.

"Electroencephalography to bedside in intensive care is impossible due to lack of equipment" (doctor 2 SV)

- Lack of organization and coherent policies to enable effective management of people in brain death. It appears that, although currently there is a formula for achieving organ harvesting by contacting the regional transplant coordinator (in our case from Iasi), this formula is not sufficiently exploited and practiced. For some doctors seem to be quite complicated and does not ensure continuity process.

"That's what I said: it should be done at a county hospital, so all should know that there are a transplant center. First neurosurgery should be involved because traumatology is related to surgery. And ICU's too. In ICU are all patiens taken, and there should be discussed with families, so there must be the core. Neuro calles you. Make a finding. Also, only if the neurosurgeon and the ICU specialist are involved. "(doctor 1, BC)

- Poor information

The information theme in the medical environment is one that is particularly explored in our research, especially from ethic's perspective. In this regard informed consent is a basic ethical requirement. However, the doctor-patient relationship in terms of concrete information, receives also sociological or anthropological approaches. Research conducted in Europe show that doctor- patient relationship is primarily a "social experience and not a therapeutic one, or impersonal" (S. Fainzang, 2006, p.114). Within this the information is "illusory and incomplete" (S . Fainzang, 2006).

Interviewed doctors see the issue of information on the following levels: informing the doctors and informing the population, as two separate processes.

"The world first, is totally misinformed ... Nothing is known clearly, even at the doctor. So you know, see the TV, how is done in America, how is done in Europe, anywhere, so ... As I said, that was a case where everyone was a little bit stutter: who is responsible for transplant, who has to do I do not know what .... family decided very hard and was too late ... "(doctor 1 BC)

The problem is that almost all surveyed physicians treat the problem separately for each category.

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"(...) At the present time, from our experience, people are not informed enough to make a favorable decision in this regard" (doctor 2 SV)

This approach neglects the very relationship between the doctor and the patient's family in making its information. Hence different information strategies are suggested, and also to build a relationship between doctor and patient that is under the sign of insufficient information (ambiguous, poor) who would lead to a quit consent, rather than to an enlightened or informed by one (S. Fainzang, 2006, p.148).

Regarding the first category we note the need for organized information to stakeholders. This should be completed with successful models and practices, from around the country and international. In this respect doctors do not exclude the training posibility and organization of training courses for the College of Doctors.

"Yeah, maybe we should do in training among doctors, this thing would be nice to be every six months." (Doctor 2 NT)

Another aspect of information in the medical environment is that it felt the lack of specialized personnel in hospitals to deal with the knowledge, belief and deceased family consent. Such a position indicates quite clearly that, if possible removal of organs from deceased persons, doctors do not assume the role of communicator, they being focused especially on professionl skills. This fact could be occupied be a different specialist.

"Firstly, to have conditions and be able to do this process, to be well educated ... not only informed, be it medical educated, ie all information essential to both administratively and medically. I think it's very important to convince them (...) "(doctor 2 NT)

This would greatly facilitate the work of specialists who have many demands and not have time to make an effective information and counseling for families. Moreover, a trained staff in this area would have the leverage in communication and the networking required of such an approach. Often medical language is too technical and is insufficient to explain the exact situation to family.

Regarding public information a special emphasis is on using the media in order to properly inform people about organ donation where brain death.

"(...) (it is) with no purpose, unless there is a nationwide education spot, and televisions should not take money for it, because thy help... There is help and altruism, after all... I mean not only television from this point of view -the commercial aspect. In my opinion, at least...As they say (in the comercials) do not eat salt and sugar, they can add this spot too. An advertisement. Ministry of Health should first get involved. If has to be payed, make the advertisement ... and to give it "(doctor 1 BC)

This might clarify a number of issues such as organ donation is an altruistic gesture, free decision about the importance of decision manifestation in life about informed consent, benefits and risks of organ transplantation etc. The impact of these forms of information would be most effective if done, commercials or programs would bring attention to a number of examples.

"I think a better coverage, I know, some programs show that certain problems are solved only through transplantation." (Doctor 1 SV)

In the informative model for the public, the media is a main link and the advisor or communication specialized person at the hospital would be the last link. "Definitely! Need some speakers to provide clear everything!". Clear distribution of roles in health and personal additions to the list of people specializing in psychology, communication, counseling and mediation is the solution that is found at the bottom of each speech.

- The cultural model

For many doctors the cultural pattern is a cause of low rate of organ donation. Whether it is an insufficient public education on this topic, whether considerations of religious and spiritual cultural factor, this becomes an obstacle in accepting organ donation.

"There are also... cultural reasons ... some do not accept under any circumstances to give up, others still rather see that somewhere in another life ..., an organ so ... so a question of culture -religion ... "(doctor 1 BT)

If the doctors' answers are correlated with responses obtained from the questionnaire population of Iasi in 2011, we can notice easily that enough, in fact, we have three types of cultural patterns. First, the restricted category refusing to donate organs for various reasons and is correctly captured by the doctors interviewed. The most common

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reasons are related to a series of images and representations of the body and then a religious nature. A second category is one that includes people who show openness and interest in organ donation and transplantation but maintains that it has not sufficient information, and a third category represented by doctors. We can not help but notice that the doctors' replies reveil cultural patterns that question the opennes of population towards this subject.

It can be a sign that, in fact, doctors develop a professional culture that does not allow proper collection and communication with those outside the system. Assessing population as reluctant to organ donation when brain death based on a few isolated experiments show that the often talks between deceased patients and family relationships remain at the primary level, without being exploited all resources. Hence the need for specialists to deal with mediation, counseling and organizational aspects of organ procurement from brain-dead people.

If the coordinating committee level in Iasi could move with the responsible person and appreciate together with the committee, in order be a collaborative diagnosis of brain death. In the first phase would help a lot and would also provide the necessary confidence for the Commission could act after" (doctor 2 SV)

4. Organ Transplatation between the professional and profane culture

The three patterns identified in doctors discourse shows that the issue of organ transplantation in Romania is not a big theme among physicians audience.

This can be explained if we take into consideration that this practice is relatively new and the number of centers and physicians dealing with this is greatly reduced. Analyzing the area of transplatation in the context of the Romanian medical system, some doctors believe that the performance of transplantation are rather personal victories that are accounted for CV and professional prestige achievements, rather than successes in health system.

Systemic perspective that that we indetify in the physicians' discourse indicates that doctors assume thier role of players of the system, respectively of the health system and, at the same time believes that things can change only by assuming globally coherent policies.

Therefore change is expected from top to bottom and the role of the individual is only of a performer, not initiator, pomotor of change.

Moreover, the models mentioned above indicates the development of a professional culture that favors specialization and distribution roles in the medical act, and special information of people through media. In this sense physicians indicate the need for specialized personnel in counseling and communication, especially assuming the medical component.

In conclusion, we can say that the theme of organ transplantation in Romania is one that has not yet reached the public agenda but develops between two cultures: the medical and the profane. The common denominator of those two great actors entering the equation transplantation is still a lack of information and insufficient education on this topic. Solutions are expected soon from a systemic and coherent policy aimed at organizing and combined with information and education efforts conducted on different levels.

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