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Session Title : Ethical Challenge in Organ Transplantation in Asia

How to overcome the cultural barriers in deceased organ donation in Asia?

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This topic title promises more than anyone can achieve, with the suggestion that cultural barriers to deceased organ donation are similar across the many different cultures of Asia. Indeed, the concept that cultural barriers are the determining factor in achieving successful organ donation in Asia represents only part of what distinguishes the problems we have in Asia from that in other parts of the world.
In order to address this title I will thus consider some of the more important barriers to organ transplantation and ask everyone to reflect on which aspects are critical in their own environment and thus what must be tackled first.

1. Trust.

The community must trust in the diagnosis of death and in the medical profession that makes that diagnosis and determines the finality of a person's life. If the community do not trust in doctors and do not trust in a diagnosis of death made in the alien environment of an intensive care unit then no amount of discussion and education can yield consented organ donation. Brain death adds its own special needs for trust for not the family must trust the doctor over and above the truth they can see with their own eyes. Thus it is 'Trust' that is at the forefront of the cultural barriers to organ donation. Trust in medical science, trust in the medical profession and especially trust in the doctor caring for the family member.
Conflict of interest is the fastest way to destroy any trust that people may have in the medical profession who are seeking consent for organ donation. Any role of the transplant unit in seeking consent, inherently and instantly creates that sense of conflict of interest: "your patients, your surgical fees, your reputation"; not my loved one's care, my loved one's legacy, my loved one's wishes.

2. Trust.

Since the care of potential organ donors lies exclusively in the hands of the Intensive Care Unit and the Intensive care specialists and nursing and allied health staff of the ICU that carry the burden of converting care for life of the individual patient, into care of the family and the dignity of the dead or dying patient. It is this group of individuals that must test the

boundaries of the community's trust in them and the medical science they explain to the family. It is this critical group that must trust in the transplant teams to be exemplary in their mechanisms of organ allocation, in care and respect of the organ donor in theatre and in achieving the best outcome of the donation. If the ICU has no trust in the transplant processes and teams, then donation will not proceed. ICU will not channel donors onto a clinical program they distrust.

3. Infrastructure

While living organ donation requires only the normal resources of a surgical procedure – albeit two sequential operations – deceased organ donation requires a substantial human and capital infrastructure that many Asian health care systems are ill equipped to provide. Donation coordination, donor centres, on call teams of donation specialists and tissue typing laboratories, transplant waiting lists and agreed allocation systems, all cost money and are not funded in the simple surgical system that supports living donor procedures. It is thus the health care financing system as well as the wealth of a country that determines the capacity for deceased organ donation? Politicians and health care administrators, even in wealthy countries, struggle to provide the investment and financing required for a trustworthy organ donation system.

4. Belief

It is only when the essential precursor barriers of organ donation are surmounted that the community belief systems – religion and cultural norms – become critical in achieving organ donation from deceased people. It is when trust and infrastructure are given factors in a nation that the conversation about organ donation – both in the community and in the ICU after death – are of central importance. It is here that the myths about religious taboo on organ donation must be uncovered and resolved for both the community in general and for individuals. The conversation starts with health literacy and ends in trust.

In summary, the cultural barriers to organ donation in Asia are both as simple and as complex as trust, beliefs and capacity, the solutions are many and specific to each country, each culture and each religion. The essential fragility of trust is perhaps the most important factor that must be addressed in everything that is done in any nation seeking to embark upon or to increase deceased organ donation.