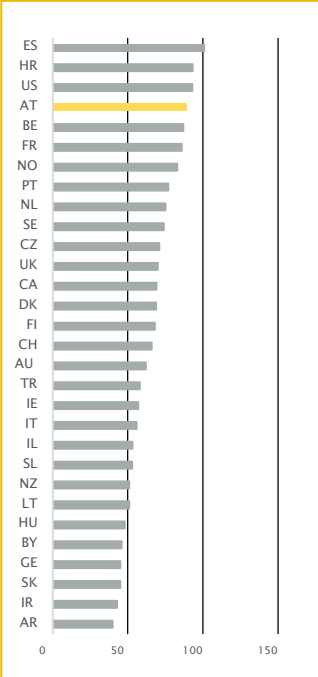


# Swimming against the current: limited number of organ donors despite a long-time action programme. Current figures and future perspectives

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The number of organ donors in Austria is traditionally high. However, despite a long-time action programme since 2001, the intended increase to 30 (utilised) donors per million (pmp) has not been accomplished. Demographic trends, analyses of the documentation of local organ donation coordinators (LTXB) and other data offer explanations for this situation. National and international examples of best practice might inspire new approaches to refine the action programme.

### International comparison: transplanted organs pmp 2015

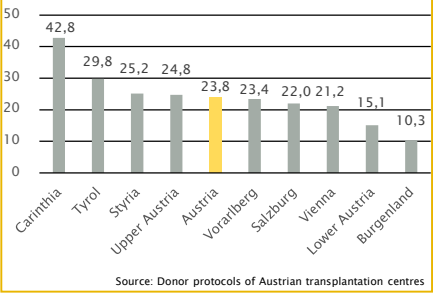


Source: Organización Nacional de Trasplantes (ONT) - Spain

### National action programme (NAP) to promote organ donation

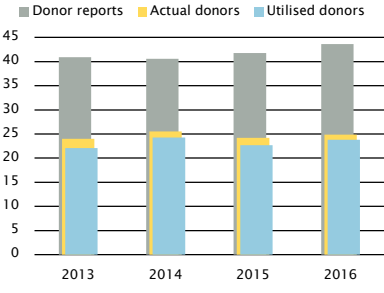
- Funding of costs for:
- Donor management
  - Brain death diagnostic (BDD) and mobile BDD teams
  - 5 regional organ donation coordinators
  - 25 local organ donation coordinators (LTXB)
  - Transplant coordinators and transport of explant teams and organs
  - Training programmes
  - International cooperation (ET, EU)

### Regional differences: utilised organ donors<sup>1</sup> pmp in Austria 2016



<sup>1</sup> actual organ donor: an organ donor in whom an operative incision has been made with the intention of organ recovery for transplant purposes  
 utilised organ donor: an actual organ donor from whom at least one organ has been transplanted

### Discrepancy: donor reports vs actual/utilised organ donors<sup>1</sup> pmp in Austria since 2013

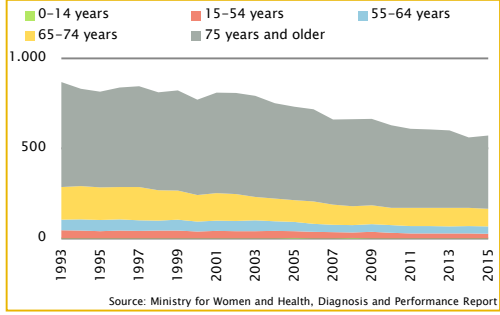


Source: Eurotransplant Foundation; donor reports/protocols of Austrian transplantation centres

### LTXB Documentation 2016: 5 most common reasons for non-transplantation after donor report

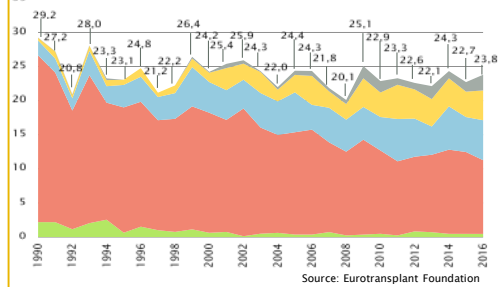
- Objection against organ donation by relatives (28%)
- Negative assessment of organs by transplantation centre in charge (24%)
- Brain death criteria not fulfilled (20%)
- Metastatic malignancy or other medical contraindications (10%)
- Circulatory arrest during donor management (8%)

### Demographic changes: deceased in-patients with cerebrovascular diseases pmp in Austria since 1993



Source: Ministry for Women and Health, Diagnosis and Performance Report

### Age distribution: utilised organ donors<sup>1</sup> pmp in Austria since 1990



Source: Eurotransplant Foundation

### What can we learn from LTXB documentation & best practice models in Carinthia and Spain?

- (1) Communication / information
- (2) Hospital-wide coordination of intensive care beds and staff training
- (3) ICOD (intensive care to facilitate organ donation): continuation resp. initiation of intensive care for patients with impending death (if necessary elective non-therapeutic ventilation)
- (4) Broader acceptance of expanded criteria and nonstandard risk donors (in combination with outcome monitoring)
- (5) Promotion of donation after circulatory determination of death (DCD)

So far, the NAP has kept donor numbers high despite opposing demographic trends. Declining numbers of in-patient fatalities with diagnoses relevant for organ donation in combination with an increasing age of the deceased confront transplantation centres with more reports of expanded criteria and nonstandard risk donors. To keep the waiting time for a donor organ low, a broader acceptance of these organs and/or other approaches drawn from international and national best practice models have to be considered. Not all of these approaches are currently covered by the NAP. Therefore the discourse on new strategies has to be intensified by all stakeholders.