IFMSA Policy Statement
Organ, Tissue and Marrow Donation and Transplantation

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Summary
Organ, tissue and marrow donation and transplantation have been recognized as one of the most regarded medical of the twentieth century. A single organ donor can save up to eight lives, and a single tissue donor may help up to 75 people. Several ethical principles such as equality and duty to care govern donation practices. However, organ, tissue and marrow donation is facing three major barriers: gap in donation availability, unsafe donation procedures and unethical donation practices. Shortage of available organs and tissues and difficulty matching patients with suitable marrow donors are caused by a lack of population consent towards donation and inefficiency in donation systems. Unsafe donation procedure can be attributed to low quality of care from healthcare professionals. Unethical donation practices are often associated with disrespect towards the voluntary character of donation and inequitable allocation of available organs and tissues.

We, as the representatives of medical students worldwide, strongly and actively support donation and transplantation to be available to anyone in need and to be proceeded in a safe and ethical environment.

Introduction
Organ, tissue and marrow donation and transplantation refers to the procurement and transfer of healthy organs, tissues and marrow from a living or deceased human donor to a human recipient. In deceased organ and tissue donation, potential donors are first identified as such by physicians and allied healthcare professionals, using identification criteria such as neurological determination of death (NDD) and donation after cardiovascular death (DCD) for organ donors. Afterwards, the donor is immediately referred to a donation and transplant organization. The final steps include obtaining consent from family of the deceased patient and organ and/or tissue procurement. In marrow donation, a healthy donor is registered in the marrow bank by providing a small amount of tissue samples. Patients awaiting a marrow transplant requires in 70% of the cases a compatible match with an unrelated healthy donor through the marrow bank. Marrow is procured either from the pelvic bone or from the peripheral blood of the healthy donor. Donation and transplantation is often the sole treatment for end-stage organ failure, irreversibly damaged tissues, blood loss and bone marrow diseases. Among transplantable organs, kidneys are the most frequently transplanted globally and are indicated for end-stage renal failure. As for tissues,
corneal tissue is often regarded as the most sought type of tissue due to its low availability and high demand.

Within 50 years of its debut, organ and tissue donation transplantation has become a successful worldwide practice which has extended, and greatly enhanced the quality of hundreds of thousands of lives. A single organ donor can save up to eight lives, and a single tissue donor may help up to 75 people. Several ethical principles such as equality and duty to care govern donation practices.

Unfortunately, in 2011, the 112,631 transplantation filled less than 10% of the global need (ref). A significant gap between donation need and availability has led to shortage for both organs and tissues. As for the marrow availability, according to Bone Marrow Donors Worldwide, only 25 million people are currently listed as potential marrow donors on worldwide donor registries, representing 0.3% of the world population. New and effective strategies to address the growing gap between supply and demand must be implemented. For organ transplantation, the increasing incidence of organ failure due to aging and the inadequate supply of organs has created a wider gap between organ supply and demand, which resulted in longer waiting lists to receive organs, as well as an increasing number of deaths while waiting (ref). Shortage of available organs and tissues and difficulty matching patients with suitable marrow donors are caused by a lack of population consent towards donation and inefficiency in donation systems. Lack of population consent can be attributed to cultural or religious reasons, or to an ineffective consent expression. An inefficient donation system could be associated with a lack of physician training in donation, as well as with a lack of adequate logistical structure within hospitals. It has been shown that donation education among healthcare professionals could increase donation rates, by teaching them how to recognize donors and manage communication with family effectively. [1]

Unsafe donation practices also represent a barrier to donation. Low quality of care from healthcare professionals, both towards living donors and recipients, as well as inadequate infrastructures and absent safety guidelines in hospitals can all be reasons for safety concerns.

It is noteworthy that on top of these barriers, there are also large differences between countries in access to suitable transplantation and in the level of safety, quality, efficacy of donation and transplantation of human cells, tissues and organs.

Unmet patients' needs and the shortage of transplants lead to trafficking in human body components for transplantation for financial gains in some parts of the world. As most ethicists concluded that organ sale promotes coercion and exploitation of the poor, promotes poor quality of care for donor and recipient, organ sale has been forbidden by many countries in the world. In 1991, with an update in 2010, the World Health Organization (WHO) presented the Guiding Principles on Human Cell, Tissue and Organ Transplantation, which state that the selling of organs is "likely to take unfair advantage of the poorest and most vulnerable groups, undermines altruistic donation.....and conveys the idea that some persons lack dignity, that they are mere objects to be used by others". The WHO hereby mandates optimal care for donors and recipients.[4] In 2008, the Declaration of Istanbul was created in order to control transplant tourism, trafficking and commercialism and establish ethical guideline [6]. As the procurement of human material for transplantation from deceased or living donors and the subsequent allogeneic transplantation may entail ethical and safety risks for both the recipient and the donor, strict controls and effective oversight should be carried out by the health authorities to protect them.
Unethical practices are, in part, an undesirable consequence of the global shortage of organs for transplantation. Thus, each country must strive both to ensure that programs to prevent organ failure are implemented and to provide organs to meet the transplant needs of its residents from donors within its own population or through regional cooperation. The therapeutic potential of deceased organ donation should be maximized not only for kidneys but also for other organs, appropriate to the transplantation needs of each country. Efforts to initiate or enhance deceased donor transplantation are essential to minimize the burden on living donors. [2]

In fact, despite the frequent use of materials donated from deceased donors, the donations from living donors are necessary for some types of transplants or to compensate for the limited supply of material available from deceased donors in order to meet patient needs (ref). Living donation is thus practised despite the fact that it involves risks for the donor that may not be negligible. [5]

The transparent oversight of the health authorities over donation and transplantation activities is also essential to increase the trust of the public in the system. In addition, the decision to be a donor is often based on the understanding that a contribution to the availability of transplant resources may someday benefit the health needs of the donor’s family. [4]

Main Text

The International Federation of Medical Students’ Associations (IFMSA) strongly supports the altruistic donation of human cell, tissue and organs and calls upon:

- Governments and United Nation bodies:
  - To implement the Guiding Principles on Human Cell, Tissue and Organ Transplantation in the formulation and enforcement of their own policies, laws and legislation regarding human cell, tissue and organ donation and transplantation where appropriate;
  - To implement the Declaration of Istanbul, opposing the seeking of financial gain or comparable advantage in transactions involving human body parts, organ trafficking and transplant tourism, including by encouraging healthcare professionals to notify relevant authorities when they become aware of such practices, in accordance with national capacities and legislation;
  - To increase availability of voluntary donation in order to mitigate risks related to unethical donation practices such as transplant tourism and organ trafficking;
  - To promote a system of transparent, equitable allocation of organs, cells and tissues, guided by clinical criteria and ethical norms, as well as equitable access to transplantation services in accordance with national capacities, which provides the foundation for public support of voluntary donation;
  - To strengthen national and multinational authorities and/or capacities to provide oversight, organization and coordination of donation and transplantation activities;
  - To develop and implement donation after cardiac death practices in order to increase the pool of potential donors.

- Donation and transplant organizations
  - To facilitate the consent procedures through the creation of multiple easily accessible platforms for registering as a donor;
o To encourage the implementation of globally consistent coding systems for human cells, tissues and organs as such in order to facilitate national and international traceability of materials of human origin for transplantation;

o To develop logistical systems that increase the availability and increase the pairing of living donors to recipients, such as kidney paired donation (KPD).

• Medical associations
    o To support physician training on donation, including communication skills;
    o To promote donation awareness among the local population through physician initiatives.

• Hospitals and healthcare professionals
    o To establish adequate logistical structure with adequate human resources and infrastructures in order to improve the efficiency in donation procedures;
    o To improve the safety of donation and transplantation by promoting international optimal practices, and by protecting the health and welfare of living donors with appropriate health-care services and long-term follow up.

• Universities
    o To collaborate in collecting data including adverse events and reactions on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation.
    o To integrate donation training within the undergraduate and post-graduate medical education.

• Medical students
    o To promote donation awareness among the local population;
    o To organize peer-education activities in order to raise awareness among medical students.

References


