Response to—Better organ donation education

James Judson, Stephen Streat

We were dismayed to read the letter Better organ donation education by sociologist Rhonda Shaw in the 7 July 2017 issue of New Zealand Medical Journal. It is muddled, ill-informed and perpetuates misunderstanding about organ donation in New Zealand.

Firstly, it muddles deceased organ donation with live organ donation. These are entirely different donation scenarios with different frameworks for informed consent. In the case of deceased donation, the New Zealand Human Tissue Act specifically requires informed consent by family before organs can be removed for the purpose of transplantation, and specifically states that a yes or a no on the driver licence is neither informed consent nor informed objection. The driver licence therefore has no legal status at all in New Zealand.

At the time of seeking a licence, New Zealanders are required to answer yes or no to the question “Would you be willing to donate organs in the event of your death?” and the NZTA website explains that “Ticking the ‘Yes’ box on your driver licence form only means that you have indicated your wish to be identified as an organ and tissue donor…it does not automatically mean that your organs or tissues will be donated in the event of your death...in practice, your family will always be asked for their agreement to organ and tissue donation.”

The website cannot allow for discussion, clarification, asking specific questions or having them answered by someone who truly knows the answers. It only refers to a hypothetical situation. Fewer than 1% of New Zealanders die in circumstances where organ donation is a realistic possibility. The provision of further educational material about a hypothetical situation which will usually never occur cannot lead to informed decision-making in the real situation.

When people do end up in a real situation where donation after brain death or donation after circulatory death are realistic options, it will be in an ICU and the issues will be discussed with their family at that time by ICU staff with the necessary knowledge, skill and experience. Staff in all 24 New Zealand ICUs are well aware of organ donation processes, and ODNZ senior nursing and medical staff are available 24 hours a day to support them according to their needs at the time of every potential donation.

The Ministry of Health may well have recently stated expansion of donation after circulatory death as a strategic priority, but it does not itself have the knowledge, staff or expertise to do this. ODNZ already has that responsibility through its contract with the Ministry of Health. It is already promoting donation after circulatory death in the ICUs, along with other quality improvement initiatives, and is currently seeing an increase in organ donation in New Zealand for the fourth consecutive year as a result of those initiatives. It will continue to do so unless and until the Ministry changes the contract.

The current contract requires ODNZ to provide accurate information about organ donation to the New Zealand public. With that in mind, we need to point out that:

1. DCD is the abbreviation for donation after circulatory (not cardiac) death.
2. DBD is an abbreviation for donation after brain (not brain stem) death.
3. DCD has not been reintroduced; it was introduced in New Zealand by ODNZ in 2008.
4. DBD and DCD are not ‘menu’ options for people to choose from; they apply in different types of situations.
5. Shaw’s second reference applies to donation after euthanasia, which is not practised in New Zealand.
6. The Ministry of Health Review was released in 2017 not 2016.
Competing interests:
Nil.

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