

SENATE BILL**No. _____**

Introduced by Senator: _____**(Principal coauthors: Senators:**

(Principal coauthors: Assembly Members:

(Coauthors: Senators:

(Coauthors: Assembly Members:

January 1, 2009

The Organ Donation Enhancement Act

This legislation is created to enhance all existing organ procurement systems, by introducing for inclusion, a sizeable group of potential organ donors that has thus far been overlooked.

A national crisis exists because of the critical demand for organ donations that is currently needed for over 100,000 gravely ill individuals on the national waiting list. While that number grows daily, a person on that list, or one who was removed because he/she was too sick dies every hour. In addition, over 2.5 million Americans die annually, but only a total of 14,400 living and deceased persons donated organs last year. (From UNOS Facts 2008)

The Organ Donation Enhancement Act presents no negative impact on existing organ donation related legislation, and will provide only a positive assistance for those in procurement of organs and certainly those desperately waiting for the gift of life: an organ transplant.

Every day across this land, persons die leaving their organs to be wastefully buried or cremated, and had they only stated their wish to be an organ donor, thousands of lives could have been saved or assisted with organs and tissues.

Responding to this shortage of organ donors, The Organ Donation Enhancement Act provides a process for those having made no known commitment for being or not being an organ donor. The Organ Donation Enhancement Act assists them with a decision to automatically become an organ donor.

Current Law:

- (a) The State Department of Health Services shall have oversight and regulatory authority with respect to the implementation in this state of the Uniform Anatomical Gift Act.
- (b) The State Department of Health Services shall adopt regulations that provide for the implementation of this chapter. Regulations adopted pursuant to this section shall include, but not be limited to, providing public awareness of being an organ and tissue donor and the importance of informed consent prior to donation.

Proposed Law:

The Uniform Anatomical Gift Act, administered by the State Department of Health Services, provides a procedure under which persons 18 years or older, or a person 15 to 18 years of age and with the consent of a parent or guardian, may donate organs and tissues after death. Measures are also put in place that allows discretion for family members to donate the deceased's organs if the deceased did not specify such a request prior to his/her death.

Existing law requires, near the time of death of a patient, that relatives and medical personnel make an adequate search that the patient has made or declined to make an anatomical gift. Existing law also specifies requirements of a hospital to develop certain protocols in order to effectively implement an organ donor system.

The Organ Donation Enhancement Act, commencing in 2009, provides for a system in which it is acknowledged that a person 18 years of age or older, or a child's parent or guardian, automatically consents to the donation of organs, unless the adult or the child's parent or guardian has registered with the "Declined Anatomical Gift" Registry established by this bill.

This bill would provide the assurance that if the deceased person or if the deceased person should be a child, and his/ her parent or guardian expressed the intent not to donate or made a written refusal of an Anatomical Gift, the intent and written refusal would be honored.

This bill would also require the State Department of Health Services to create regulations that provide public awareness of the establishment of the "Declined Anatomical" Gift Registry in English, Spanish, and Asian languages.

Existing law establishes in the California Health and Services Agency, the Organ and Tissue Donor Registry, which is required to contain information regarding persons who wish to donate their organs upon death. Existing law creates the Organ and Tissue Donor Registry Fund that is meant to support the registry through appropriations by the legislature.

The existing Organ and Donor Registry and its purpose shall continue to function under the jurisdiction of the California Health Services Agency. The existing structure will be modified to include the "Declined Anatomical Gift" Registry. The "Declined Anatomical Gift" Registry will contain a record of persons who wish not to donate their organs. This bill would create a "Declined Anatomical Gift" Registry Fund within the California Health Services Agency. Existing pre-approved funding by the legislature shall continue and combine the Organ and Tissue Donor Registry Fund with the "Declined Anatomical Gift" Registry Fund.

Current law places requirements on the Department of Motor Vehicles regarding the compilation of information pertaining to the Organ and Tissue Donor Registry. This bill would include the requirements for the "Declined Anatomical Gift" Registry.

Vote: ____ Appropriation: ____ Fiscal Committee: ____ State-Mandates Local Program: ____
Date

The People of the State of California do enact as follows:

A:

- (1) In the United States there are currently over 100,000 Americans who are awaiting organ transplants, and only 14,400 organs became available last year. (From UNOS Facts 2008) In California alone 20,000 people are awaiting organ transplants. Of those 20,000 Californians, 67% are of African-American, Asian- American, and Latino descent; however, they only compose 12% of the state registry. Approximately one new patient is added to the national transplant waiting list every 13 minutes and 17 people die waiting because of the organ availability shortage.
- (2) This bill would include an additional statewide organ donor system and it shall be defined as "Automatic Enrollment" into the statewide organ donor registry, unless otherwise indicated by the individual. It would be up to that person to abstain from this registry by filling out necessary forms provided by the California Department of Motor Vehicles and administered by the Department of Health Services.
- (3) If a spouse, parent, or child object to anatomical donation then their requests will be immediately recognized and honored.
- (4) This bill would restructure the state's current organ donor system in order to increase availability of vital organs to help save lives.

B:

- (1) A person who is 18 years of age or older and dies in this state becomes an automatic donor of all transplantable organs and tissue of his/her body to an organization administered by the Department of Health and Human Services.
- (2) In filling a form with the California Department of Motor Vehicles or the California Department of Health Services, a person who declines to give all or part of his/her body for organ and tissue donation shall be extracted from the system.
- (3) The California Department of Health Services will maintain a registry of those who do not wish to have their organs and/or tissues donated upon death.
- (4) This bill modifies the Organ and Tissue Donor Registry to now include the "Declined Anatomical Gift" Registry.
- (5) If the person is under 18 years of age, then the Department of Health Services must ask a family member or legal guardian for authorization to donate organs.

C:

- (1) This bill will provide existing pre-approved funding by the legislature to administer the Organ and Tissue Donor Registry and the "Declined Anatomical Gift" Registry.
- (2) This added fund is to be called the "Declined Anatomical Gift" Registry Fund.
- (3) This bill mandates that all funds in the Organ and Tissue Donor Registry be combined with the "Declined Anatomical Gift" Registry.

D:

- (1) "Anatomical Gift" means a donation of all transplantable organs and tissue to take effect upon or after death.
- (2) "Donor" means an individual who makes an anatomical gift of all transplantable organs and tissues in individual's body.
- (3) "Declined Anatomical Gift" Registry means a registry containing information submitted by any person who objects to, or places restrictions upon his/her body, or any specified part of the body being donated after death. And information submitted by a child's parent or guardian who objects to, or places restrictions upon the child's body, or any specified part of the child's body being donated after death shall also be included within the definition "Declined Anatomical Gift" Registry.

Support:

To Be Listed

Oppose:

No Known Opposition

.Supporters of: The Organ Donation Enhancement Act

At the Loma Linda University Medical Center Transplant Institute:

Okechukwa Ojogho, M.D., Director, Transplantation Institute

Pedro Baron, M.D., Director of Pediatric and Adult Liver Transplantation

Zeid Kayali, M.D., MBA, Hepatologist, Medical Director of Liver Transplantation

Richard Swabb, M.D., Board Certified in Internal Medicine-Nephrology

Jill Weissman, Pharm.D., Transplant Pharmacist

Loma Linda University Medical Center

Julia A. Nofrada, RN, Certified Clinical Transplant Nurse

Leigh Aveling, Dmin., MFT, Chaplain-Associate Professor, School of Religion

At Stanford University School of Medicine

Waldo Concepcion, M.D., Chief of Pediatric Kidney Transplantation

At Scripps Green Hospital, La Jolla, California

Donald Hillebrand, M.D., Hepatologist, Medical Director, Liver Transplantation

At the University of South Dakota, Sanford School of Medicine, Sioux Falls, S.Dakota

Adela T. Casas-Melley, M.D., Pediatric/Transplant Surgeon, Sanford Children's Specialty Clinic, Associate Professor-Academic Faculty

At the Nazih Zuhdi Transplant Institute, Integris Baptist Medical Center, Oklahoma

Nicolas Jabbour, M.D., Member, ASTS, Medical Director

At the Cleveland Clinic

John J. Fung, M.D., PhD, FACS, Chairman, Department of General Surgery and Director of the Transplant Center

At the Thomas E. Starzl Transplantation Institute, University of Pittsburgh Medical Center

Raymond M. Planinsic, M.D., Director of Hepatic, Intestinal, Multivisceral Transplantation Anesthesiology

At the VA Pittsburgh Healthcare System

Thomas Cacciarelli, M.D., Chief, Liver Transplantation Surgery Program

At the University of California-Davis Medical Center

Lorenzo Rossaro, M.D., Medical Director, Liver Transplant Program, Chief of Gastroenterology and Hepatology

At the University of Southern California Hospital, Los Angeles, California

Yasir A. Qazi, M.D., Medical Director, Kidney-Pancreas Transplant

Kianoush Banaei-Kashani, M.D., Keck School of Medicine of USC, Division of Nephrology

Jay Vidhun, M.D. Department of Nephrology, Kidney Transplantation

At the California Pacific Medical Center

Robert G. Gish, M.D., Medical Director, Liver Transplant Program-Chief: Division of Hepatology

At the NYU Medical Center (New York University School of Medicine and Hospitals Center)

Lewis Teperman, M.D., Associate Professor, Chief and Director of Transplantation Surgery, Member: UNOS Liver & Intestine Committee, Member: Board of Directors: American Liver Foundation, Latino Organization for Liver Awareness

Phil Berry, M.D., Advisory Committee for Organ Transplantation (ACOT) appointed by Secretary Tommie Thompson, Health & Human Services, 2001-2004, Past President, Texas Medical Association, President, Texas Medical Association Foundation

Leonard J. Morse, M.D., Commissioner of Public Health, Worcester, Massachusetts, Professor of Clinical Medicine, Family Medicine and Community Health, Chairman Emeritus, AMA

Joseph Beezy, M.D., Member: House of Delegates: California Medical Association, Emergency Physician: Kaiser: Panorama City, California

James N. Eustermann, M.D., Board Certified General Surgeon: Diplomat, American Board of Surgery, Fellow, Medical Director, American College of Surgeons

Richard Darling, DDS; Past National Public Citizen of The Year (NASW); Author: Coma Life, (an autobiographical memoir of three liver transplants)

Bill Remak, Chairman, California Hepatitis C Task Force, Chair, National Association of Hepatitis Task Forces, Member, Board of Directors of the Pharmacy Council on Hepatitis and Liver Disease

Ralph H. Treiman, Past-President, American Liver Foundation, Greater Los Angeles Chapter

Debbie Delgado Vega, Founder, President and CEO, Latino Organization for Liver Awareness (LOLA)

Mrs. Tiffany Ellison – 2008 MRS.CALIFORNIA

A Few of The Celebrity Supporters For Organ Donation

Adrian Paul	George Lopez	Mariska Hargitay	Larry Hagman
Aimee Garcia	James Denton	Rihanna	Mario Cantone
Aishwarya Rai	Jennifer Lopez	Robert Redford	David Foster
Brad Pitt	Jet Li	Sarah Conner	Elizabeth Gracen
Charlotte Church	Kate Hudson	Sarah Jessica Parker	Tim McGraw
Cindy Crawford	Darryl McDaniels	Katherine Heigl	Kiefer Sutherland

“The Organ Donation Enhancement Act” Will Have No Negative Impact On The California State Budget!

Supporters of this proposed legislation sought and used many sources to prove this bill, when adopted into law will have no negative impact upon the California State Budget!

The following is taken directly out of the proposed bill under page 3, paragraphs C1, C2 and C3.

C1) This bill will provide existing pre-approved funding by the legislature to administer the Organ and Tissue Donor Registry and the “Declined Anatomical Gift” Registry.

C2) This added fund is to be called the “Declined Anatomical Gift” Registry Fund.

C3) This bill mandates that all funds in the Organ and Tissue Donor Registry be combined with the “Declined Anatomical Gift” Registry.

The Donate Life California organization and under the jurisdiction of the California Department of Health Services shall maintain the Donate Life California Registry and administer the day to day operation of recording the requests of individuals or families that upon death, wish to become Organ and Tissue Donors.

In order to maintain this course of action, The Donate Life California organization has created and maintains an *outside of the California Legislature” funding that provides several avenues as the source for their operational funds.

SB 1822 (Senate Bill) approved on May 9 2006, \$70,000 for Research & Administration during the 2008-09 years.

On their Financial Information Report derived from the organization’s December 31, 2007 Form 990, and published by www.guidestar.org, the following is reported:

<u>Revenue</u>		<u>Assets</u>		<u>Expenses</u>
Contributions	\$0	Cash & Equivalent	\$162,648	Full-Time Employees 1-5
Government Grants	\$0			@ \$141,000
Program Services	\$258,390			
Investments	\$0			
Special Events	\$0			
Sales	\$0			
Other	\$0			
Total Revenue	\$3,158,390			

The success of the Donate Life California Registry owes much to its partnership with the DMV. The vast majority of the registry's three and a half million designated donors have signed up since the DMV began enrolling designated donors in July 2006. Due to the five-year license renewal cycle, two-thirds of California drivers have not yet had the opportunity to check "yes" when they renew their license.

In 2005, SB 689 (Senate Bill) was adopted by the California legislature on July 1, 2006 and as part of the bill, it required the Department of Motor Vehicles (DMV) to electronically transmit donor designation information on a weekly basis to Donate Life California, a nonprofit organization that is designated as the California Organ and Tissue Donor Registrar.

The bill would authorize a person who applies for an original or renewal driver's license, or identification card to designate a voluntary contribution of \$2.00 for the purpose of promoting and supporting organ and tissue donation. The bill would require this contribution to be collected by the department, and treated as a Voluntary contribution to Donate Life California and not as a fee for issuance of a driver's license or identification card.

The bill would create the Donate Life California Trust Sub Account in the Motor Vehicle Account in the State Transportation Fund. The bill will require the department to deposit the remaining monies contributed, after deduction of specified administrative costs, in the Donate Life California Trust Sub Account, which would be continuously appropriated to the Controller for allocation to Donate Life California for the purpose of increasing participation in organ donation programs.

Since this report did not have the numbers available of California Drivers Licenses obtained by the general public in 2007 or 2008 at this writing, we are confident to assume the \$3,158,390 shown in the above Donate Life California Financial Information Report certainly represents a portion of the DMV's collected \$2.00 Voluntary contribution that ultimately is transferred to the Donate Life California Sub Account.

The Donate Life California organization has a number of fund raising programs that appear to be financially successful. As an example: The Annual 2008 Donate 5K-1K Walk at California State University in Fullerton, California.

Registration fees were anywhere from \$20-30 per person, (The DLC web site showed a large number of attendees), there are fundraising prizes that bring anywhere from \$100-\$249 for Bronze to \$8001- \$10,000 for the Donate Life Team Package, seventy one exhibitors from 710 ESPN to Washington Mutual donated an unknown amount for the privilege of having name exposure at the event.

A few of the other means for raising funds are shown on the web site and include The Circle of Life, Monetary Contributions to Donate Life California, Tributes and Memorials, In Lieu of Flowers, Matching Gifts, United Way, Corporate Sponsors, and in the future Government Grants.

It is worthy of mention, (and according to the Los Angeles Times stories dated August 11, 2006 and July 26, 2007) Kaiser Permanente was fined by HMO regulators and required to pay \$2 million dollars to the California Department of Managed Health Care for the failings of its kidney transplant program in San Francisco.

As part of the consent decree, the HMO agreed to donate an additional \$3 million to support Donate Life California, a nonprofit organ and tissue donor registry program that seeks to increase donations.

Because there is no apparent shortage of funds, The intent of “THE ORGAN DONATION ENHANCEMENT ACT” is to have the number of staff members to be determined, hired and managed by the Donate Life California staff. Duties of these employees is to oversee, coordinate, and record data pertaining to the “Declined Anatomical Gift” Registry.

Total National Costs of Intensive Care Health Case Study 28, Intensive Care

In 1982, total national expenditures for hospital care were 136 billion, of which 84 percent were for acute care in community hospitals----- or \$114 billion. Since an estimated 87 percent of community hospital costs are inpatient costs, \$13-\$15 billion were spent in 1982 for costs associated with patients in adult ICU's and coronary care units.

It has become increasingly clear that hospital charges do not represent the true costs of providing hospital services. Generally, charges are greater than operating costs, in order to pay for bad debts, to support non-reimbursable educational and preventative health programs, and to pay for costs disallowed by cost based insurers. If one considers only ICU room and board charges in estimating ICU costs, one may significantly underestimate the relative costliness of ICU care. An attempt in the early 1980's to estimate actual ICU costs in the United States yielded an estimate of 3.5:1 ratio in a large, teaching hospital. But anecdotal reports now suggest that relative costs of ICU to non-ICU care in some institutions are as much as 5:1.

Kidney Transplant Costs Report by University of Maryland School of Medicine

The cost of a kidney transplant has dropped so significantly that University of Maryland School of Medicine researchers say it is cheaper to have a transplant than to stay on dialysis for more than two and half years, even among the sickest patients.

“We found that the breakeven point was 2.7 years for all of the cases we analyzed. And, for 30 percent of our patients who did not need to be re-admitted to the hospital during the year after their transplant, the breakeven point was only 1.7 years”, say Eugene J. Schweitzer, M.D. a transplant surgeon at the University of Maryland Medical Center and Associate Professor of Surgery at the University of Maryland School of Medicine.

Dr. Schweitzer presented his findings which showed that a kidney transplant is much more cost effective than dialysis even for the highest risk patients- those with heart disease, diabetes or older age.

A University of Maryland Medical Center analysis found that after 2.7 years, the medical system saves about \$27,000 per year for each patient who has a transplant instead of remaining on kidney dialysis.

Note: We request the reader give special attention to the following four paragraphs

Positive Aspects of “The Organ Donation Enhancement Act” (ODEA)

Like the old saying goes, “When California introduces something, the nation usually follows!” and that will probably be the case with the introduction of the proposed ODEA legislation in California in 2009!

In researching the Internet for any mention of “The Organ Donation Enhancement Act” as a current law in any state of our United States or elsewhere in the world, none could be found!

Since ODEA is incorporated with various aspects of other forms of organ donation legislation, the Internet was searched and under the subject of “Presumed Consent”, several web sites covering the subject, and several countries (but no state in the United States!) utilizing the “Presumed Consent” concept or legislation as a means of increasing organ donation was located.

Though there are vast differences between ODEA and Presumed Consent (PC) legislation, PC might provide some reference points for presenting the various aspects of ODEA data, thus PC websites will be utilized strictly for informational purposes.

Transplantation vs. Costs for ICU Long Term Care!

The introduction of “The Organ Donation Enhancement Act” during the 2009 California Legislative session is being hailed as most timely by supporters of this proposed bill considering the financial crisis the state, local governments, insurance industry and consumer-patients are facing today!

The following is an analysis-comparison between Organ/Tissue Transplantation versus Costs for ICU Long Term Care that demonstrates the great financial disparity the above entities, i.e., government, private sector and citizens face today.

This disproportion of costs can be remedied by the potential increase of Organ/Tissue Donations made possible in the State of California by the legislature adoption of “The Organ Donation Enhancement Act”.

Maintenance Dialysis Population Dynamics: Long Term Financial Implications

Michael J. Lysaght, Center for Biomedical Engineering, Brown University Providence, Rhode Island

Reviewed by American Society of Nephrology, ASN Journal

Abstract:

There is a general recognition that treatment of end stage renal disease (ESRD) has become a large-scale undertaking. This report combines data available from a variety of sources and places the current (midyear 2001) estimated global maintenance dialysis population at just over 1.1 million patients. The size of this population has been expanding at a rate of 7% per year. Total therapy cost per patient per year in the United States is approximately \$66,000.

Assuming that this figure is a reasonable global average, the annual worldwide cost of maintenance ESRD therapy in the year 2001, excluding renal transplantation, will be between \$70-\$75 billion US dollars. If current trends in ESRD prevalence continue, it seems probable; the ESRD population will exceed 2 million patients by the year 2010. The care of this group represents a major societal commitment: the aggregate cost of treating ESRD during the coming decade will exceed \$1 trillion, a thought-provoking sum by any economic metric.

Presumed versus Expressed Consent in the US and Internationally

Virtual Mentor, September 2005, Volume 7, Number 9 Sheldon Zink, PhD and Stacy Wertlieb, Mbe

The shortage of organs available for transplant has been a serious and unchanging worldwide problem since such surgeries were first made feasible and safe several decades ago. Nations around the world have relied on different strategies to try to alleviate this problem with varying levels of success.

The United States system for organ procurement operates under a model of “Expressed Consent”. This means that an individual **will not** be an organ donor unless he or she explicitly states otherwise. While maintaining the autonomy of potential donors, the expressed-consent model has not been shown to be effective in increasing the supply of organs to a level anywhere near that of the demand.

In contrast, some countries have relied on a method of **presumed** (rather than **expressed**) consent for organ procurement. This model takes the opposite assumption for granted----- individuals are presumed to want to donate their organs upon brain death unless they have expressly objected to doing so.

With 33.5 out of every 1 million residents having organs that are in a condition that allows them to be transplanted after death, Spain has the world’s highest rate of actual donation. Spain’s presumed consent law was passed in 1979 and requires the prospective donor to be declared dead on neurological criteria (“brain dead”) by 3 physicians. Once death has been declared, any individual who has not formally registered an opposition is considered a potential donor. This system has contributed to Spain’s successful organ procurement program. Moreover, the presumed-consent policy in Spain is **cost-effective, saving the National Health Service more than 200,000 euros in medical costs for each kidney transplant performed on a patient on dialysis.**

A similar presumed-consent law was implemented in Belgium in 1987. If an individual does not want to donate he or she is required to register the objection with the Central Health Authority. Prospective donors can change their decision at any time. While physicians in Belgium are under no obligation to ask the prospective donor’s family for permission to recover the organs, or even inform them of their intention to do so, if a family member explicitly opposes organ recovery, the physician cannot proceed. After widespread educational efforts **and almost 20 years experience since the policy was implemented, less than 2 percent of the Belgian population has registered an objection to organ donation.**

Other countries with presumed-consent policies include Austria, France, Columbia, Norway, Italy, and Singapore. **In Austria, the rate of donation quadrupled within 8 years of a presumed-consent policy being introduced. Today, the procurement rate in Austria is twice as high as those in the United States and most of Europe, with the number of kidney transplants performed nearly equal to the number of people awaiting donor kidneys.**

Latest available statistics show France, Austria and Belgium have a 50% + donation increase in hospitals with PC; stagnant numbers in hospitals remaining on old systems.

Lastly, in Singapore a presumed-consent law has been in effect since 1987. All residents receive a letter when they reach the age of 18 that states they are presumed to consent to organ donation unless they explicitly object to it.

Countries with presumed-consent have generally seen higher rates of organ donation than countries with expressed-consent such as the United States. In fact when Denmark switched from presumed to expressed consent in 1986, donation rates fell by 50 percent.

AMA Embracing Presumed Consent As A Means Of Easing Donor Shortage!

Health Care Industry Transplant News, December 31, 1998

As transplant waiting lists grow steadily, but organ donors do not, one of the world's leading medical association's is suggesting a dramatic, 180-degree change: that all people should be automatically classified as organ and tissue donors unless they specifically request otherwise. The American Medical Association (AMA) passed resolutions in December calling for this country to study changing to a "Presumed Consent" system of organ and tissue donation.

The AMA House of Delegates approved a resolution asking the AMA and all other "interested parties" to support the exploration of methods to "greatly increase organ donation" including changing the US system to Presumed Consent." Resolution 509, reads: "Resolved: That our AMA, in collaboration with all other interested parties, support the exploration of methods to greatly increase organ donation, such as the "Presumed Consent" modality of organ donation." In addition, the AMA called on members to actively pursue changing the system immediately to mandate that individuals be required to express their preference regarding organ and tissue donation.

Local Transplant Hepatologist Shares Presumed Consent Experiences

January 1, 2009

Dear Honorable Members of the California State Legislature,

I am currently Associate Professor of Medicine at the Loma Linda University Medical Center (LLUMC) Transplantation Institute, Division of Gastroenterology and Liver Diseases, where I actively practice Transplant Hepatology. I held a similar role at the level of Assistant Professor at the University of Southern California, Los Angeles. Previously, I was a Transplant Hepatologist for three years in France at the University of Rennes. You may be aware that in France Organ Procurement is enabled by Presumed Consent, with clear rules of engagement that protect those that have established their wish not to donate.

I would like to take this opportunity to provide the members of the California State Legislature with written testimony of my direct experience with Presumed Consent as a Transplant Hepatologist while in France and I am hereby respectfully requesting that you submit my testimony to every committee and committee member that should participate in the process regarding the proposed, "The Organ Transplant Enhancement Act".

In France, organ donation by Presumed Consent plays a major role in the higher availability of organs as compared to the United States, as demonstrated by my experience from 1996-2000. In our Center in Rennes, approximately 100 liver transplantations were performed per year. As one of the Transplant Hepatologists, when on call I personally carried “the waiting list” of recipients, typically 5-8 patients long. Average waiting times were well within a month. Fulminant (i.e. sudden and severe) cases received offers within hours. Deaths on the waiting lists were very rare. The abundance of organs allowed (and still does allow) for the transplantation of patients from Italy, supported financially by the Italian Government.

To my knowledge, organ donation by Presumed Consent is well accepted by the French across multiple varied cultures. As clearly detailed by the French equivalent of UNOS: (<http://www.franceadot.org/lois/resume-loi.html#11>).a brain-dead patient is considered a donor if #1) they carry a donor card, or #2) as a presumed donor unless they either carry a card or belong to a registry explicitly opting out of donation; or if the next of kin can confirm knowledge that the patient did previously express refusal to be a donor.

The shortage of organs in the United States has reached dramatic proportions, and in particular in high-density areas such as Los Angeles. As opposed to my experience in France under a policy of Presumed Consent, the waiting lists at USC and LLUMC are approximately three to four-fold that of the number transplanted, and the deaths while waiting are clearly excessively high.

I am convinced that introducing a policy of Presumed Consent modeled on the French experience would significantly increase organ availability. To further demonstrate my position I have recently added my name to a list of physicians and organ donor advocates in support of Presumed Consent:

Please know that the legislature may call upon me for further information regarding my personal experience of transplanting under the policy of Presumed Consent.

Sincerely,

Michael Henry Mendler, M.D.
Associate Professor of Medicine
Hepatologist, Loma Linda University Medical Center
Division of Gastroenterology
And The Transplantation Institute
11234 Anderson Street
Loma Linda, CA, 92354

Asian Organ Donors Urgently Needed!

Note: This Story Originated In the United Kingdom, But Is Also Timely For Reprint in California!

South Asian Development Partnership - 20th March 2007

One in eight people who died waiting for a transplant in 2006 were of Asian or African-American Origin

A major campaign to tackle the growing ethnic minority “donor gap” in the south Asian and Black communities is launched today by UK Transplant, the NHS organization responsible for matching and allocating donated organs.

Asian and Black people are over three times more likely to need a kidney transplant than the general population, and their chance of a successful transplant is greater if they can be matched with a donor of the same ethnic group.

But with Asian and Black people accounting for fewer than 2% of deceased organ donors, transplant patients from these communities have to wait up to twice as long as others for a suitable donor to become available.

The latest figures show that Asian people wait an average of 1,496 days for a kidney transplant and Black people an average of 1,389 days. In contrast, white people wait an average of 722 days.

The number of Asian people joining the Organ Donor Registry has increased in recent years, but demand for donated organs is rising. There are currently 1,403 Asian and Black patients listed for a transplant, of whom 1,342 need a kidney and the remaining 61 are waiting for liver, heart, pancreas, or heart/lung transplants.

In addition, 1 in nearly 10 of all cornea transplants carried out in the UK help an Asian person regain their sight. Asian people are more likely to need a cornea transplant because of Keratoconus, a debilitating disease that usually affects both eyes, causing worsening visual distortion.

Furthermore, an above average 6% of people on the liver transplant list are Asian. This is because viral hepatitis---Hepatitis B & C that can lead to live damage and liver failure is more prevalent in the Asian population.

The campaign also seeks to dispel some common myths that are known to affect donation rates, including people’s assumption that there are religious objections.