

# Organ transplantation rates in Central Europe: cultural and bioethical considerations

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Original Articles

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## Abstract:

Organ transplantation rates vary amongst every nation in the world, including countries in Central Europe and the European Union. Healthcare systems are faced with many discrepancies regarding the number of deceased versus living donors in all countries. This article focuses on examining the current cultural and bioethical considerations in the organ transplantation system of Central Europe, specifically Slovakia, Czech Republic, Austria, Hungary, and Poland. Current discussion and research data show the need to consider these implications as a healthcare system in order to increase promotion within the area of organ transplantation. The European Commission supports the need for these specific countries, along with the whole European Union, to increase their organ transplantation rates and promote public awareness of this issue. EurActiv (European Union Information Website) continues to promote European Parliament's legislation that sets common EU quality and safety standards for transplants. However, the push to promote efficiency and accessibility of transplantation systems will not come without problems due to cultural and bioethical dilemmas. The issues

presented in this article seek to address these concerns, as well as to explore donation rates, transplantation practices, and the varying acceptability of donation across Central Europe.

## Why organ transplantation?

Organ transplantation rates vary widely across the globe, with several regions of the world exhibiting greater variability than others. This does not come as a surprise, however, because this same variations hold true for other healthcare related identifiers as well. Research into this phenomenon still holds value because there remains an almost universal shortage of deceased donors throughout the global healthcare system (Rudge *et al.* 2012).

Although many cultural and bioethical considerations remain at the forefront of organ transplantation discussion, the demand for more donors continues to be significant. Use of this healthcare practice is essential for the treatment of certain diseases. It can also be rendered as the best and sometimes the only form of treatment for many patients with end-stage organ failure that seeks to prolong the life of patients who suffer from this medical condition. There are several medical conditions that necessitate organ transplant as the only viable treatment (World Health Organization, 2013).

Organ transplantation should continue to be a key ingredient for approaching the promotion of improved and successful public health outcomes. The need for this medical treatment to exist is real. Since the gap between the number of organ transplants and number of people on the current waiting list continues to widen, it is essential that healthcare leaders advocate for implementation of new strategies and health policies to solve this problem. It is imperative

that leaders in this field keep in mind that the search for new practices, policies and the need to generate public debate in the areas of legal and ethical acceptability. Professional bodies, such as the World Health Organization, have been seen in recent years focusing on the development of legal and ethical frameworks designed to encourage all countries to eradicate unacceptable practices of organ transplantation and promote donation to its maximum potential using established criteria and ethical practices (Rudge *et al.* 2012).

## Central Europe

To study this phenomenon in an area where the European Union (EU) has recently adopted new rules on organ transplantation will remain at the forefront of this study. Analysis and interpretation of organ transplantation rates in five Central European countries will be addressed. These include Slovakia, Czech Republic, Austria, Hungary, and Poland. It is important to note that organ transplantation in this area of the world comes almost strictly from the deceased population, which differs from many other countries like the Netherlands, Britain, Sweden, Canada, and the United States where organ donation includes live donors (Oliver *et al.* 2010).

Currently, the demand for organs exceeds their availability in all EU Member States and demand increases faster than organ donation rates in most Member States. The same conclusion, as stated before, holds true for Europe: organ transplantation rates

and organ availability vary widely across all countries, per million of population (pmp). Few Member States have succeeded in increasing significantly the number of donors. These changes can be linked to the introduction of better organizational practices. Although there are Member States that lie above the EU average for transplantation rates, the five Member States evaluated in this study do not lie near this average. To adjust this study for the context in which it lies, the five EU Member States will be compared to five Western EU Member States (Council of Europe, 2011).

### **Central Europe vs. Western Europe**

To further define the Western EU Member States, the study analyzed Ireland, the United Kingdom, France, Spain, and Portugal. Analysis and interpretation of the organ transplantation data available shows that Western EU Member States hold higher deceased and living donor rates (pmp). The averages for the Central EU Member States associated with deceased and living donor rates are 16.4 pmp and 3.68 pmp, respectively. The averages for the Western EU Member States associated with deceased and living donor rates are 25.2 pmp and 7.62 pmp, respectively. This interpretation serves as evidence that organ transplantation rates vary widely across the EU Member States (Global Observatory on Donation & Transplantation, 2012).

It is also important to take this analysis and observe other data that support this conclusion. In the United States, the rates associated with deceased and living donor rates are 26.0 pmp and 18.4 pmp, respectively. This helps to confirm that organ transplantation rates continue to vary widely on a global health scale as well (Global Observatory on Donation & Transplantation, 2012).

### **Cultural and bioethical considerations**

After confirmation of the variation in organ transplantation rate, it is imperative that we seek to discuss some concluding factors about why this exists. Analysis of religion, surveys, and socio-economic status will prove to be important for this discussion because there is evidence that proves these measures have an impact on organ transplantation as well.

The EU Member States hold a religious value surrounding the Christian faith. Research data shows that the EU has a predominant Christian population of nearly 75%, but only 12% of that population holds an organ donor card. This is a discrepancy in the data because although the Christian faith appears to generally accept and endorse organ transplantation, there are clearly different nuances in opinion (Oliver et al., 2010).

Further analysis of these measures leads us to the conversation about surveys in the EU constructed around willingness and discussion of organ transplantation. Two surveys were constructed to analyze both the willingness to donate to a family member and family discussion about organ transplantation (Eurobarometer, 2007). Answers to both questions correlate to the lack of willingness and knowledge about the topic. For the five Central European Member States, the rates for willingness to donate to a family member and discussion of organ transplantation between family members were below 60% and below 30%, respectively. This leads us to the conclusion that there continues to be an issue with the trust of the healthcare transplantations system, as well as other cultural and bioethical problems (Eurobarometer, 2007).

Concluding the discussion on this topic, we need to also realize that socio-economic status and years of education may lead to

variation in the system as well. Studies in the EU have concluded that political status, sex, and education all lead to changes in willingness to donate (Mocan & Tekin, 2007). If individuals are Liberal in political affiliation and have one year of additional educational background, the willingness to donate increases. Furthermore, being a male is attributed to a 5-percentage point reduction in the willingness to donate organs. It is also important to note that individuals who are aware of the rules and regulations about organ transplantation tend to donate by 16-18 percentage points higher than the unknowledgeable individuals (Mocan & Tekin, 2007).

## Conclusion

“Organ transplantation is unique – a patient can only become the recipient of a transplant because another human has donated the organ, either in life or after death (Rudge, et al., 2012).” The quote associated with organ transplantation explains the uniqueness of this type of healthcare topic. In order to increase the number of organs available worldwide, governmental policies, laws, and procedures must be adopted so that the quality, safety, and knowledge of the organ transplantation system increases. Organ transplantation must continue to be a key ingredient when approaching the

promotion of improved and successful public health outcomes. Successful treatment outcomes for specific medical problems require a donation system where the supply of organs begins to address the need.

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