



staggering 57% conceded they didn't want to get involved, for reasons of time, potential liability, perceived conflict of interest or the excessive emotional demands of the process.

In research published in February, Molzahn found troubling gaps surrounding doctors' knowledge of brain death, particularly the legal and ethical rules that surround it. Indeed, the mean score on 12 knowledge-testing questions was 68.3%. The same proportion of respondents said they felt comfortable identifying organ donors.

But even if the doctor has the knowledge and the will to request organs, hospitals, especially smaller ones affected by cutbacks and restructuring, are finding it in-

creasingly difficult to see the benefit of maintaining a body for 2 or more days so that another hospital, province or country can get an organ.

In response, Quebec now requires hospitals to refer potential donors to the provincial organ procurement agency, but reimburses referring and organ-retrieving hospitals to a total of \$5000 per donor. This policy is credited with boosting the donation rate by 53% between 1992 and 1993.

BC has created a provincial organization responsible for all organ retrieval. A specialized team travels the province collecting organs and bringing them to 1 of 3 transplant hospitals.

## Sometimes, people just can't accept organ donation

A profound dichotomy between medical and lay perceptions of organ transplantation may help explain chronic organ shortages in developed nations, an American medical anthropologist says. "Donation requests are best understood as encounters across cultures," notes Dr. Donald Joralemon of Smith College in Northampton, Mass.

Physicians and other transplantation advocates see the process as a recycling of unneeded body parts to prolong someone else's life. However, the ordinary human response, developed over centuries of social conditioning and ritual, is to see the body and its full complement of organs as the manifestation of an individual, dead or alive.

"If I consent [to organ donation], I have tacitly accepted that my body is an assemblage of replaceable parts, that my 'self' is anatomically reducible to neural activity, and that when brain activity ceases, 'I' no longer exist," Joralemon argues.

Indeed, Canadian transplant experts spoke of the "myths" and "taboos" that continue to plague the procurement process, even in the enlightened '90s. People fear, for instance, that consenting to donation will cause a premature termination of life support. Many who believe in an afterlife want their loved ones buried whole. Some fear that the deceased's body will be mutilated, or that an individual may lose his or her identity by receiving another person's organs.

According to Pat Sherbin, a spokesperson for Ontario's Multiple Organ Retrieval and Exchange Program, many people say they don't want their loved one to suffer any more pain, even after death. Others claim religious objections, even though a survey of all major faiths found the practice acceptable, either as a matter of personal conscience or to save another person's life. Still, Joralemon says organ-procurement professionals continually face the "dissonance" between the medical

conceptions of donation and those held by the family.

This, he says, explains the medical establishment's preference for the term "gift of life" to describe the surgical removal of organs during a moment of personal tragedy. Joralemon calls the use of this appealing term a "cultural suppressant" to overcome the powerful natural resistance to such a request, analogous to the use of immunosuppressive drugs to prevent graft rejection.

Rather than dismiss this rejection instinct as misguided and uninformed, medical practitioners ought to understand and accept it, and find ways to accommodate it, Joralemon says.

He proposes the creation of special hospital settings for the declaration of brain death and associated rituals. As well, families would be assured of adequate time for mourning, even if it jeopardizes the retrieval of some organs, and there would be reconsideration of the "default assumption" that donation is anonymous. "It could be that facilitating, rather than discouraging, donor-recipient contact actually would add a social dimension to the gift, and thereby promote altruism."

Parent Muriel Houde of Chalk River, Ont., feels deeply hurt that of the 5 people who received organs from her 19-year-old son Dustin, only one ever responded to her letters. "I guess I thought, well, if I hear from these people, I know they're OK and that I've done a thing that's going to change the lives of all these people." Houde feels medical staff should impress on organ recipients how important it is for donor families to know their selfless gift was worth while.

Kim Gibb Young, a coordinator with the Canadian Association of Transplantation, says the transplant community recognizes that some people have a hard time making such contact. Recipients may feel guilty that they longed for years for an organ, knowing that somebody has to die for them to get it, and others may fear that they didn't deserve a gift of such magnitude.