End-of-life care and organ donation in South Africa – it’s time for national policy to lead the way

South Africa (SA)'s healthcare system has the expertise and facilities to provide solid-organ transplantation for those with end-stage disease. In spite of this, there is a marked lack of legislation and regulatory guidelines from national to hospital level. This has resulted in a sense of uncertainty regarding the roles of healthcare professionals in the end-of-life care of terminal patients and the procurement of organs from deceased donors.

Worldwide, the incidence of end-stage disease for organs such as the heart, liver and kidney continues to rise in excess of the supply of these organs. Similarly, in SA, as thousands wait on national lists, our annual numbers who receive transplants are steadily decreasing.[1] The inadequacy of our national transplant service is succinctly reflected in the SA Renal Registry data for 2014.[2] While we achieved a chronic dialysis treatment rate of 178 per million population, with most of the expansion of this service confined to the private sector, our kidney transplant rate was only 4.1 per million population. Practically speaking, this translates into many who will therefore receive prolonged interim therapy while awaiting transplant, at huge cost to the healthcare system. In the state sector, where strict rationing has resulted in limited growth, transplantation is the only mechanism (aside from death) that opens up access to the fixed number of dialysis slots. So, not only do low transplant rates compromise those who wait, they also prevent those with newly diagnosed disease from accessing care.

Internationally, there has been a call for the government of each country to assume responsibility for the organ donation and transplantation needs of its society. This should be achieved by accessing its own population resources within an ethical framework that protects human rights. This is termed ‘national self-sufficiency’. In SA, we have failed, and continue to fail to achieve this goal.[4,6] The question to ask is, why?

Some may think South Africans don’t want to donate organs, or that healthcare professionals don’t support organ donation, but there is substantial evidence to the contrary. Rather, all of us would like more information that is culturally appropriate to help us make decisions.[5,7] In this issue, the article by Crymble et al.[5] explores potential reasons for low donation rates by focusing on the critical role of nurses in organ donation. This is based upon international work that has successfully addressed low organ donation rates in other countries.[8,9] This study confirms, yet again, that our nurses work that has successfully addressed low organ donation rates in potential reasons for low donation rates by focusing on the critical role of nurses and transplant coordinators, succinctly reflected in the SA Renal Registry data for 2014.[10] While we achieved a chronic dialysis treatment rate of 178 per million population, with most of the expansion of this service confined to the private sector, our kidney transplant rate was only 4.1 per million population. Practically speaking, this translates into many who will therefore receive prolonged interim therapy while awaiting transplant, at huge cost to the healthcare system. In the state sector, where strict rationing has resulted in limited growth, transplantation is the only mechanism (aside from death) that opens up access to the fixed number of dialysis slots. So, not only do low transplant rates compromise those who wait, they also prevent those with newly diagnosed disease from accessing care.

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5. Galdimmia ND. Knowledge and Attitudes of Undergraduate Nurses towards Organ Donation and Transplantation in a Selected Campus of a College in the Eastern Cape. Cape Town, South Africa: University of Cape Town, 2016.

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