

## Seeing through another's eyes

On 9 September 2009, I lost two very dear friends in an appalling motor vehicle accident on the M3 just outside Cape Town, when their car was crushed by a truck that fell from the other side of the motorway. I am sure that people who were in Cape Town at that time will remember the accident – it was that sort of event. Some of Alan's organs – kidneys, I seem to remember – were harvested for transplantation the following day. Marita lived for a few days more and no solid organs could be used, but the family agreed to her corneas being harvested. They are now keen advocates for organ donation and said that, apart from the comfort of knowing that Alan and Marita's deaths could help someone else, the organ donation co-ordinators went out of their way to make the family's time in hospital more bearable with their kindness. In their daughter Karin's words, 'Although my mom's organs didn't save a life, somebody else can see the world through her eyes due to her cornea organ donation, and what a lovely view of the world it is.'

Organ donation can be an emotive subject, and this and the previous edition of the *SAMJ* carry articles on a topic that is extremely important in South Africa (SA), given that we have a major shortage of organ donors.<sup>[1-3]</sup> Issues surrounding it range from cultural differences in how a dead body is viewed and disposed of to the practical aspects of harvesting, transport of harvested organs, donor waiting lists and availability of resources. Solid-organ donation may be a more emotive issue than something like corneal donation, although interestingly in SA it would appear that cultural beliefs and superstitions play a more significant role in the donation of corneas than that of solid organs.<sup>[4]</sup> There are emotions associated with the heart, for example. The very idea of removing part of a person after death will be difficult for some people to deal with. And then there are cultural issues around ideas of resurrection, the role of the ancestors, and so on. All these seem to be more of an obstacle to organ donation in the developing world than elsewhere, and, coupled with a relatively resource-poor environment, mean that people stay on organ donation lists for a very long time. And now it would seem that good intentions have paradoxically made corneal donation, in particular, even more difficult in SA.

In this issue of the *SAMJ*, York and Tinley<sup>[3]</sup> show that the number of corneal donations in SA has declined significantly, which means that the burden of corneal disease requiring transplantation has risen steadily. The rapid drop in numbers between 2005 and 2008 came at the same time as legislation that affected SA's forensic mortuaries. When the South African Police Services controlled and managed the forensic mortuaries, the eye bank directors had easy

access to the details of the deceased in these mortuaries and so could contact the next of kin, and these mortuaries were the main source of corneal donors at the time. However, from 2006, the governance of mortuaries shifted to the National Department of Health, with new legislation placing a heavy emphasis on confidentiality and ethics, making it hard to access next of kin and also introducing a requirement for written consent for corneal donation from a family member who had identified the deceased in person. Corneas should ideally be harvested within 12 hours, and this new requirement makes this almost impossible. As a result, most donated corneas now come from registered organ donors who die in private hospitals, or individuals whose families have agreed to organ donation after death. This source of corneal donors has not changed much in the 15-year study period, but was already low. Hence our now critical shortage of corneal donors.

At the same time, almost two-thirds of donated corneas are allocated to the private sector at all three of the major eye banks in the country, when the greatest need is in the public sector, mainly because of a distribution system heavily skewed in favour of the private sector and because the private sector can contribute to the costs of the eye banks – which are not-for-profit organisations.

Corneal transplants are a relatively simple but life-changing procedure. I would urge all involved in organ donation generally, and eye banks in particular, to look at ways in which the current system can be changed to benefit all those requiring corneal transplants in SA. The need is great.

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