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New Push for Organ Donations

Hospitals throughout Europe should establish donor coordinators to help increase the supply of healthy organs from the recently deceased to patients requiring a transplant. Their role would be to identify potential donors and optimise the entire process of organ donation.

The general concept was first raised by the European Commission and endorsed by the European Parliament in 2010. It was addressed more specifically in mid-March by Professor Daniel Abramowicz, head of the renal transplant clinic at the Free University of Brussels in the run up to World Kidney Day.

At a press conference organised by the European Kidney Health Alliance, he pointed out that between 10-50 percent of potential brain-death donors in hospitals are not reported to transplant coordination. This could be for various reasons. Intensive care physicians from non-academic hospitals may not be familiar with the procedures involved. These could cover issues such as brain-death certificates, whether the national legislation is based on opting in or opting out of a donation and how to address relatives. In addition, these considerations could take up valuable time depriving other patients of urgent treatment.

He explained that such a role was especially important in small and medium-sized hospitals which did not perform transplants. Although they might not individually have many donors, the fact that these establishments are numerous would greatly increase the flow of potential donations.

Prof Abramowicz emphasised the benefits of widespread information and communication campaigns for the general public and the medical profession of the possibilities and issues at stake and for logistical help either by a nurse or a transplant coordinator for a nephrologist faced with a patient with a failing kidney.

The presence of transplant coordinators in hospitals, he suggested, could bring major financial benefits as well as improving immeasurably the quality of life of patients suffering from chronic kidney disease. Currently in the EU, 250,000 patients are on dialysis and 60,000 on a renal transplant waiting list, while there are just 18,000 kidney transplants annually.

Dialysis costs some 40,000 euros per patient per year, while expenditure on a transplant, after the initial operation, ranges between 2,000- 4,000 euros. Dialysis treatments account for two percent of national healthcare budgets – a figure set to double over the next five years.

As proof that living donations can be increased, Prof Abramowicz referred to The Netherlands where rates had increased from some 20 per million inhabitants between 1995 and 1999 to 25 over the following five years and 35 between 2005 and 2009.

Moves to increase organ donations have coincided with the green light for a major pan-European phase III clinical trial into the use of mild hypothermia to treat stroke victims by cooling the brain. The launch will take place in November with the help of a research grant from the European Commission for 11 million euro.

The five-year trial, EUROHYP-1, will involve 60 hospitals in 25 countries and treat 1,500 patients. The new technique has already been tested in over 200 animal experiments and pilot clinical trials involving some 600 volunteers. These have shown that cooling the brain within six hours of a stroke can be highly effective in saving patients and reducing brain damage.

Therapeutic hypothermia, or cooling, is already used effectively to reduce ischaemic brain injury following cardiac arrest or birth injuries. Similar equipment could be used in the clinical trial to cool patients to the requisite 34-35 degrees within one hour. The treatment, which lasts for 24 hours, would be used in conjunction with current procedures such as a brain scan and removing a clot through catheters.

Speaking in Brussels at the presentation of the trial on 19 March, Dr Malcolm MacLeod, head of experimental neuroscience at the Centre for Clinical Brain Sciences at the University of Edinburgh, said: "Our job is to show with certainty by 2017 whether this treatment can work."

With 1,000 people dying from a stroke every day in Europe, he estimated that the hypothermia treatment could annually improve the outcome of 40,000 people in Europe who suffer a stroke. He also suggested that if the trial is successful, it could lead to its use in ambulances, for instance, before a patient is admitted to hospital.

The trial is being led by Universitätsklinikum Erlangen and the European Stroke Research Network for Hypothermia (EuroHyp). A key feature is that it will focus on patients who can be treated in hospital within six hours of a stroke. However, few stroke sufferers meet that deadline. In France, only 5 percent of patients reach hospital within four hours of a stroke. In the UK and Sweden, the figure is some 20 percent within three hours.

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