Issues affecting the perception of organ transplantation in polish society
(Zagadnienia wpływające na postrzeganie transplantacji narządów w społeczeństwie polskim)

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Abstract – The study presents the problems related to various issues significantly affecting the perception of organ transplantation in Polish society. Aspects of transplantation medicine problematic for society have been characterized and viewpoints of different religions as well as ethnic and religious groups concerning the perception of death, procurement and transplantation of organs have also been discussed. The main ethical and moral issues of transplantation medicine and aspects of organ transplantation raising doubts in social perception, and finally the rules for the allocation of vascularised organs have been presented.

Key words - organ transplantation, ethical issues, moral issues.

I. INTRODUCTION

Organ transplantation is one of the fastest developing areas of medicine in Poland. In the entire country, there are centres for the transplantation of the heart, kidneys, lungs, liver, bone marrow and of the cornea. Successfully, yet less frequently, simultaneous kidney and pancreas transplants as well as heart and lung transplants or transplants of both lungs are conducted. In the only Polish centre performing liver transplantation in children, i.e. the Children’s Memorial Health Institute, a simultaneous transplantation of the liver, a kidney and the small intestine has been conducted. In recent years, the first cases of face, upper limb and pancreatic islet transplantation have been successfully performed [1].

Organ transplantation is currently a widely used method of treating acute, irreversible or end-stage organ failure. Transplantation procedures improve the quality of patients’ lives and they help them return to normal functioning in society, family and in their professional environment (kidney and pancreas transplants). However, in some instances transplantation becomes the only chance to save the patient’s life, which is the case when it is necessary to transplant the heart or liver.

The commonness of organ transplantation procedures and the legal status of those highly-specialised medical
procedures do not release transplantation from an array of ethical and moral problems. Organ transplantation may raise social controversy particularly in relation to organ sourcing since it is impossible to transplant organs without permission to obtain them from deceased or living related donors. [2]

Every year, over 1,000 various organ transplants are carried out in Poland. In 2007, high-profile accusations made against transplant specialists resulted in a marked decrease in the number of organs procured and transplanted – for the first time in a period of several years. Nevertheless, the number of organ transplants increased in the following years, which indicates that there are prospects for improvement [1].

In spite of considerable success, transplantation medicine continues to arouse many emotions and contradictory feelings in society and in the medical environment, too. Organ transplantation is linked to a number of difficult ethical and moral issues.

According to Professor Wojciech Rowiński, society is particularly sensitive to some aspects of transplantation medicine. Those aspects significantly influence the perception of organ transplantation in Polish society. They include, above all, the concept and manner of determining brain death, fears of commercialisation or the issue of consent to organ procurement [3, 4]. Further important issues are also organ allocation or the transplantation of organs from living related donors. The social attitudes to organ transplantation are undoubtedly largely influenced by the position of the Catholic Church, and familiarity with its position on harvesting and transplanting organs as well as on determining brain death or the option to deny consent to organ procurement. Crucial as well is securing appropriate sources of funding for transplantation medicine, immunosuppressive treatment as well as outpatient and inpatient care of patients following organ transplantation.

The multiple issues related to transplantation as mentioned above prove that it is necessary to comprehensively educate and conduct a widespread informational campaign on issues related to organ transplantation, both in society and among the medical personnel.

The purpose of this study is to present a variety of social and moral issues affecting the perception of organ transplantation in Poland.

II. LITERATURE REVIEW

The attitudes of Polish people to organ transplantation have been the subject of multiple reports for many years. The results of research conducted by the Public Opinion Research Centre (Polish abbrev. CBOS) have invariably demonstrated for several years a generally positive attitude towards this method of treatment [5]. Similarly, research conducted by the Ipsos-Demoskop Research Institute have shown a positive attitude of Polish society to organ transplantation [6]. Support has been accentuated the most by young and well-educated people as well as by members of the medical profession. In spite of declared positive attitudes and acceptance of organ transplantation as a treatment method, only slightly more than half of the respondents from a nationwide sample have declared that they consent to recovering their organs upon death. Similarly as in the research discussed previously, a higher education or a medical education of the respondents as well as young age were more frequently correlated with a declaration of consent.

However, it must be borne in mind that a declaration and acceptance of a given position do not automatically entail specific behaviours (regardless of education or occupation) consistent with that position because human conduct is determined by multiple factors, especially when the determinant is the death of a close person.

All the medical aspects of organ transplantation are based on reliable knowledge and supported by currently applicable provisions of law. It would seem, therefore, that the arising ethical dilemmas result above all from the lack of solid knowledge regarding organ transplantation and various aspects of transplantation medicine.

Determining permanent and irreversible cessation of brain function

In Poland, most organs for transplantation are obtained from deceased donors. In spite of favourable legal foundations, the crucial obstacles limiting the number of organ transplants are the beliefs related to the death of a person as well as the lack of knowledge and acceptance for the brain death criterion. The lack of knowledge and acceptance is usually expressed in the closest family opposing organ procurement, even though there is no legal requirement for such consent to be obtained. The reason is often misunderstanding of the concept of brain death or a view that harvesting organs is an act of disrespect for the dead human body.

Data published annually by the Polish Transplant Coordinating Centre “Poltransplant” indicates that in recent years the most frequent causes of brain death in organ do-
nors have been diseases of the brain vessels and cranio-cerebral trauma. The remaining causes (central nervous system tumours, suicide attempts, poisoning, hypoxia, and circulatory system diseases constituted a lower percentage of brain stem death causes [7].

In the year 2008 as many as 539 potential organ donors were registered. In 427 cases organs were harvested from a deceased person, whereas in 54 cases organ procurement was abandoned as a result of objections expressed by the donor’s family [7].

In 2011, there were 732 potential donors. Procurement took place in 553 cases, but in 68 cases it was foregone as a result of the non-consent of the donor’s family [8].

The Polish Transplantation Act of 1 July 2005 adopts the definition of brain death as the criterion for a person’s death. It is the permanent and irreversible cessation of brain function which is determined by a board composed of specialist who do not participate in the subsequent transplantation procedure. The adoption in Poland of brain death determination according to neurological criteria means that clinical tests confirming the loss of brain functions are sufficient to determine brain death. Only in exceptional situations such as extensive facial skeleton trauma, subtentorial lesions or the presence of atypical reactions etc. are additional instrumental tests required [9].

It must be emphasised that the brain death criterion has not been created for transplantation purposes but in order to cease the persistent treatment of an actual corpse in the event of an individual’s death. However, following the determination of brain death, there are no obstacles to maintaining the functions of those organs which may then be transplanted into patients in need. Despite a lack of medical doubts, an ethical dilemma arises due to insufficient knowledge on that issue. Study results reveal that barely 25% of respondents in a representative group of Poles agreed with the brain death criterion as the actual death of a person. The acceptance of those notions is correlated with a medical education (73% of medical university students, 62% of nurses, and 86% of doctors). The beliefs of the general public are dominated by the view that the death of a person occurs only when both brain function and heartbeat cease. Such a conviction is shared by 67% of respondents in a nationwide sample, 47% of non-medical students, 20% of medical students, 32% of nurses, and 11% of physicians. This demonstrates that such a conviction is not exceptional in the medical profession, either [10].

All the currently applicable procedures for determining brain death require a permanent and irreversible cessation of brain function to be proved during two-stage tests performed by a specially appointed medical board. The board determining brain death is composed of three medical specialists (including at least one anaesthesiology and intensive care specialist, a neurologist or neurosurgeon, and another specialist in a different area of medicine). If the board univocally finds that the patient is brain-dead, then he or she becomes a potential organ donor at that moment. At the next stage, consistently with the applicable law, the donor’s position during his or her lifetime concerning organ procurement is verified (an entry in the Central Register of Objections and an oral reservation made in the presence of the donor’s family) and, in exceptional cases, the public prosecutor’s consent to an organ procurement procedure is obtained. During the above-mentioned donor authorization, he or she is continuously under medical care. Its purpose is to maintain the donor in the best possible circulatory and respiratory condition so that the quality of organs qualified for procurement by the transplantation specialists is optimal.

The principles of organ allocation

The notion of allocation means a fair selection (based on medical criteria) of an optimal recipient of the organ procured from a dead person which takes into account factors having a potential influence on the early and remote transplantation procedure. Allocation is governed by specific immunological, medical and extramedical principles.

The factors which are taken into consideration include: blood group, cross-matching results, histocompatibility antigens (HLA), and the degree of recipient immunisation. In the transplantation of all vascularised organs, the compatibility or allowable incompatibility of the main blood groups is adhered to. The principle of compatibility or allowable incompatibility is applied in kidney, liver, pancreas, lung, and heart transplants. The identicalness principle is applied in the event of transplanting a kidney to a highly-immunised patient. In liver, lungs or heart transplants, the size of the organ is crucial as well.

Organ recipients demanding a quick transplantation (due to a sudden deterioration in their health, acute organ failure, impossibility of dialysis or the necessity of an urgent retransplantation) are placed on the list of patients awaiting an urgent transplantation (“urgens”). The list of patients submitted for transplantation with the submission mode marked (urgent or as planned) is kept by the National Waiting List.

The reasonability of submitting a patient for transplantation in an urgent procedure is examined individually based
on nationwide principles for organ distribution and allocation and it is evaluated by several independent experts (liver, heart or lung recipients). Additionally, the documentation of the patient’s health status must be continuously verified and available to all centres until transplantation takes place.

In all allocation programmes worldwide, children enjoy priority and they receive additional points increasing their chances of transplantation.

The correctness of recipient selection and the distribution of organs recovered is supervised by the Organ Procurement and Transplantation Team at the Transplant Coordinating Centre “Poltransplant”.

Pursuant to the Decree of the Minister of Health and Social Care of 1996, the Transplant Coordinating Centre “Poltransplant” was founded. It is a public-budget unit under the authority and supervision of the Minister of Health. The centre controls all activities related to the process of cell, tissue and organ procurement and transplantation in Poland. It keeps and supervises the central register of bone marrow, the list of patients awaiting organ transplantation, the statutory transplantation registers and the Central Register of Objections. It also cooperates with the national consultant for transplantation medicine, the National Transplantation Board, the National Centre for Tissue and Cell Banking as well as other units whose scope of activity includes the procurement, storage and transplantation of cells, tissues and organs. Furthermore, it conducts promotional and educational activity among the medical personnel and the entire Polish society and cooperates with national and foreign organisations and associations in the scope of efforts promoting the development of transplantation medicine.

The coordination office of “Poltransplant” operates 24 hours per day and it continuously receives information about all the potential organ donors in the entire country. The tasks of the national coordinators of “Poltransplant” include verifying and providing information concerning the entry of a potential donor in the Central Register of Objections, preliminary qualification of a multiple-organ donor, assistance in performing the examinations necessary for donor qualification, cooperation with hospital coordinators and regional coordinators, determining – in agreement with the hospital and regional coordinators – the specific procurement place and time, control of the recipient list considering the degree of transplantation urgency, notifying the National Waiting List of transplants performed and supervising compliance with the legal principles and transplantation procedures. Thanks to the work of “Pol-

transplant” coordinators, multi-organ procurements and organ allocation are monitored [11].

**Position of the Catholic Church on organ transplantation**

The position of the Catholic Church is not without meaning in shaping the social attitudes to organ transplantation. The position of the Catholic Church regarding organ transplantation is positive, yet it seems that familiarity with it is not common in society.

The opinion of all Christian churches regarding transplantation is generally positive.

The Catholic Church, dominant in the Polish and European cultural setting, perceives human life as a fundamental and overriding value. Organ transplantation, as a medical procedure used only in order to save human life or to improve its quality while respecting the human body and all the related acts, is fully accepted and supported.

Documents of the Catholic Church, especially the ones pertaining to the Second Vatican Council as well as the addresses delivered by popes and publications of Catholic physicians, unequivocally approve of the idea of transplantation as an act of magnanimity, disinterestedness and solidarity with the ill. In 1956, Pope Pius XII publicly endorsed as noble and positive the opportunity to express individually the wish that one’s organs should be recovered to useful ends after death.

For the entire Catholic Church, of great value were the words of John Paul II uttered at the audience dedicated to the members of the Transplantation Society. The Pope confirmed the positive position of the Catholic Church, finding that a person who consents to organ procurement following their own death gives testimony to Christian charity which gives life to others. In the year 2002, during the International Congress of the Transplantation Society in Rome, he reiterated that position and emphasised that a person is to be considered dead when their entire brain dies.

The main direction and example for Catholics in that scope are the words of Pope John Paul II included in his encyclical “Evangelium Vitae”. Consent to make one’s organs available is the most solemn act of promoting the Gospel of life, since it is proclaimed by making a complete gift of oneself; it is a praiseworthy manifestation of the greatest love which requires sacrificing one’s life for a loved person; it also means participation in the mystery of the Cross in which Jesus reveals what a great value the life of each human being has and that it is fulfilled the best when a person makes a complete gift of himself.
In the Catholic Church, Saints Cosmas and Damian are venerated and considered to be the patrons of transplantation medicine.

The position of most religious groups regarding organ donation and transplantation is positive.

Representatives of the Seventh-day Adventists express support to organ donation and transplantation.

Baptists believe that donating organs and tissues upon death is a matter of each person’s conscience. In 1998, the Southern Baptist Convention adopted a resolution encouraging doctors to engage in conversations on organ donation at the moment of death.

Buddhists believe that the decision to donate organs and tissues following death is an individual matter of each person. At the same time, it is an act of charity of the greatest value. Based on the statement by the American Hindu Temple Society, there are no religious prohibitions against donating organs after death – it is an individual decision. The Hindu mythology abounds in parables in which the human body is used to the benefit of other people and communities. Religion does not say anything that would indicate a prohibition of using the human body when it is alive or dead in order to diminish the suffering of others.

Islam views the protection of human life as a basic value. The majority of Quranic law scholars find that life is the highest good and it allows organ procurement.

Judaistic views on organ transplantation are varied and sometimes contradictory. Some authorities allow the procurement and transplantation of organs while others consider such acts as disrespectful towards the dignity due to the corpse. Yet, no official document has been released on that issue. On the one hand, there are opinions criticising all instances of organ or body fluid procurement from dead persons, which may constitute a breach of the principle of not mutilating the human body and not deriving any profits from human death, but burying the whole body instead. On the other hand, spiritual authorities underscore the overriding purpose of preserving human life (“pikuah nefes”) resulting from the basic principles of Jewish ethics. In the event of saving human life, donation is allowed and considered a worthy act and an exceptional merit. Therefore, dominant is the view that organ donation is acceptable and allowable, albeit only in a situation when the organs are urgently needed and intended to save human life. It is worth noting that Reform Jews even believe that organ transplantation is an ethical imperative. Most branches of Judaism support and encourage organ donation. The Chief Rabbi of Poland also confirms the positive attitude regarding organ procurement and transplantation.

The Evangelical Church of the Augsburg Confession has not released an official statement of its position on organ transplantation. However, it does not mean that its members remain silent. In 1984, the Evangelical Church of the Augsburg Confession in America released a statement describing organ donation as support for the humanitarian ideals in society. It calls on the believers to consider organ donation, talk about that issue in the family circle and comply with the legal requirements (filling in a declaration of intent or filing an objection with the register).

The Evangelical Methodist Church expresses the position that organ transplantation and donation are charitable acts as well as expressions of love and service for the good of those in need. It also pays attention to the necessity of performing those actions in an atmosphere of respect for the deceased or living donor, for the welfare of the recipient, and in compliance with legal regulations in order to prevent the abuse of donors and their families.

Among Orthodox Christians in Poland, organ transplantation is an issue of debate. The Orthodox Church does not oppose organ and tissue donation after death provided that they are used to improve human life in the form of transplantation or a medical experiment serving to enhance effective treatment or prevent diseases.

Based on the Watch Tower Society, Jehovah’s Witnesses perceive the issue of organ donation as an individual choice. A separate problem is the proclaimed objection to blood transfusions, which practically eliminates the possibility of qualifying Jehovah’s Witnesses for heart or liver transplants.

The Romani are a populous ethnic and social group inhabiting Poland. They follow unwritten principles in life handed down orally from generation to generation. They are a highly heterogeneous ethnic and religious group that defies attempts of a clear definition. Organ transplants are not accepted by the Romani. There are exceptional cases of family transplants (e.g. the Bergitka Roma group), but generally the Romani position on transplantation is unfavourable. This may result from the belief that following death, the soul of the deceased dwells in the body for a period of one year, and therefore the corpse must remain intact.

Organ transplantation from living donors
Living donors in Poland commonly provide kidneys, and liver fragments in exceptional cases. While procuring a kidney is a relatively simple procedure bearing a low risk of postoperative complications in the donor, procuring a liver fragment is a complicated operation bearing a considerable risk of postoperative complications.

Organ transplantation from living donors also entails a number of ethical, psychological, moral and legal issues. For the organ recipient, the benefits of an organ procured from a living donor are considerable, especially in the case of kidney transplants, because success rates of such transplants are usually better than for organs procured from deceased donors. Furthermore, it shortens the waiting time and provides a chance to avoid the necessity of dialysis treatment in the event of a pre-emptive transplantation.

Polish law allows the procurement and transplantation of organs from living donors. From an ethical point of view and in line with Polish law, the potential organ donor may be a person related by blood (parents, siblings, grandparents, and children) or having an emotional bond (spouses). An emotional relationship without blood ties must be accepted by a court of law after receiving a positive opinion of the ethics committee at the National Transplantation Board [12].

Obtaining related living donors is still underdeveloped in our country, and therefore the general public must be informed that undertaking actions in the scope of organ transplantation from living donors is fully compatible with the applicable law, and activity must be considerably increased in this scope.

Another factor inhibiting the increase in the number of transplants from living donors may be concerns about the donor’s welfare. However, as regards kidney donation, such concerns are practically unfounded since the risk of death in that case amounts to 0.03%-0.06% (1:1,600 to 1:3,300 of nephrectomies), so it does not exceed the risk associated with most simple surgical procedures.

In addition, Swedish scholars have proved in a long-term study that the risk of death of a donor living with one kidney in 20-year observation is smaller than in the normal population. It has also been demonstrated that following kidney donation, the donors experienced an increased sense of profound satisfaction. Moreover, the bond with the recipient deepens, which is generally evaluated by donors as an increase in life quality.

Care of a living donor following kidney procurement makes it possible to continuously control and maintain a good health condition. In Poland, there is a provision in the Transplantation Act imposing the obligation of donor care by the centre which procured the kidney, which additionally augments donor safety. Moreover, the potential donor may also benefit from an accidental detection of a hitherto undiagnosed yet treatable illness during qualification tests.

In Polish society there is still a mistaken belief that a kidney donor automatically joins the group of disabled people who cannot perform their profession and who are generally feeble. This leads, in some cases, to e.g. dismissal from work by an ignorant employer. Since there are no legal regulations in that scope, such an eventuality must be taken into account during the qualification conversation with the donor, particularly when he or she is the sole provider in the family.

A much higher risk for the donor is associated with procuring a part of the liver for an adult recipient, which limits this method to exceptional situations only. Much safer and less likely to bring about complications is procuring a fragment of the liver from a parent for their child. Such procedures are common worldwide. In Poland, they have also been applied for many years with a definitely positive outcome. They are necessary due to the persistent lack of deceased paediatric donors and numerous urgent transplantation indications in newborns and very young children.

A potential living organ donor must express written consent to procurement. Such a decision must be preceded by the provision of comprehensive spoken and written information about the potential consequences of such a decision. The potential donor has the right to change their decision at any stage of the prepa rations. They must also be informed about the psychological consequences of their decision. It is recommended to conduct psychological consultation in order to identify the motives for action and the ability to cope with the situation following organ donation [12].

Similarly as the potential donor, the recipients is also obliged to express consent to receiving the organ from a related person. He or she must be informed about all the consequences which may arise from the operation both for him or her and for their related donor. The potential recipient has the right to refuse an organ from a close person. Nevertheless, they may change their decision at any time, and they will be informed about its consequences. [12].

Transplantation of organs procured from living donors may raise fears of commercialisation. The Transplantation Act clearly prohibits accepting any financial benefits in return for cells, tissues or organs procured for transplantation. At the same time, breach of this prohibition is subject to imprisonment from 3 to 10 years. Furthermore, the Act prohibits distributing any advertisements concerning paid donation, agency or willingness to purchase an organ.
Participation in such dealings is subject to a fine, restriction of liberty or imprisonment of up to one year [12].

Consent to organ procurement, objection and forms of expressing objection to organ procurement

The regulations in force allow the procurement of cells, tissues and organs form a dead human body on the condition that the deceased person did not make an objection when they were alive. However, ethical and moral considerations impose the need to inform the deceased person’s family about the intention to procure organs upon the death of the person close to them. This notion should not be confused, though, with requesting the family for consent to procure the organ from the dead person.

In Poland, the principle of implied consent is adopted. This means in practice that if the dead person did not file their objection, when alive, with the Central Register of Objections, or there is no solid data that he or she objected to organ procurement in another form, then the organs may be procured for transplantation. In accordance with the law applicable in Poland, there are three forms of expressing objection to organ procurement upon death. An objection may be filed with the Central Register of Objections kept by “Poltransplant”, it may be made in an oral form in the presence of 2 witnesses or in the form of a written declaration (e.g. after admission to hospital or during the stay at hospital by the patient or his statutory representative) [12].

In light of Polish law, the family’s opinion should not have an influence on the decision to make organs available for procurement reached by their relative, unless there is a credible objection expressed in a binding form. However, in practice the right to procure organs without requesting the opinion of close ones is rarely exercised and Polish transplantation centres consult the deceased person’s family, whether or not he or she has expressed an objection to organ procurement when alive. It is usually equivalent to accepting their own opinion on that issue. A negative opinion of the family often results from the lack of knowledge regarding brain death, unawareness of the problems related to being an organ donor and recipients awaiting transplantation as well as the emotional reaction linked with the loss of the person closest to them. Additionally, further factors which may have an impact on the disapproval expressed by the family are various press reports, opinions present in the environment or past inappropriate treatment by the medical staff. Data published by “Poltransplant” indicates the percentage of such refusals in Poland amounts to ca. 10%.

In the difficult financial standing of numerous hospitals no division of funds is sufficient and treating many diseases is very expensive.

Organ transplants belong to highly-specialised procedures, which means that they require particular financial outlays as well as the provision of suitable equipment and of a highly-qualified medical staff. Such procedures are funded in Poland by two payers: the Ministry of Health (liver, heart, and lung transplants) and the National Health Fund (kidney, pancreas and kidney with pancreas transplants). Organ transplantation is a relatively expensive method of treatment, which results from the costs of organ procurement and transplantation (cost of staff, equipment, medications, perfusion fluids and transport), immunosuppressants, patient’s stay at hospital, equipment, work of the medical staff and outpatient care of the patient following transplantation.

Kidney transplantation is, however, the most perfect method of kidney replacement therapy, which pertains to both long-term treatment results, patient life quality as well as the transplant survival time and the costs of treatment in comparison with dialysis repeated cyclically for multiple years. In the case of heart or liver transplants, such a procedure is the only chance of survival for the patient suffering from organ failure. Ceasing to perform such procedures would be equivalent to unnecessary deaths of many patients suffering from such conditions.

The influence of the media on Polish transplantation medicine

The media can and ought to assist in providing comprehensive and reliable information about transplantation medicine and all related procedures. This would undoubtedly help expand the knowledge of the general public in that scope and it would facilitate understanding the need of becoming a donor and taking proper and well-informed decisions. However, untrue depictions of the problems of transplantation medicine or focussing on individual, especially negative, cases may bring much harm to any undertaking, including transplantation.

The media in Poland oftentimes present marginal problems in an excessively emotional manner, failing to show the complete picture of a given issue, which often brings about considerable social harm and simultaneously entails the death of some patients. Namely, social acceptance largely depends on the manner and type of information furnished.
Fortunately, in recent years there have been numerous wide-ranging informational and educational campaigns. Commercials have been broadcast with the participation of popular people (e.g. “I say yes to transplantation”), radio broadcasts (e.g.: “Lullaby for Brajan”) and TV programmes (e.g. docu-soaps: “Living with a Transplant” and “Operation for Life”). Such initiatives helped, to a considerable extent, restore public confidence in transplantation medicine and it to a large extent made the entire society sensitive to the problems of organ procurement and transplantation in Poland. The number of transplanted organs has been increasing since 2008, which allows us to hope for an improvement and rise in transplant numbers in the years to come. However, it is important that all media reports should be professionally and approachably prepared so that they both carry reliable information and make the society sensitive to the needs of other terminally ill people as well as educate about the essence of transplantation medicine.

III. SUMMARY

The perception of transplantation medicine in Polish society changes from year to year. Awareness of the issues of organ procurement and transplantation among adults, youth, and even children is ever greater. School education, social programmes and media campaigns are valuable contributions to that. It cannot be concealed, though, that the knowledge and sensitivity of the Polish people regarding the issues of brain death and the acceptance of organ procurement (especially concerning deceased close persons) still leave much to be desired.

Public opinion polls conducted systematically by the Public Opinion Research Centre (Polish abbrev.: CBOS) demonstrate that Polish society has a positive approach to the issue of organ transplantation (2005 - 87% of respondents “in favour”, 2007 – 90%, 2009 – 91%). Similarly, Poles declare agreement for their organs to be procured following death (2005 – 74%, 2007 – 78%, 2009 – 82%).

Somewhat different are the results when they concern the issue of procuring organs from deceased relatives. The respondents express then some concerns and as many as 12% of them admit that in spite of their knowledge that the relative did not make an objection, they would not consent to organ procurement from a deceased relative. In the case of unfamiliarity with the deceased person’s opinion, over 20% of the respondents would oppose such a procedure [5]. This data reveals that the perception of the meaning of transplantation medicine by Polish society is a complicated psychosocial issue.

Polish legislation and all transplantation procedures seem to be clear, precise, and transparent. In spite of that, however, there are still multiple barriers and prejudice even among the medical staff and the whole society. Those barriers presumably result from the lack of sufficient knowledge of issues regarding the procedure and diagnosis of brain death, the position of religion towards transplantation and the manner of funding transplants. In turn, prejudice is usually the product of unfamiliarity with the problems of recipients awaiting transplantation and consent to organ procurement upon death, sensitivity to the essence of transplantation medicine and an overall distrust for medical staff.

All the above factors considerably influence the perception of organ procurement and transplantation in Polish society. Therefore, it is essential to continually and comprehensively educate the entire society, provide professional information through the media and press. Necessary as well is a professional and empathetic attitude of the medical staff involved in the procedures associated with organ procurement and transplantation. Such actions may to a large extent contribute to the promotion of transplantation procedures as an irreplaceable method of treatment, an increase in the awareness of citizens of the social necessity to declare one’s intent regarding donorship as well as deepening the knowledge and public confidence in the entire transplantation system of Poland.

IV. REFERENCES


