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## NEWS AND NOTES



## SUPPLEMENT




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# CORRESPONDENCE



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*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

## Provision of donors for renal transplantation 1978-80

SIR,—The debate following the recent BBC television programmes on transplantation and brain death has highlighted the paucity of factual information on the pattern of organ donation in this country. This review updates the West Midlands' information from my previous publication.[1]

The West Midlands transplant team based at the Queen Elizabeth Hospital, Birmingham, serves a population of approximately 5·5 million. During the period 1 January 1978-31 December 1980, 156 cadaver donors were operated upon in 31 hospitals in the region. All the donors were patients on ventilators in intensive therapy units in whom brain-stem death had been diagnosed clinically. There are facilities for electroencephalography (EEG) in four of the hospitals but a mobile EEG service is available in any of the hospitals on request by the doctor in charge of the patient. Of the 156 donors, 83 (53%) had suffered a head injury, most commonly following a road accident. Subarachnoid haemorrhage or similar medical conditions accounted for 55 deaths; seven deaths were from primary cerebral tumour; and the remaining 11 were due to a wide variety of causes.

It has been thought that organ donors come mainly from hospitals with neurosurgical facilities. Five of the 31 hospitals in the West Midlands have neurosurgical inpatient facilities. These hospitals provided 51 out of the 156 donors (33%). From the individual patient records there was no evidence that neurosurgeons were involved in 12 of the 51 donors (24%) even in these hospitals. It was also thought that the presence of a dialysis or transplant unit would encourage organ donation. Five of the 31 hospitals have dialysis units and they provided 50 of the 156 donors (32%). Three of the five also have neurosurgical facilities. Hospitals in teaching authorities might also be thought to be more attuned to organ donation. Eight of the 31 hospitals were in the Birmingham AHA(T). They provided 52 of the 156 donors (33%).

This evidence shows that the non-teaching, non-renal, non-neurosurgical hospitals are a very important source of cadaveric organs for transplantation (63 out of 156 donors (40%)). The more active of these provided one donor a quarter over the past three years. There was a relatively smaller proportion of organs from patients with subarachnoid haemorrhage (30%) from these hospitals compared with the hospitals with neurosurgical facilities (45%). There were, however, notable exceptions—

*West Midlands RHA cadaveric organ donor activity 1978-80*

| Type of hospital | No of hospitals | No of donors | % | Head injury | Subarachnoid haemorrhage | Tumour | Other causes of death |
|---|---|---|---|---|---|---|---|
| Total | 31 | 156 | 100 | 83 | 55 | 7 | 11 |
| With neurosurgical facilities | 5 | 51 | 33 | 20 | 23 | 3 | 5 |
| With dialysis units | 5 | 50 | 32 | 22 | 20 | 3 | 5 |
| AHA(T) hospitals | 8 | 52 | 33 | 26 | 17 | 6 | 3 |
| No neurosurgical or renal units | 25 | 105 | 67 | 63 | 33 | 3 | 6 |
| Non-AHA(T) and no neurosurgical or renal unit | 19 | 63 | 40 | 39 | 19 | 0 | 5 |