MEDICAL PRACTICE

Contemporary Themes

Public attitudes towards kidney transplantation

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British Medical Journal, 1976, 1, 629-631**Summary**

A representative sample of 500 members of the public was interviewed about kidney transplantation. The survey showed that despite widespread awareness of the need for kidney donors only 4.4% of the respondents had completed a donor card. The small percentage holding kidney donor cards appears to reflect a failure to inform and motivate the general public. There was no evidence of any widespread objection to the procedures involved in obtaining cadaver kidneys, but there was strong objection to the introduction by law of an "opting out" system. The findings suggest how the numbers of potential donors could be increased without changing the law as regards consent to donation.

Introduction

It is generally recognised that too few cadaver kidneys are available for renal transplantation. During the past three years the number of patients requiring kidney transplants has risen steadily so there is now a considerable disparity between demand and supply. This is perhaps surprising in view of the considerable efforts which have been directed towards increasing

lay and professional awareness of the need. Indeed the issue has received much publicity recently because of the publication of the British Transplantation Society's report on the legal definition of death. This has not yet resulted in any substantial increase in the number of people offering to donate their kidneys in the event of their death.

Little is known about why people decide whether or not they wish to become potential kidney donors and this survey was undertaken to discover the relative importance of the various forces bearing on this decision. We hoped that such a survey would show whether the kidney donor card campaign failed to increase the supply of donors because of public antagonism to the concept or because people were ignorant of the need or whether the block to provision of kidney donors lay within the medical profession. We also explored ways in which market research techniques might be applied to the problem of encouraging people to make arrangements for their kidneys to be used in transplantation.

Method

Experience from other large-scale surveys showed that a self-completion type questionnaire would be inappropriate for this exercise and an interviewing schedule was therefore devised (this was adhered to rigorously except when reference had to be made to the respondent's "closest relative." In these particular questions the interviewer was instructed to insert the appropriate word in the light of what he then knew of the respondent's family). The interviewing was undertaken during the Christmas vacation by undergraduates from the University of Manchester Institute of Science and Technology at different places throughout Britain. All the interviewers were briefed at length on the exercise and were shown video recordings of two interviews conducted by one of us. They were issued with a sampling frame indicating how their target of 10 respondents had to be composed in terms of age, sex, and social class. A total of 548 interviews were conducted but 48 were discarded to ensure that the eventual sample was representative of age, sex, and social class. Questions on these and other socioeconomic variables are excluded from the following discussion.

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Results

The details of all the relevant questions are set out in the appendix.

Public awareness of renal transplantation (questions 1-3)—Ninety-five per cent of the sample knew that renal transplantation occurred and 61.6% were aware that cadaver transplantation was possible. A similar proportion (59.8%) considered that, in at least half of the cases treated, this procedure was successful.

Action taken to become a potential kidney donor (questions 4-7)—Only 4.4% of the sample held a kidney donor card; this was a disappointingly low figure when compared to the 29.6% of the sample who had donated blood.

Reasons for failure to complete a kidney donor card (questions 8-23)—The main reason given by 65.6% of those interviewed was either "not got round to it" or "not even thought about it." The thought of contemplating death at all was stated by 6.4% to be the major deterrent to filling in a donor card, but only 1.1% listed the idea of their kidneys being used after death. The thought that doctors might remove their kidneys before death deterred 11.8%. Overall, however, distaste for the procedure did not appear to be a major factor in the poor response rate in filling in kidney donor cards. Indeed, answers to questions designed to test the willingness of those interviewed to become kidney donors were encouraging. The major reason which would motivate them to fill in a donor card given by 69.8% was either "nice to think of my body being used after death" or a "general desire to help people." The low percentage of the sample holding kidney donor cards appears therefore to be primarily the result of a failure to inform the public and draw on the latent goodwill that exists towards cadaver renal transplantation.

Attitudes to the practical procedures involved in obtaining cadaver kidneys (questions 24-31)—Most people (87.7%) had no objection to their own kidneys being used if they had been involved in a road traffic accident and 79% stated that they would wish their spouse to agree to this. When asked about their spouse 67.6% had no objection to the spouse's kidneys being used after a road traffic accident. This figure was virtually unchanged when it was pointed out that the procedure must take place within half an hour of death. While those interviewed were sympathetic to the concept of kidney donation after death greater hesitation was evident in the answers to question 31, which dealt with the possibility of the body being maintained after death before kidney removal.

Obtaining consent to donation (questions 32 to 35)—Over half (63.4%) saw no reason for the next of kin formally to approve an expressed wish to donate and 69.4% thought that whatever the views of the relatives the wishes of the potential donor should be respected. It was widely felt, however, by 74% that doctors should consult the next of kin before removing kidneys. Surprisingly 65.2% opposed a change in the law to make the system an "opting-out" one rather than an "opting-in" one as at present. This suggests that such a change in the law is unlikely to meet with public approval and could produce some hostility towards cadaver kidney donation. At the end of the interview (question 40) a further 62.6% expressed a willingness to complete a kidney donor card. Thus the practical requirement is not a change in the law but a greater encouragement to "opt-in."

Discussion

The survey showed that community willingness to co-operate has not been capitalised on to anything remotely approaching its full potential. This suggests that there should be a critical appraisal of the methods used so far to increase public awareness of the need for kidney donation and to obtain informed consent—for example, by using kidney donor cards. Two alternatives suggest themselves as ways of improving this. On the one hand, efforts could be directed towards increasing the number of people carrying the present kidney donor cards, and on the other, different formats could be developed for these cards.

Clearly the donor card scheme is "sold" very passively. The simple expedient of dropping a set of cards and an explanatory booklet through each door in the country would undoubtedly substantially increase the number carried; such a scheme could be tried experimentally in one or two areas. When alternative forms of obtaining kidney donors are examined there appear to be several attractive methods. The present card could be redesigned to fit into the standard credit card holder; the plastic

card used by the armed forces on which a serviceman can signify his desires with regard to all usable organs could be made available; the clearing banks might be persuaded to provide an identifiable modification of cheque cards; given that road users may become potential donors, different coloured driving licences or an attachment to the widely carried AA or RAC cards are yet further possibilities.

Experiments are required to ascertain the effectiveness of these and other alternatives. If this is done there seems little doubt that the number of people giving prior consent to kidney donation will increase. There remains the further issue of maintaining awareness within the medical and nursing professions. We propose to consider this separately.

Appendix

- Most people we interview are aware that hearts have been transplanted. Do you think kidneys can also be transplanted? *

Yes	95.2%	No	4.8%
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- Do you think most kidneys used in such transplantation operations come from live or dead bodies?

Live	26.2%	Both	1.0%
Dead	61.6%	Don't know . . .	11.2%
- To the best of your knowledge what proportion of such kidney transplant operations are successful?

0-30%	15.4%	51-69%	14.8%
31-49%	7.8%	70-100%	23.0%
50%	22.0%	Don't know . . .	17.0%
- Have you ever considered arranging for your kidneys to be removed for use in such a transplant operation when you die?

Yes	29.4%	No	70.6%
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- Have you made such arrangements?

Yes	4.8%	No	95.2%
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- If Yes what are they?

Kidney donor cards	22	Provision by will	2
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- Have you and your wife† ever discussed the possibility of donating your kidneys when you die?

Yes	58	No	332
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*In questions 1 and 2 the respondent was informed as to the truth of his reply before the next question was asked.

†In presenting the results it is assumed that the respondent is a married man and the word "wife" is included in these particular cases.

For one reason or another you have not arranged for the donating of your kidneys. Here is a set of cards giving nine reasons for this lack of action. Could you tell me whether or not each reason is relevant in your case and which is the most important.

	% of respondents judging that reason as	
	Relevant	Most important
8 I do not like the idea of somebody using my kidneys after I am dead	7.2	1.1
9 I have just not got around to doing anything about it	64.1	33.0
10 I do not like contemplating death now	24.5	6.4
11 It is against my religious conviction	3.4	2.7
12 The thought of my relatives being asked to give permission soon after I died seems rather unpleasant	25.2	9.8
13 There are some people to whom I would not like my kidneys to go	6.3	1.3
14 The form filling and red tape put me off	11.4	1.3
15 I have not even thought about it	52.4	32.6
16 I am afraid the doctors might make a mistake and remove my kidneys before I am dead	21.8	11.8

Here are seven cards giving reasons for donating kidneys. Please indicate whether or not that reason (would make you wish/was why you decided) to donate your kidneys.

	% of respondents judging that reason as	
	Relevant	Most important
17 I know somebody who benefited or somebody who could have benefited from a transplant . . .	35.6	20.2
18 I felt I was repaying in some way the medical treatment received over the years	24.8	6.0
19 A general desire to help people	57.5	28.8
20 One of my friends offered to give his and encouraged me to follow suit	13.8	1.6
21 I responded to an advertisement	6.0	0.4
22 It is nice to think that my body will be of some use to someone after I am dead	70.8	41.0
23 It was so simple it hardly seemed not worth doing it	13.1	2.0

In the following questions it is assumed that death has been certified by at least two doctors neither of whom is connected in any way with the potential transplant operation

	Yes	No	Don't know
24 Would you object to your kidneys being used in a transplant operation if you were killed in a road accident?	11.4%	87.7%	0.8%
25 If you have been involved in the accident and died as a result, do you think your wife would agree to the removal of your kidneys	59.2%	26.8%	14.0%
26 Would you want her to?	79.0%	16.0%	5.0%
27 Suppose your wife had been involved in a road accident today and had died, would you have objected to her kidneys being removed?	18.6%	67.6%	13.8%

28 Suppose you had discussed it at some length with your wife and had agreed that in such an event her kidneys could be removed would you object to being asked? (This was not asked of those answering No to previous question)	18.5%	63.6%	17.9%
	Yes	No	Did not answer
29 In fact should such an event occur the kidneys would need to be removed within half an hour of death. In view of this would you still agree to the removal of her kidneys?	69.6%	20.6%	9.8%
30 If your wife had been so severely injured in an accident and it was clear that she had only a few hours to live would you object to being approached with such a proposition before her death?	42.2%	49.0%	8.8%
31 You probably know that it is possible to keep a body alive even though the person is technically dead. This amounts to keeping the vital parts functioning. Would you object to your wife's body being kept going in this way so that the kidney removed is in as perfect a condition as possible?	39.8%	52.0%	8.2%
32 Do you feel that if someone decides to donate his kidneys when he dies his decision should have to be formally approved by his next of kin?	35.8%	63.4%	0.8%
33 If his next of kin disapproves should the potential donor's wishes be overriding?	69.4%	28.0%	2.6%
34 Do you feel that doctors should have the power to remove kidneys from people who have recently died without consulting their next of kin?	24.8%	74.0%	1.2%
35 Anyone can carry around a kidney donor card which indicates that in the event of their death their kidneys can be removed. Last year a member of Parliament tried to change the law so that anyone who did not want his kidneys removed would need to register his wishes in some specified manner. Would you approve of such a change?	34.2%	65.2%	0.6%
36 Do you believe in some form of life after death?	56.2%	39.0%	4.8%
37 Do you believe people "need" their bodies after death?	3.4%	94.8%	1.8%
38 Have you agreed with your wife how your body is to be disposed of when you die, from whatever cause?	No 65.8%	Burial 10.2%	
	Cremation 22.8%	Donated to research 1.2%	
39 Have you made a will?	Yes 23.2%	No 76.8%	
40 Around 2000 people who could live if they had a kidney transplant operation die each year from kidney failure. The success of this operation is very high but unfortunately, far too few donors come forward offering their kidneys when they die. This has not been a dodge to get kidney donor cards completed but if I were to leave one what do you think is the likelihood that you would actually complete it?	Yes 62.6%	No answer 9.4%	
	No 23.6%	Already have kidney card 4.4%	

Hospital Topics

Surgical treatment of female infertility: value of paradoxical oophorectomy

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Summary

The outcome of surgical treatment for infertility in 111 women has been reviewed. The procedures used, depending on the lesions present, were: myomectomy; tubal implantation, anastomosis, and salpingostomy; division of adhesions; ovarian wedge resection; and "paradoxical" oophorectomy. The results are analysed by comparing pregnancy rates after surgery with those for the total time of exposure. Only for division of adhesions and oophorectomy were statistically significant results obtained. Many of the pregnancies, however, occurred soon after operations that had been preceded by long periods of infertility. With single tube patency, which had been proved at laparotomy, contralateral oophorectomy appeared to be of value. In the light of these observations we suggest that in cases of tubal ectopic gestation salpingo-oophorectomy should be considered in preference to salpingectomy when the opposite tube and ovary are healthy. Wedge resection for the Stein-Leventhal syndrome effectively restored ovulatory activity.

Introduction

Surgery aimed at improving subfertility in women is usually uterine or tubal. Uterine surgery may entail correction of position or removal of fibroids. Tubal surgery aims at restoring tubal patency or freeing adhesions that interfere with tubal function. Occasionally ovarian surgery is performed—for example, wedge resection for the Stein-Leventhal syndrome,^{1,2} and, rarely, contralateral oophorectomy for unilateral tubal patency.^{3,4} There is wide discrepancy in the practice of different gynaecologists in whether or not such surgery is performed. This is largely because for most of the procedures there is an absence of reports indicating consistently worthwhile results.⁵ The methods of analysis used in different series give little statistically acceptable evidence of efficacy. The statistical problems are, of course, considerable, as valid control data are difficult to acquire.

Partly owing to the Abortion Act 1967 and changing social attitudes there is a great shortage of babies for adoption by infertile couples, so that the demand for surgery that may correct an infertile state is high. This paper analyses the results of such surgery is one unit using a horizontal linear display system along with a statistical technique that compares the number of pregnancies achieved in the total time of exposure to the possibility of conception with the number achieved in the time after surgery.

Patients and methods

The review covers 111 patients operated on in the professorial unit at the Hospital for Women at Leeds during 1964-74. During that time the attitude to surgery for infertility was conservative and such operations were performed only when there were lesions potentially correctable by surgery and in the absence of any other factor reducing fertility detectable on investigations of either the patients or their husbands. No patient was persuaded to have surgery, rather the

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