Research Article

iMedPub Journals
http://journals.imedpub.com

Journal of eye and catract surgery
ISSN: 2471-8300

2020
Vol. 6 ISS. 4

Self-Sufficiency in Organ Donation a Challenge in Donor Detection.

Rubén Darío Camargo R*

Intensive Care. Transplant Coordinator. Bioethics. 2020. Colombia, South America.

***Corresponding author:** Rubén Darío Camargo R. Intensive Care. Transplant Coordinator. Bioethics. 2020. Colombia, South America. E-mail: rcamargorubio@gmail.com

rcamargorubio@gmail.com

Citation: Rubén Darío Camargo R. Intensive Care. Transplant Coordinator. Bioethics. 2020. Colombia, South America

Received: July 29, 2019; **Accepted:** August 10, 2020; **Published:** August 19, 2020

Introduction

Introduction:

Currently, the need to have a larger number of valid organs to be transplanted has allowed updating a type of organ donor; It was used in the first moments of the expansion of the cadaveric kidney transplant, before the legalization of the diagnosis of brain or brain death. They are currently called asystole donors (DA), also known as Non-heart beating donors. Organizations that promote organ donation in different countries of the world, including: The National Transplantation Organization (ONT), the National Central Institute Single Coordinator of Ablation and Implant (INCUCAI), the United Network for Organ Sharing (UNOS), accept the brain death donor, the asystole donor, and the imminently deceased donor as a form of organ donation self-sufficiency.

Methods: A history review of the medical literature on organ donation is made, since organ donation in brain death was legalized in 1968. The Maastricht criteria in 1995 for donor in asystole (DA). The Global consultation of the World Health Organization (WHO) in 2010 where self-sufficiency in organ donation is proposed, up to the document “intensive care oriented to organ donation (ICOD)” issued in 2017 by the Spanish society for intensive and coronary care (SEMYUC) and the National Transplant Organization (ONT).

Objective:

Know about self-sufficiency in organ donation and the different types of donors today.

Results: The first heart transplant in 1967, by Dr Christiaan Neethling Barnard in Cape Town, South Africa, gave rise to the call: "Ad Hoc Committee of the Harvard University School of Medicine; to examine the definition of brain death. The first definition of brain death referred to a part of the brain, the cerebral hemispheres, not the brain stem. At present, the term "brain death" refers to the absence of electrical activity in the cerebral hemispheres and the absence of stem reflexes; both criteria determine the current diagnosis of brain death. The systole donors (DA) classification was adopted at the international DA meeting in Maastricht (“1st International Workshop on Non-Heart Beating Donors, Maastricht, The Netherlands) in 1995. They refer to the irreversible cessation of circulatory function and respiratory. Four categories are established: Category I. Patients in cardiac arrest when they arrive at the hospital. Category II. Cardiac arrest in hospital with unsuccessful cardiopulmonary resuscitation. Category III. Withdrawal of life support treatment. Category IV. Irreversible asystole in organ donors in brain death. Category I and II constitute the group of uncontrolled DA and category III and IV the group of controlled DA. The main source of organ donors in the world has been category III and IV. The WHO estimates that currently 7% of deceased donors in the world are DA.

In March 2010, the Third Global Consultation of the WHO in donation and transplantation was held in Madrid. This resulted in the so-called "Madrid Resolution", which contains the conclusions of more than 70 participating countries affiliated with the WHO. Among the conclusions, the following were taken into account: 1. Valuing the need for transplantation as a good action, from a public health perspective in the search for self-sufficiency, beginning by instilling in the population a culture of organ donation as a superior value which depends only on altruistic organ donation. 2. Seek self-sufficiency in each country as the only way to provide equitable access to transplants and thus end unethical practices in the field of donation and transplantation. 3. Increase organ donations from deceased people. They conclude that the search for self-sufficiency in donation and transplants is an ethical imperative of social responsibility.The Spanish Society of Critical Intensive Medicine and Coronary Units (SEMIYUC) and the National Transplant Organization (ONT) within the commitment acquired with the "Madrid Resolution". In 2017, they prepared the document called “intensive care oriented to organ donation” (CIOD). Which is oriented towards self-sufficiency and is sustained in situations of imminent death: 1. Patients outside the

ICU in which it has been decided not to intubate or start mechanical ventilation. 2. Patients outside the ICU in which elective mechanical ventilation has been started not for therapeutic purposes. 3. ICU patients undergoing mechanical ventilation who do not consider it appropriate to continue with life support measures (Maastricht category III). 4. All patients in brain death (category IV of Maastricht) in ICU. 5. To all deceased patients (category I, II of Maastricht) outside the ICU.

Statistics:

As it was a review, its content did not require statistical analysis.

Keywords:

Donation; self-sufficiency; Types of donor

Summary:

The need to have a larger number of valid organs for transplantation has led to the need for other types of donors outside the conventional one in brain death. A history review of the medical literature on organ donation is made, since the donation of brain donor organs in brain death was accepted and legalized in 1968. The Maastricht criteria in 1995 for donor in asystole (DA). The Third Global Consultation of the World Health Organization (WHO) in 2010 in Madrid, Spain, where self-sufficiency in organ donation is proposed; up to the document intensive care oriented towards organ donation (CIOD) issued in 2017 by the Spanish society for intensive and coronary care (SEMYUC) and the National Transplant Organization (ONT).

Conclusion: This worldwide trend to self-sufficiency in organ donation; deceased donor and donor in imminent death, go beyond the traditional brain death. This implies that doctors related to donation and transplantation must update their knowledge in the detection of donors

References

1. A Definition of Irreversible Coma. Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death. JAMA. 1968; 205(6):337-340.
2. Pallis, C.:Brainstem death, en Handbook of clinical neurology: Head injury, 1990, 13(57): 441-496.
3. Kootstra G, Daemen JH, Oomen AP. Categories of non-heart-beating donors. Transplant Proc 1995; 27: 2893-4.
4. Morrissey PE, Monaco AP. Donation after circulatory death: current practices, ongoing challenges, and potential improvements. Transplantation 2014; 97: 258-64.
5. Third WHO Global Consultation on Organ Donation and Transplantation: striving to achieve self-sufficiency, March 23-25, 2010, Madrid, Spain. Transplantation 2011:91 Supply 11:S27-S28
6. Cuidados Intensivos Orientados a la donación de órganos recommendations (CIOD).Grupo de trabajo Semi CYUC-ONT. September 2017.