

20 July 2015

## **DROP IN ORGAN DONORS**

The Guardian reports that: “The number of people in the UK donating organs after their death fell by 3% last year – the first drop in 11 years. The decline has led to fewer transplants taking place and prompted calls for families to ensure they discuss the issue and know their relatives’ wishes. NHS Blood and Transplant (NHSBT), which runs the service and published the report, warned that people waiting for transplants would continue to die unless there was a revolution in people’s attitudes. It said that if there are fewer potential donors then gaining consent or authorisation from everyone is even more important, but the consent/authorisation rate remains “stubbornly” below 60%.

Last year, nearly nine out of 10 families said yes when their loved one’s decision to donate was known, for example either through the NHS organ donor register or after a previous discussion with them. But the report said that even when a decision to donate was known, 120 families felt unable to honour their loved one’s decision to donate, denying them their dying wish to save others after their death.”

Given that around 90% of relatives do honour their relatives decision, it puts the pressure on us to make our views known. It's much easier to make this sort of decision for yourself than to make it for your nearest and dearest ... hence the growing popularity of 'living wills.'

The reason ... "Fewer people dying in circumstances where they could donate and no increase in the rate of people signing up for their organs to be used if they die are behind the five per cent drop” says Jennifer Cockerell in the Independent. She goes on to tell us the scale of the problem: “The Organ Donation and Transplantation Activity Report 2014/15 shows there were 4,431 transplants compared with 4,655 in 2013/14. It means 224 fewer received an organ transplant. Of the transplants carried out, 1,092 were made possible by living donors who gave a kidney or part of their liver, while 3,339 benefitted from organs donated after death."

Archie Bland, writing in The Guardian, says "Superstition and squeamishness" are behind this reluctance on our part to save others when we ourselves are beyond saving – to turn our tragedy into somebody else's salvation. He says: "You needed your heart in the next world, the ancient Egyptians thought. It was the seat of intelligence and emotion, a vital part of the soul; without it Anubis, the god of the afterlife, would have nothing to weigh against a feather to judge a person’s goodness.

They left it intact in a corpse, so that if you turned out to be wicked – and it was therefore devoured by a demon equal parts crocodile, leopard, and hippopotamus – you would only have yourself to blame.” Archie goes on to say: “Quite a lot of us choose to cling to our bits. Save a life through our own demise, spare another family the grief from which we are now powerless to protect our own? No thanks. We’d rather let the worms feast on us.” The result – the number of people on the waiting list for a heart has doubled in five years.

## **HOW DO YOU BECOME A DONOR?**

Those who are 'computer savvy' are well cared for – for example, there's an online form (go to <https://www.organdonation.nhs.uk/register-to-donate/register-your-details/>)

The Mail allows you to download your organ donor card (go to <http://www.dailymail.co.uk/health/article-111279/Click-donor-card.html>). Those who prefer the telephone can call the Organ Donor Line: 0300 123 23 23 (Lines open 24 hours a day). Anyone who likes good old fashioned pen and ink, however, doesn't have quite such an easy route to becoming a donor. You can, for example, visit your GP and ask to fill in a donor form. Or you can fill in our own hastily cobbled together one ...

When you've completed it as best you can from memory (don't delay if, for example, you can't remember your NHS number – just leave it blank), pop it in or post it to Focus or to Greenwood Surgery and we'll send it off for you. Whatever you decide to do, do it NOW. If you leave it for 5 minutes it won't happen – and yet another life could be lost needlessly as a result.

## **DRUGS FOR AFRICA**

Don't throw away your unused medication – or anything stockpiled by an elderly relative. Please (a) bring the ones that are still 'in date' to Greenwood Surgery and we'll check them and make sure they find their way to Africa and (b) let the GP know (so NHS funds are not wasted on re-prescribing drugs that aren't needed.) Remember that, if you return medication to a pharmacy, it's destroyed – that's the rule.

## **LET'S BE FRANK**

We've heard a great deal about the Duty of Candour recently – the requirement placed on NHS people to be frank and accurate when dealing with patients. I can see clinicians catching on – but what worries me is how NHS management, both centrally and out in the sticks, will shape up. Let's be fair, though. I do occasionally hear that, in some areas, our lords and masters are lovely people who work hard and are honest/efficient. My problem is that I've never met any of them.

Perhaps we've just been unlucky in our part of the world. The kind we have seen here wouldn't know the truth if it bashed them on the bonce with a stale baguette ... indeed, they'd be none the wiser if it appeared before them as a spectral figure clad in white with 'TRUTH' tattooed on its forehead. In order to be candid with patients, surely you need the ability to give them information that is reasonably accurate? You can't just make it up as you go along.

Perhaps this situation has come about because they are living a lie – they have to make out they believe that the NHS can be all things to all men and women from cradle to grave ... and it can be free at the point of access. Much as we find the founding principles of the NHS endearing, we know it can't be done. Indeed it isn't done ... for example, the lucky few get free dentistry 'on the NHS' ... but many don't. The problem is that we are so different to the good folk who were about in 1948 that we can rightfully claim to be an entirely different race. We don't share the same genes.

We want everything NOW – at the touch of a button. We wouldn't queue for 3 hours in a draughty GP surgery (where the lucky few got a cane backed chair and the rest stood) for a bottle of Cabdrivers' Linctus ... and then touch our forelock dutifully. We wouldn't put up with being given an appointment for 9am to see a consultant if we found when we got there that 30 other people had been given exactly the same appointment time ... there would be a

mutiny. Management, however, must somehow blot this out. These people have to pay lip service to the myth ... and, in order to do so, they have to decommission their moral compass.

They couldn't do their job if they were forced into a position of permanent candour ... they'd sound as if they were auditioning for the part originally played by Jim Carrey in the film 'Liar Liar'. So they become adept at being 'economical with the truth'. They'll say things like: "The earth is flat." If you question this they'll say: "Well there are some bits that are flat – for a start, there's a bit near where I live!" To them, this is being frank and honest – whereas anyone else would look on it as intentionally misleading the recipient of the message by giving just a fragment of 'the truth' ... and we'd deduce that was the object of the exercise.

Here's one example that you'll be familiar with. Here in SWF somebody from NHS England said at a public meeting, when the Clement's House practice was about to close, that: "The money will follow the patient." That was true as far as it went ... the money did follow the patient out of the door of their erstwhile practice ... but, following dispersal, it didn't follow them to the end of their journey ... in through the doors of the practices where they eventually ended up. Quite a large chunk of it wound up in the coffers of NHS England.

Many therefore deduced that this was an attempt to pull the wool over our eyes. When a patient wrote to complain he was sent a weaselly worded letter which in effect said that the laypeople present should have realised that that when they were told that "The money will follow the patient" they should have realised that what was meant was that "The money will NOT follow the patient."

I often wondered in the PCT era (and still do once in a while) where they get these 'management people' from. I haven't come up with a satisfactory answer – all I know is that, when Sepp "I'm not corrupt and will go to heaven one day" Blatter eventually stands down, there will be a warm welcome for him in the upper echelons of the NHS. He has all the necessary qualifications after all – he has absolutely no idea how a healthcare system should be run, he espouses the same brand of logic as the good old PCT people (in that he's more than happy to argue black is white), and he's at ease in shark infested waters.

**Dr John Cormack**