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## **The transplant situation in the EU**

FROM MAKARESZ RITA

Over the last fifty years, organ transplantations have saved thousands of lives across the world and proved the most economical solution for certain diseases, such as severe renal insufficiency. In treating some liver, lung and heart diseases, moreover, transplants are now the only treatment option. This area is expected to see such significant progress that it will in future be possible to treat diseases that are, for the moment, still incurable.

However, organ shortage is such a serious problem that nearly 61 500 patients were registered on the waiting lists in Europe in 2011. It is estimated that between 15 and 30 per cent of patients waiting for a heart, liver or lungs die. If we consider just those patients who are undergoing dialysis while waiting for a kidney transplant, the shocking fact is that that, while the chances of survival during the first year are as good as 100%, they decline to 9% by the tenth year.

According to statements made at the press conference organised by the European Commission in October under the banner Organ donation and transplantation, being part of the large transplant organisations may make a significant contribution to solving this problem. Hungary took a huge step in this regard on 1 January, when it joined Eurotransplant, the organisation which previously consisted of six EU Member States. This can bring about a significant change in the lives of patients suffering from kidney disease, demonstrated by the fact that, while only a few percent of cases had a chance of finding the right organ in previous years, that figure has risen to 20-25 per cent since Hungary joined Eurotransplant. This is a huge benefit, not only for the individuals concerned but also in cost terms because, with kidney transplants alone, Eurotransplant members saved €512 million on dialysis costs in 2009.

### **Where can donor organs come from?**

In many instances, there may be no answer to the above question other than transplanting usable organs from people who have died into people on the waiting lists. Nowadays there are in fact still wide variations in the rates of organ harvesting from living and dead donors across the EU. Although the latter option is considerably more common in Hungary, the trend is the same as that observed elsewhere in Europe, where the number of living kidney transplants has doubled in the last three years.

This is a positive development not just because the organ can be sourced from suitable, healthy donors who have been thoroughly screened, but also because it means that the transplanted organ spends the least possible time outside the body for the very reason that the donor and the recipient are lying next to each other on the operating table. In 2009, there were 2 855 transplants from living donors in the EU (kidney and liver transplants only), but this

figure rose to 4 100 in 2011. Sweden, the Netherlands, Denmark and Cyprus lead the field in this respect, while Lithuania, Poland, and Bulgaria take up the rear.

It is, however, interesting that the proportion of transplants from deceased donors is much lower in Cyprus, whereas Bulgaria and Romania together have the lowest rates. Spain, Croatia and Belgium lead the field in this area.

In Hungary, relatively few are turned down.

While in other countries quite large numbers refuse to have their own (or their relatives') organs offered for use after their death, relatively few in Hungary do.

There are several reasons for this: A Eurobarometer survey reveals that the most common argument for refusing to offer organs is fear of the body being interfered with (25%), while many people do not trust the 'system' (21%), only 7% oppose donation on religious grounds, although a considerable number of families spontaneously reject the idea (16%) according to the survey. In the Netherlands there [seems to be] a majority against [deceased] transplantation, 57% of those surveyed, but many Danes and Britons are also opposed to it. In those countries, however, donors must have given explicit consent - while they are still alive - to a donation of their organs after death.

In Hungary, on the other hand, it is assumed that anyone who has never objected to transplantation would agree and it is sufficient for the family to consent. Perhaps this is also why Hungary has the lowest rate of opposition: 4.5%, behind Belgium's 8.9% and Poland's 11.3%.

Having said that, we unfortunately do not set the lead in this area either because, according to the figures for 2011, Hungary used organs from dead donors in only 131 transplants last year, while Great Britain did so in 1 056, Italy in 1 325, France in 1 630, and Spain led the list with 1 667 cases.

## Workable models

International cooperation exists at several levels within Europe. In some cases there is complete isolation, or organs are exchanged only if no suitable recipient is found in a given country. There may conceivably be cooperation between certain patient groups in paired countries, but at the top level of cooperation there are common waiting lists and regulations are harmonised, as is the case within Eurotransplant, too. The greatest benefits deriving from belonging to the highest-level organisations are that this may avoid useful organs going to waste, while the needs of special patient groups (e.g. children) are met promptly, a greater number of organs is available and the system can work with more structured international support from detection through to use.

However the main lesson to emerge from the conference, organised by the European Commission, was that the enormous gap between supply and demand can only be reduced if every component of the system works well, from the local specialist team to international cooperation, with the greatest possible support from the media.