



# The Future of Organ, Eye and Tissue Donation

Lesson 4

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North Carolina

# The Future of Organ, Eye and Tissue Donation

**Time: 40-50 minutes**

*This lesson discusses global perspectives on organ, eye and tissue donation and transplantation. Students will work to understand opt in/opt out policies. This lesson provides a look at the disparities for minorities regarding transplantation and gives students an opportunity to discuss reasons why.*

Learning Activities	Steps for Facilitators	Performance Objectives
Introductory Activity	Explain the concept of “opting in” to students. Make the connection for organ, eye and tissue donation. Explain that the US has an opt in policy but other countries have an opt out policy.	Students will be able to describe an opt in policy and an opt out policy related to organ, eye and tissue donor registration.
Group Research	Divide the class into three groups. Assign each group one of the <b>Organ Donation Policy Articles</b> . Ask that each group summarize the article and present their findings to the rest of the class.	Students will read and summarize an article as a group to better understand what opt in/opt out policies are.
Videos	Play <a href="#">Alonzo Mourning for Organ Donation Among Minorities</a> <sup>1</sup> (1:07). Play <a href="#">Minorities Urged to Become Organ Donors</a> <sup>2</sup> (1:59). Ask the class for reasons why there might be disparities in the need for organ, eye and tissue donations for minority patients.	Students will discuss the importance of minority organ, eye and tissue donors and reasons why there are inequalities.
<b>Alternative Activities</b>		
Debate	Divide the class into two groups. Assign one to support “opt in” policies, assign the other to support “opt out” policies. Give each group 10-15 minutes to come up with the top three debate points to support their side. Allow for time to “cross-examine” or for the opposing team to give feedback.	
Policies Around the World	If all of your students have internet access, or you allow them to use mobile devices, ask them to choose a country and find out what their policy is on organ donation. Have students write their country of choice on the board/easel so that no two students have the same country. They should write at least three bullet points about their country’s policy.	
<b>Suggested Assignment</b>		
Homework Article	Have students find an article online or in a newspaper regarding organ donation and policy. Ask that they summarize the article and be prepared to present a brief summary to the class and include their thoughts on the topic. Why did they choose this article? <i>Encourage them to find an article no more than 5 years old.</i>	

<sup>1</sup> Alonzo Mourning For Organ Donation Among Minorities URL - [https://www.youtube.com/watch?v=j0jwhG2F\\_oI](https://www.youtube.com/watch?v=j0jwhG2F_oI)

<sup>2</sup> Minorities Urged to Become Organ Donors URL- <https://www.youtube.com/watch?v=pvLTtD4xxac>



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## But, What Can I Do?

### OVERVIEW

*This lesson discusses global perspectives on organ, eye and tissue donation and transplantation. Students will work to understand opt in/opt out policies. This lesson provides a look at the disparities for minorities regarding transplantation and gives students an opportunity to discuss reasons why.*

### LEARNING OBJECTIVES

1. By the end of this lesson, students will be able to describe opt in and opt out organ, eye and tissue donation policies.
2. By the end of this lesson, students will work in groups to summarize an article about organ, eye and tissue donation policy.
3. By the end of this lesson, students will create three debate points in favor of either opt in or opt out policies.

**TIME:** 40-50 minutes

### NC HEALTHY LIVING CURRICULUM STANDARDS 2011 VERSION COVERED WITHIN THIS LESSON

*Objective 9.PCH.1.2. (Personal and Consumer Health) Summarize the procedures for organ donation, local and state resources and benefits.*

*Objective RED.SE.1.1 (Readiness/Exploratory/Discovery) Understand the importance of self-control and responsibility.*

*Objective I.SE.1.2. (Socio-Emotional) Integrate personal responsibility into the way you live your life on a daily basis.*

### FACILITATOR PREPARATION

- Familiarize yourself with the Organ Donation Basics
- Have a computer with projection capabilities available and ready
- Print one copy of each Organ Donation Policy Articles (1-3)



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## WHY IS THIS LESSON IMPORTANT?

This lesson gives students a chance to understand the organ, eye and tissue donation policies of other countries and forces them to think with a different lens. It is important to provide a global-perspective so that students can make connections beyond the classroom. Educational programs regarding organ, eye and tissue donation in American public schools must be relevant for students of many ethnic groups (Cárdenas, Thornton, Wong, Spingner & Allen, 2010). Providing classroom education to adolescents is an opportunity to change attitudes about donation and bridge gaps for ethnic and gender barriers to the information (Cárdenas, Thornton, Wong, Spingner & Allen, 2010).

## PROCEDURE

### I. Introductory Activity

5 minutes

- a. Ask the class if anyone knows what it means to “Opt In”. Allow for a few volunteers to try answering.
- b. Use the Email Example: “There are some companies that you can sign up online and opt in to receive emails with coupons, big events, latest sales, etc. Once you opt in, you are now on their list and have given them permission to send you these emails. There are other companies that are opt out. This means that once they have your email, they will send you emails about promotions/sales regardless of if you want them or not. They will continue to send these emails until you opt out.”
- c. “When thinking about organ, eye and tissue donation, can anyone tell me if the United States has an opt in or opt out policy?”- *The United States has an opt in policy meaning, no one is automatically registered, you need to make a decision to register and become an organ donor. Some countries are opt out. This means that everyone is automatically registered to be an organ donor, however, you have the right to opt out and say that you don’t want to be.*

### II. Group Research

15 minutes

- a. Divide the class into three groups.
- b. Assign each group one of the Organ Donation Policy Articles. It is ideal if you give each group a physical copy of the article, but if each group has internet access, you can also advise them to visit the following links:
  - Article 1:  
<https://sparq.stanford.edu/solutions/opt-out-policies-increase-organ-donation>



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- Article 2:  
[https://www.nytimes.com/2009/09/27/business/economy/27view.html?\\_r=0](https://www.nytimes.com/2009/09/27/business/economy/27view.html?_r=0)
- Article 3:  
<http://www.who.int/bulletin/volumes/93/3/14-139535/en/>

c. Ask that each group read the article and write a summary. The summary should be at least 4 sentences and provide an overview of most important takeaways from the article.

d. Allow each group to present their summary to the class. Remind them to include the article title and source as part of their summary.

e. Transition to the next activity by stating, “We’ve looked briefly at how the United States’ policies differ from other countries. Now, let’s look at who donates in the US. What donors do we need more of?”

### III. Videos

**15 minutes**

- a. Play [Alonzo Mourning For Organ Donation](#) video.
- b. Play [Minorities Urged to Become Organ Donors](#) video.
- c. Ask the class, “Based on the information from the videos, why might there be disparities in the need for organ, eye and tissue donations for minority patients?”
- d. Follow up questions for discussion:
  - What factors, specific to minorities might result in a low-number or registered donors?
  - Would having an opt-out policy help America have more registered minorities?
  - What are some ways to bridge this gap? How can we get more registered minority donors?

### IV. Closing

**5 minutes**

- a. Ask the class if there was anything that really stuck out to them about the discussion today.
- b. Ask, “If you ran a country, what type of donor policy would you want to implement? Why?”
- c. Thank students for their participation and remind them of the resources they can access at home if they want more information.



## SUGGESTED RESOURCES FOR STUDENTS/PARENTS

Donate Life NC - <https://www.donatelifenc.org/>

Donate Life America - <https://www.donatelife.net/>

United Network for Organ Sharing (UNOS) - <https://unos.org/>

US Government Information on Organ Donation and Transplantation - <https://organdonor.gov/index.html>

American Transplant Foundation - <https://www.americantransplantfoundation.org/>

## REFERENCES

Cárdenas, V., Thornton, J. D., Wong, K. A., Spigner, C., & Allen, M. D. (2010). Effects of classroom education on knowledge and attitudes regarding organ donation in ethnically diverse urban high schools. *Clinical Transplantation*, 24(6), 784–793. <http://doi.org/10.1111/j.1399-0012.2009.01200.x>

Scheiber, F. (n.d.). 'Opt out' policies increase organ donation. Stanford University, Social Psychological Answers to Real-world Questions. Retrieved from: <https://sparq.stanford.edu/solutions/opt-out-policies-increase-organ-donation>

Thaler, R.H. (2009). Opting in vs. opting out. New York Times. Retrieved from: [https://www.nytimes.com/2009/09/27/business/economy/27view.html?\\_r=0](https://www.nytimes.com/2009/09/27/business/economy/27view.html?_r=0)

Zúñiga-Fajuri, A. (2015). Increasing organ donation by presumed consent and allocation priority: Chile. *Bulletin of the World Health Organization*, 93(3). Retrieved from: <http://www.who.int/bulletin/volumes/93/3/14-139535/en/>

## ‘Opt Out’ Policies Increase Organ Donations

Stanford, Social Psychological Answers to Real-world Questions

### Problem

According to the American Transplant Foundation, 18 people die every day in the United States for want of an organ transplant, and some 122,344 people are waiting for a donated organ.

### Solution

Changing U.S. policies so that people’s organs are automatically donated when they die—rather than requiring people to “opt in” to donating their organs while they are still alive—may lead to more organ donations and more lives saved...

### Details

In countries such as Austria, laws make organ donation the default option at the time of death, and so people must explicitly “opt out” of organ donation. In these so-called *opt-out countries*, more than 90% of people donate their organs. Yet in countries such as U.S. and Germany, people must explicitly “opt in” if they want to donate their organs when they die. In these *opt-in countries*, fewer than 15% of people donate their organs at death.

Social psychologists Shai Davidai, Tom Gilovich, and Lee Ross set out to understand the psychology behind these different organ donation rates. The researchers first asked Americans to consider what it means to donate one’s organs in opt-in countries versus opt-out countries. The researchers discovered that Americans view organ donation in opt-in countries as extraordinary altruism—more like leaving 50% of your estate to charity than leaving 5%. Yet in opt-out countries, what’s extraordinary is *not* donating your organs—more like skipping your child’s graduation than skipping your child’s baseball game. Americans also liken organ donation in opt-in countries to costly acts like going on a hunger strike, but see organ donation in opt-out countries as less consequential—more like letting someone go ahead in line.

The researchers then probed the beliefs of participants who live in countries with opt-in or opt-out policies. In Germany, an opt-in country, participants consider organ donation an ethically meaningful and costly action. But in Austria, an opt-out country, participants consider organ donation an ethically trivial and inconsequential action. Based on these findings, the researchers conclude that changing policies so that the United States became an opt-out country, rather than an opt-in country, would change organ donation from a meaningful and costly action to a trivial and inconsequential one. This change in meaning, in turn, would lead to an increase in organ donations.

### Why This Works

This study targets people’s perceptions of what is the normal and usual thing to do—the status quo. People tend to conform to the status quo. In an opt-out country, the status quo is to donate organs upon death. A simple adjustment to the phrasing of the default option in the United States has the potential to lead more people towards organ donation and, consequently, saving thousands of lives.

### When This Works Best

Countries or states that currently have an opt-in policy and no religious or cultural beliefs that discourage organ donation would benefit most from changing their default policies.

Davidai, S., Gilovich, T., & Ross, L. (2012). The meaning of default options for potential organ donors. *Proceedings of the National Academy of Sciences*, 15201-15205.

Scheiber, F. (n.d.). ‘Opt out’ policies increase organ donation. Stanford University, Social Psychological Answers to Real-world Questions. Retrieved from: <https://sparq.stanford.edu/solutions/opt-out-policies-increase-organ-donation>



## Opting In vs. Opting Out

New York Times

WHEN Steven P. Jobs, Apple's chief executive, appeared in public recently for the first time in months, he revealed that he had received a liver transplant from the victim of a car crash. "I wouldn't be here without such generosity," Mr. Jobs said, adding that he hoped that many people would become organ donors. With the help of a little behavioral economics, it is possible to make that hope a reality.

More than 20,000 organ transplants take place every year in the United States, with a vast majority coming from deceased donors. Demand greatly exceeds supply: in 2006, for example, 3,916 patients died while waiting for kidneys, according to the National Kidney Foundation. Some economists have come up with a simple solution: a market allowing the buying and selling of organs. Because people have two kidneys and need only one to live, a robust market could greatly increase supply.

The idea may have some merit, but it is spectacularly unpopular. As the Harvard economist Alvin Roth has noted, many people consider it "repugnant," mainly for two reasons. First, they object to the possibility of rich people buying their way to the front of the line. (The hospital where Mr. Jobs's procedure took place said he received the liver transplant because he was the sickest person on its waiting list who matched the donor's blood type.) Second, they object to incentives that would induce the poor to sell their kidneys.

These objections can lead to some logical quandaries. Why, for example, is it O.K. for a parent to donate a kidney to save a child's life but not for her to sell her kidney, thereby also saving a life? And why is it acceptable to risk your life for money, say, by becoming a coal miner, but not by selling a kidney? Still, whether you think a legal market for organs is a brilliant or a dreadful idea, it's a political nonstarter, so it is important to obtain donors from another possible source: patients who have been declared "brain dead" but are being kept alive temporarily.

Nationwide, roughly 12,000 to 15,000 people fall into this category each year, but only half end up as donors. Because each such donor could supply an average of three organs, having another thousand donors could save 3,000 lives. We need more people to agree to be donors in advance.

One strategy is to alter the default rules for signup. Most states, as well as many other countries, use an "opt in" or "explicit consent" rule, meaning that people must take a concrete action, like going to a public library or requesting and mailing in a form, to declare they want to be donors. But many who are willing to donate organs never get around to such steps.

An alternative approach, used in several European countries, is an "opt out" rule, often called "presumed consent," in which citizens are presumed to be consenting donors unless they act to register their unwillingness. In the world of traditional economics, it shouldn't matter whether you use an opt-in or opt-out system. So long as the costs of registering as a donor or a nondonor are low, the results should be similar. But many findings of behavioral economics show that tiny disparities in such rules can make a big difference.

By comparing the consent rates in European countries, the psychologists Eric Johnson and Dan Goldstein have shown that the choice of opting in or opting out is a major factor. Consider the difference in consent rates between two similar countries, Austria and Germany. In Germany, which uses an opt-in system, only 12 percent give their consent; in Austria, which uses opt-out, nearly everyone (99 percent) does.

Although presumed consent is generally accepted in countries that have adopted it, the idea can bring strong opposition. Many people object to anyone presuming anything about their organs, even if the costs of opting out are low. In Britain, a proposal by the Labour government to adopt an opt-out system was opposed by Muslims who objected to organ removal on religious grounds.



## Policy & Practice

### Bulletin of the World Health Organization

#### *Excerpt from “Increasing Organ Donation by Presumed Consent and Allocation Priority: Chile”*

##### **The Chilean Experience**

In Chile, transplantation expenses are covered by the transplant recipient. For 80% of the population, health coverage is public and free of charge. The remaining 20% hold private health insurance. No person is denied an organ donation on grounds of financial incapacity.

The number of donors in Chile increased from 52 in 1993 to 147 in 2000. However, the increase halted and after 2006, organ donations started to decrease. In response, Chile introduced the Organ Donor Act, Law 20413 in January 2010, which established a presumed consent system and a transplantation coordinating committee. Additionally, the law required the Office of Vital Records to keep an official non-donor registry comprising all individuals who opted out.

The number of individuals who donated organs reached a 15-year low of 92 in 2010, a decrease of 17% from 2009 and 40% from 2006. The mean donor frequency during 2010–2011 was 5.95 donors per million population, 29% less than the frequency of 8.31 donors per million population observed during 2000–2009. Even when accounting for the adverse effects of the earthquake that occurred in February 2010 – such as loss of hospital facilities – these data suggest that the decreasing trend first noted in 2007 was exacerbated in 2010 by the new law.

In December 2011, 2052 adult Chileans had opted out while obtaining or renewing their identity cards or driver’s licences, which corresponds to 37% of all renewals. By July 2012, 2 780 223 had opted out. However, Chileans may have been misinformed about the implications of the new law. A survey showed that over 70% of respondents were unaware of the scope of the new law and 16% felt that the organ donation and transplantation system was subject to market forces. In the same survey, 12% of participants believed that access to procured organs was limited to wealthy individuals, whereas 13% feared that health-care professionals would let registered donors die to harvest their organs. Finally, opting out was relatively easy: individuals merely had to state their choice when obtaining or renewing identity cards or driver’s licences.

To address this large-scale opt-out, Chile amended the Organ Donor Act with Law 20673 in October 2013. The revision required individuals wishing to become non-donors to submit a notarized statement to the non-donor registry. The amended act also asserts that: “All else being equal, those not registered as non-donors will be entitled to priority in allocation of organs for transplantation purposes.” The registry’s role is now twofold. In addition to documenting the wishes of objectors, it provides an additional tool for transplantation physicians to decide who gets priority. As such, provided there is equal need and compatibility, registered non-donors are not prioritized. The amendments did not revoke choices made by individuals during the previous law when there were no consequences of being a non-donor. As a result, individuals who chose to be non-donors in 2010–2013 also lost priority in the organ transplantation queue.

It is too early to draw any conclusions about the results of the reform – in particular, whether or not the prioritization rule and the difficulties of opting-out will reverse the numbers. However, knowing that many Chileans mistrust the organ donation system, one can speculate that the drop and subsequent rebound of organ donation rates between 2007 and 2012 could be due to the introduction of a more complicated process for opting-out. If this is the case, moral legitimacy questions of presumed consent legislation arise – i.e. whether it is morally legitimate to compel people into being organ donors and penalize the ones who opted out by denying them priority. However, the number of organ donations rebounded in 2011 and 2012 with 113 and 149 organs donated, respectively, but dropped to 103 organs donated in 2013. In 2014, the number of organ donations rebounded again to 123.