

Myths of Organ Donation

If doctors know I want to be a donor they won't try and save my life.

There is no conflict between saving lives and using organs for transplantation. Medical professionals are required by law and by their medical oath to do everything they can to save your life. The doctors who work to save your life are *not* the same doctors involved with the organ and tissue recovery. Only after every attempt has been made to save your life will donation be considered.

Donation will be costly to my family.

There is no cost to the donor's family for organ and tissue donation. Hospital expenses incurred before the donation of organs in attempts to save the donor's life and funeral expenses remain the responsibility of the person's family. Costs related to organ and tissue recovery are paid for by the organ procurement organization.

My religion doesn't allow organ and tissue donation.

All major religions throughout the world support organ and tissue donation as a humanitarian act of giving. Transplantation is consistent with the life-preserving traditions of these faiths.

I can't be a donor because I want an open casket funeral.

The donor's body is treated with respect and dignity. Like any surgery, the recovery of organs and tissues is conducted under sterile conditions in an operating room by qualified surgeons. The process neither disfigures the body, nor changes the way it looks in a casket. No one, except the family members involved in the decision, will know about the donation.

No one will want my organs because of my medical history. I am too old, I am a transplant recipient, I have a medical condition, etc....

At the time of death, donation professionals will review your medical and social history to determine if you are a candidate to donate. Anyone, regardless of age or medical condition, can be considered for organ donation. With recent advances in transplantation, more people than ever before can donate.

They might take my organs before I am really dead.

The doctor providing treatment who declares death has no role in the recovery of the organs and tissue. Before recovery is begun, the patient must be declared dead.

Rich and famous people are moved to the top of the waiting list and regular people have to wait even longer.

The organ allocation and distribution system is blind to wealth and celebrity status, and while on the transplant waiting list, people are identified by a patient number rather than their name. The length of time it takes to receive a transplant is influenced by a variety of factors including location, severity of illness, physical characteristics (blood type, weight, genetic typing, size) and length of time on the waiting list. *Factors such as race, gender, age, income or celebrity status is never considered when determining who receives an organ.*

People can steal organs and sell them on the black market.

There is no evidence of such activity ever occurring in the United States or any other industrial country. While this tale may sound credible, it has no basis in the reality of organ transplantation. According to the Uniform Anatomical Gift Act of 1984, it is illegal to buy or sell human organs. Violators are subject to fines and imprisonment. In addition, a national governing body reviews every organ donation and transplant. Strict regulations prevent any type of “black market” existence in the United States.