

Organ and Tissue Donation in Argentina: An Act of Solidarity and Hope

Claudia Verduci^{1,2*}

¹Coordinator for Organ and Tissue Procurement, Maria Curie Hospital, Argentina

²Buenos Aires Transplant Institute, Argentina

*Correspondence to: Claudia Verduci, Coordinator for Organ and Tissue Procurement, Maria Curie Hospital, Argentina and Buenos Aires Transplant Institute, Argentina.

Citation: Verduci C (2024) Organ and Tissue Donation in Argentina: An Act of Solidarity and Hope. Prensa Med Argent, Volume 110:6. 425. DOI: <https://doi.org/10.47275/0032-745X-425>

Received: August 05, 2024; Accepted: October 30, 2024; Published: November 04, 2024

Health professionals play a crucial role in organ donation, it is an effort that involves multiple actors where we can all do something for those waiting for a transplant.

Law number 27,447 "Donation of organs, tissues and hemopoietic cells", sanctioned in November 2018 is part of the public health policies and INCUCAI establishes strategies to promote the generation of donors within the Institutions, counting on the figure of the procurement coordinator [1].

We must update the way of seeing medicine for after death, understanding the need for donors can be the key to saving other lives. This is how the donation processes begin, with the commitment of the Professionals who with their skill and experience can identify patients with brain death (BD). Their communication is essential and is part of the first link in the donation process [2].

This is where the role of intensive care, UCO, shock room begins, places where there are the means to support with ARM (mechanical respiratory assistance) and monitoring equipment that allows artificially maintaining donors, for beating heart operations of intra-thoracic and abdominal organs, depending on the characteristics of death, given that there are medical and legal contraindications [3] that will determine the possibility of donation. For this reason, only 4 cases out of 4,000 deaths are carried out.

The procurement coordinators in public or private institutions detect those patients who are on the Glasgow scale less than or equal to 7, evolving or regressing daily to myalgic encephalomyelitis (ME), registering them in the SINTRA (Transplant computer system). The intensive care physician, in this scenario, must contact him to evaluate the viability as a potential donor (PD) [2]. Then, the neurologist or neurosurgeon of the autonomous entity transplant institute will be summoned to confirm or not the diagnosis of ME by means of a clinical-neurological procedure guide. The time of death will be the completion of the diagnosis of BD.

Having confirmed the non-existence of the refusal to donate organs and tissues, the measures will focus on maintaining the corpse or PD.

The work of the EAIT intensivist will consist of maintaining the hemodynamic, ventilatory and metabolic variables at normal values, avoiding or delaying cardiac arrest, in order to prevent the suffering

and deterioration of organs and tissues, optimizing their function to implant them in patients who are on the waiting list. To begin with the diagnosis of ME, the neurologist will observe the existence of:

- Known cause of structural brain damage, duly documented.
- Absence of CNS depressant drugs and/or neuromuscular relaxants.
- Central temperature greater than 32 °C and 35 °C in children under 2 years of age.
- TAS greater than 90 mmHg or MAP greater than 60 mmHg.

The law establishes that the death of a person can be certified after confirmation of the irreversible cessation of circulatory or brain functions, recognized through an appropriate clinical/neurological examination, after a period of observation depending on the age of the PD [4]. To confirm the diagnosis of ME, the following must be detected [5]:

- Absence of cerebral response, with absolute loss of consciousness.
- Absence of spontaneous breathing.
- Absence of head reflexes and fixed and/or non-reactive pupils.
- Brain inactivity, with instrumental methods appropriate to the situation (Transcranial doppler, angiography, cerebral arteriography, CT angiography, and evoked potentials).

The requirements for donation state that every capable person, over 18 years of age, is an organ and/or tissue donor and has the right to express themselves in an affirmative or negative manner to organ donation, or to condition the purpose of the donation for implants in living human beings or for study and research purposes. The silence or lack of express manifestation is understood to have tacitly conferred authorization for the extraction of organs and tissues [6]. The donation act in Argentina is highly personal, revocable, free, supportive, and disinterested.

In minors, consent for organ donation must be given by the parents or whoever is present; the opposition of one of them eliminates the possibility of carrying it out; in the absence of both parents, it will be granted by the public prosecutor's office [7]. There are channels enabled



for reception in life, based on the affirmative or negative will to donate [8].

In the event of death due to cardiac arrest, tissues such as skin, bones, heart for valves and corneas may be donated, the latter with a time restriction of up to 6 h after cardiac arrest if the corpse was not refrigerated, and up to 12 h if it was refrigerated within the first hour of the arrest. After the ablation, the eyeballs will remain in the Corneal Bank awaiting the serological result and negative cultures. Then the processing and subsequent release begins to assign them according to the waiting list. Oncological pathologies do not invalidate corneal ablation, since due to its avascular characteristic it does not represent a risk of contamination in the implant.

The work of the psychosocial area favors emotional support to families in difficult situations. The psychologist will be the one who will fluidly relate to the family, containing and transmitting together with the Intensivist the status of the deceased relative, guaranteeing good terms to carry out the operation.

I must emphasize the essential role of health professionals in the complaints of patients with ME symptoms. It is essential to understand that the role of the doctor in intensive care does not end with the treatment of neurocritical patients. Their contribution to the complaints is vital for organ donation, an objective that would not be

possible without them. Below are national law number 27,447 on organ, tissue and hematopoietic cell transplantation.

References

1. Law 27,447. Procurement Services. Chapter V Article 14, 15, and 16.
2. Law 27,447. Communication of Death. Chapter VIII Article 39.
3. Law 27,447. Judicial Intervention. Chapter VIII Article 35.
4. Law 27,447. Certification of Death. Chapter VIII Article 36.
5. Law 27,447. Detection of ME. Chapter VIII Article 37.
6. Law 27,447. Manifestation of will for Donation. Chapter VIII Article 31.
7. Law 27,447. Minors. Chapter VIII Article 34.
8. Law 27,447. Channels Enabled for Receiving Presumed Consent. Chapter VIII Article 32.