



Deconstructing Donation

Special Interest Group

Book of Abstracts

5th June 2025, Bangor University, Pontio Arts Centre

Meeting Theme: Transforming the Boundaries of Donation

Supported by, British Sociological Association & Wales Kidney Research Unit



Uned Ymchwil Arennol Cymru
Wales Kidney Research Unit



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Introduction

This year's conference explored the transformative possibilities and ethical complexities shaping the future of donation. We examined the unprecedented potential of animal-to-human transplantation, considering its implications, ethical challenges, and likely impact on healthcare and society. Alongside this, we welcomed a rich breadth of multi-disciplinary contributions spanning *Ethical and Societal Perspectives on Donation, Equity, Trust and Policy in Donation*, and *Decision-Making, Clinical, Patient, and Family Perspectives*.

Thank you to all who contributed your expertise, insight, and energy in making this year's meeting such a stimulating and collaborative event.

Dr Leah McLaughlin, Convenor

Rhagarweiniad

Mi archwiliodd y gynhadledd eleni a'r bosibiliadau trawsnewidiol, ynghyd â chymhlethdodau moesegol, sy'n berthnasol er mwyn llunio dyfodol rhoddi organau. Archwiliodd y gynhadledd y datblygiadau diweddaraf o fewn trawsblannu organau o anifeiliaid-i-bobl, gan ystyried yr holl oblygiadau, heriau moesegol, a'r effaith debygol ar ofal iechyd â chymdeithasau. Llaw-yn-llaw a hyn, croesawyd cyfraniadau eang a amlddisgyblaethol yn cwmpasu: *Persbectif moesegol a chymdeithasol rhoddi organau, Cydraddoldeb, Ymddiriedaeth a pholisi o fewn rhoddi organau, a'r broses o wneud penderfyniadau o safbwynt glinigol, ac o safbwynt cleifion a theuluoedd*.

Diolch yn fawr i bawb a gyfrannodd.

Dr Leah McLaughlin, Cynullydd



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Keynote Presentations

TITLE: Xenotransplantation Policy & Future Directions

Rommel Ravanan – North Bristol NHS Trust & NHS Blood and Transplant

Abstract:

“Xenotransplantation (XT) refers to transplantation of cells, tissues or organs from one species to another. Since 2022, reports of XT from USA and China, initially in decedent models and more recently in live patients, have raised hope and expectations that XT could be a potential solution to the issue of widening gap between demand and availability of human organs. Recent advances in genetics technology, specifically CRISPR, have accelerated the ability to genetically modify animals, especially pigs. These modifications take the form of gene deletions and gene additions to reduce risk of rejection, make the pig organ more compatible to human clotting and immune factors and reduce risk of transmission of infections. After many years of work on non-human primates, pigs have now emerged as the front runner candidate for XT as the major organs such as heart and kidney are physiologically more similar to humans. Further, extensive study of infection transmission to humans (Zoonoses) risks, have been better characterised in pigs and therefore better understood. Given the recent events in USA and China, an advisory group which included experts across law, ethics, regulation, veterinary science/animal welfare as well as transplant patients and clinicians, was constituted with a mandate to make recommendations to the government on UK response to this emerging technology XT. The group consulted widely and explored relevant areas including legislative & regulatory frameworks, ethics, animal welfare, zoonoses and communication to patients and general public. A survey of the UK general public’s attitudes to XT was undertaken (>3000 participants), results are expected to be published in 2025 and similar surveys of patients are also being planned. Along with other countries, the UK will need to develop and implement policy frameworks that are acceptable to patients (and wider public) to evaluate the safety and efficacy of XT.”

TITLE: Public Attitudes Towards Xenotransplantation

Mustafa Al-Haboubi – London School of Hygiene & Tropical Medicine

Abstract: Contribution now published here:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01195-X/fulltext?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01195-X/fulltext?rss=yes)



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Oral Session 1: Ethical & Societal Perspectives on Donation

Moderator: Nicholas Mays, London School of Hygiene and Tropical Medicine.

TITLE: A modern ethno-religious ritual of giving blood: the case of the largest cross-ethnic blood donation campaign in the UK

Morteza Hashemi – University of Nottingham

Abstract:

The problem with identity politics of our time is that it makes it difficult to act together, or participate in movements that are 'not yours'. Identity politics is, by definition, about increasing and intensifying the plurality of identities (genders, ethnicities, communities, sexual orientations, religions). This becomes a more prominent challenge in the field of health policy. If a multicultural society wants a functioning health care system, it will need the contribution of all communities. The question is how we could promote the proactive contribution of the ethno-religious communities in the healthcare system of a multicultural society. This article will argue for supporting the existing health-related rituals of ethno-religious communities. All societies generate an array of rituals to strengthen their cohesion and solidarity. While most of the longstanding rituals are rooted in religion and mythologies, could multicultural societies also generate their own modern and unique rituals? We could even ask a more subtle question: could religions in a multicultural society still devise rituals that reach out to all communities and segments of a society beyond all the differences? This article addresses this question by reviewing the findings of case-study of a British Muslim blood donation campaign that works in collaboration with the NHS and has become the largest cross-ethnic grassroots blood donation campaign in Europe. The researcher has adopted a sociological mixed-method approach for this four-year-long ethnographic study of Imam Hussain Blood Donation Campaign.

Keywords: Blood, Blood Donation, British Muslims, Shia Communities, Multiculturalism, Ritual.

TITLE: Decolonial perspectives on blood donation in Belgium: examining systemic barriers among ethnic and cultural diverse communities

Toyah Van der Poten – Ghent University

Abstract:

Context: Ethnic and culturally diverse groups remain significantly underrepresented in blood donor populations across Western nations, including Belgium. While individual barriers have been explored, systemic factors rooted in institutional practices are less researched.

Aim: This study investigates systemic barriers in blood procurement and explores the cultural meanings of blood donation within ethnically diverse communities in Belgium through a decolonial lens.

Methods: Using ethnography, focus groups, and in-depth interviews with individuals from migration backgrounds, this research examines the perceptions of solidarity, altruism, and systemic inequality in Belgium's blood donation systems.

Findings: Participants identified several barriers, such as incorrect information, a lack of awareness about donation procedures, and the belief that they were ineligible to donate. These challenges were intensified by the feeling that blood donation organizations overlooked their communities, as well as a general distrust towards these institutions, rooted in broader

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societal discrimination. Many expressed a willingness to donate but highlighted that institutional frameworks often fail to address the needs of racialized groups. The dominance of Eurocentric models of altruism and efficiency neglects the diverse cultural, religious, and emotional motivations for blood donation. However, these motivations often conflict with Eurocentric institutional narratives. Systemic barriers, such as invisibility in recruitment efforts and discriminatory policies, discourage participation. Resistance to blood donation frequently stems from mistrust in institutions rather than a lack of solidarity.

Contribution to the field: This research demonstrates the importance of shifting responsibility for inclusion from individuals to institutions, emphasizing the need for systemic change in blood procurement practices. By addressing structural inequities and engaging with the lived experiences of racialized communities, blood collection organizations can foster inclusivity and challenge health inequities. This study provides a framework for decolonizing health institutions and highlights the role of systemic reform in building trust and participation among diverse donor populations.

TITLE: Ethnographic Insights into the Ethical Dimensions of Biogenetics in Tissue Donation in Finland

Ronja Tammi – University of Helsinki

Abstract:

With this abstract, I apply to present my doctoral research at the Deconstructing Donation Conference 2025 at Bangor University. In my doctoral study I investigate the ethics and (im)moralities embedded in the biogenetic material of donated human tissues within the Finnish healthcare context, through three different tissue donation cases: eggs, blood, and corneas. The study empirically follows the journeys of these tissues, analysing the moral and ethical setups, assumptions, decisions, and questions that arise along the way, with its aim to contribute to a broader understanding of the ethical dimensions of biogenetic material donation and transplantation, emphasizing the complex interplay between material practices and ethical considerations in healthcare systems.

In my presentation, I will describe the methodological choices of research that draw from science- and technology studies, feminist technoscience, medical anthropology and Annemarie Mol's (2002) conceptualisations of multiple ontology and ontological politics. I will also talk about what it means to do sociological research on (bio)ethical practices, where (bio)ethics as looked as enacted and enrolled in situation material-discursive practices, meaning that ethics ethicality as well as morality are not taken as given but as situated, dynamic and relational practices where, for example, good and bad, right, and wrong, valuing and normalising are crafted (Fortun & Fortun 2005, see also Ratner & Schrøder 2024).

I will also discuss what it is like to do ethnographic research on medical sites and the processes of getting the access to these sites. I will also present the findings of my ethnographic fieldwork at the Finnish Red Cross Blood Service and at a University Hospital Eye Bank in Finland to shed even more light to my theoretical-methodological choices and to present an example of an empiric social scientific research on the everyday ethics of tissue donation and transplantation.



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TITLE: Choreography, Chimeras & Collected Ways of Doing Things

Anna Macdonald – Central Saint Martins (UAL)

Abstract:

This paper focuses upon a public engagement artwork, commissioned by Wellcome Sanger and funded by Wellcome trust, designed to explore public perceptions of tissue donation. Made in response to the work of the [Human Cell Atlas](#), this dance and moving image research involved a year-long series of movement workshops, public talks, and interviews with members of the public and HCA researchers.

A significant part of the research involved working intensively for six months with a group of transplant recipients. One outcome from this creative engagement was a digital artwork called [Collected ways of doing things](#) which consists of a star map full of numbers and words. Each number contains a hand dance, donated by a member of the public, which are interspersed with images of trees. Some of the hand and tree videos contain ambient sound or sporadic recordings of scientists and organ donor recipients speaking about matching and searching for connections. Users are invited to select the numbers to make new patterns, matches and arrangements between human and non-human elements.

Through critical reflection on this arts-based public engagement project, this paper positions developments in xenotransplantation with the rise in ‘posthumanistic artistic practices which question humanity’s supremacy in the ecological order’ (Kérchy 2020). Whilst much has been written of the ethics of animal in xenotransplantation, this paper uses the artwork, alongside accounts of lived experiences of organ donor recipients, as a way of prompting thought about the complexities of holding difference within the organ donor recipient body. It proposes the potential dividends of considers the ontological status of the chimera through the choreographic acts of matching, mirroring, contrasting and holding difference: the choreographic act of being dual.

Invited Speaker

TITLE: Xenotransplantation, the Public, and the Media: Mismatch or Blessing?

Johannes Kogel – LMU Munich

Abstract:

The overall tone of media coverage on xenotransplantation can be described as one of *cautious optimism*. Reports often highlight the enthusiasm within the medical community, emphasizing the success and potential of xenotransplantation as a groundbreaking solution to the ongoing organ shortage. The advances in genetic engineering, which allow for the modification of animal organs to reduce the risk of rejection, are widely acknowledged. At the same time, the risks associated with these procedures – such as immune rejection and the potential transmission of animal-borne pathogens to humans – are mentioned, but not explored in detail. Comparisons with alternative solutions, such as bioengineered or artificial organs, are occasionally discussed. Additionally, the approval of clinical trials is generally framed as a sign of scientific progress, reinforcing the narrative that xenotransplantation is a promising



frontier in medicine. However, certain critical aspects receive comparatively less attention. For instance, the short lifespan of the first human recipients tends to be less newsworthy, and discussions about public health issues, prospective costs and socially just access to these treatments remain limited. Similarly, the broader social and psychological implications of xenotransplantation are hardly explored. Ethical concerns regarding animal welfare tend to be confined to opinion pieces rather than being a central part of mainstream discussions. Overall, xenotransplantation is framed as a progressive and potentially lifesaving endeavour, that may become an established clinical therapy and alleviate the current organ shortage in the near future.

Interestingly, following the first cardiac xenotransplantation in 2022, public discourse shifted away from the ethical dilemmas of crossing species boundaries and instead became a debate on social justice. This suggests that public interest in xenotransplantation may be shaped more by societal concerns than by purely medical or ethical considerations.

The research community's call for public engagement might be influenced by a *deficit model* of science communication, assuming that increased awareness would naturally lead to greater acceptance. However, the interplay between public perception, ethics, and medical innovation – as the case of xenotransplantation aptly illustrates – remains complex and multifaceted.

Oral Session 2: Equity, Trust & Policy in Donation

Moderator: Leah McLaughlin, Bangor University

TITLE: What is it like to perform a pig-to-human kidney xenotransplant?

Daniel Rodger – London South Bank University & Birkbeck, University of London

Abstract:

Background

Recent advancements in pre-clinical xenotransplantation research mean that human clinical trials are increasingly likely to begin. Since 2022, several deceased and living human subjects—in the United States and China—have received organs from genetically modified pigs. However, little is known about what it is like to perform a xenotransplant from a surgeon's perspective and how it might differ from or be similar to an allotransplant. The first kidney xenotransplant studies involved human brain-dead recipients and the kidneys were observed to function for differing periods that have ranged between hours and up to two months.

Methods

Two semi-structured interviews were conducted with one transplant surgeon with experience performing a pig-to-human kidney xenotransplant. The interviews were analysed using interpretative phenomenological analysis.

Results

Following analysis, four personal experiential themes were identified—'Desire for a more equitable patient future'; 'Being changed by bonding with the family'; 'Making it feel like an allotransplant'; and 'The transformational moment of seeing the pigs' kidney function'.

Conclusions



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This is the first study to explore a surgeon's lived experience of performing a pig-to-human kidney xenotransplantation. The study highlighted several areas of experiential import, such as the role that motivations and frustration play in pursuing novel biotechnological research and surgery. Furthermore, the account offers insights into the meaning and significance of being one of the first surgeons to perform a xenotransplant on a human subject. While unanswered questions remain, if xenotransplantation one day demonstrates safety and therapeutic efficacy, the findings show that a surgeon's experience of a xenotransplant may differ minimally from an allotransplant.

TITLE: Deemed Consent Training for Specialist Nurses: Time to Evaluate and Elevate!

Cathy Miller, NHS Blood and Transplant

Abstract:

Introduction: Organ donation is rare, with only 1% of the UK population dying in a way that allows for it. Three people die daily waiting for a transplant. Declining consent rates reflect public opinion on the NHS, necessitating increased efforts to save lives on the transplant waiting list. Opt-out legislation, assuming consent unless individuals opt out, partially addresses the demand. However, this "soft" legislation often fails when grieving families struggle to honour presumed consent without prior conversations or concrete evidence of the deceased's wishes. Specialist Nurses-Organ Donation (SNODs) received comprehensive training to implement the legislation, but public education campaigns paused during COVID-19, reducing awareness. Emotional barriers significantly deter consent for organ donation, yet research on the impact of education and training for SNODs under opt-out consent is limited. This PhD thesis evaluates the impact of the opt-out legislation training program through a mixed-methods approach and recommends an assessment framework to help build expertise.

Methods:

1. Post-course training evaluations (Module 1: n=298; Module 2: n=248; Module 3: n=215) assessing course satisfaction.
2. Real-world observations of SNODs approaching families under opt-out legislation, evaluating their application of the law and responsiveness to concerns.
3. Debriefs with observed SNODs using the "What, So What, Now What" model to identify strengths and areas for development.
4. Semi-structured interviews (n=28) exploring SNODs' knowledge and attitudes towards deemed consent.
5. Comparison of online training footage (n=8) with real-world observations.
6. A survey of the entire workforce under deemed legislation to compare findings with the studied region.

Results: Observations showed that SNODs who personalised the donation conversation, providing tangible and relatable information about the benefits of organ donation,



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sensitively incorporating the legislation, helped convert initially hesitant or undecided families to support donation.

Discussion: A framework using Bloom's Taxonomy has been developed to measure and assess expertise in deemed approaches.

Title: Tackling ethnic inequalities in organ donation: Constructing communities through addressing inequalities

Yasmin Zhuang-Mackie – Durham University

Abstract:

Ethnic inequalities in organ donation and transplant outcomes have been key concerns addressed by NHSBT in recent years. In efforts to address these inequalities, NHSBT has collaborated and engaged with community and faith-based grassroots organisations to encourage minoritised ethnic individuals across the country to consider and communicate their donation decision to their loved ones. Considering this work to be relations and practices of care, I use landscapes of care as a conceptual framework for exploring the relations of care taking place within these networks, paying particular attention to the spatial dynamics that shape these relationships. I aim to explore the tensions around how categorisations of ethnicity are negotiated through these configurations, and how conflicting narratives of genetics, kinship, responsibility, and community are articulated by different stakeholders within this landscape of minoritised ethnic organ donor recruitment.

The methodological approach to map out this landscape proceeds in three parts. A Critical Discourse Analysis (CDA) of publicly available materials (including video campaigns, artworks, websites, policy documents, reports, and leaflets) will help to develop an understanding of the discourses and power relations that are implicated in, produced, and reiterated in this landscape. Semi-structured interviews with individuals involved in organising campaigns from community organisations as well as NHSBT offer a first-hand account of the motivations, justifications, and everyday practices involved in producing this landscape. Finally, interviewees will also be invited to participate in a community mapping workshop, where participants will collaborate to produce a visual representation of the landscape of minoritised ethnic organ donor recruitment. These methods come together to develop an in-depth understanding of this landscape that accounts for the complexities and nuances of its spatial dynamics.

TITLE: Human or Not? Investigating Xenotransplantation Acceptability Across Donation Contexts

Muskaan Pal – University of Nottingham

Abstract:

Understanding public acceptability and perceptions regarding Xenotransplantation (XT) is crucial to its viability as a solution to the organ shortage. The study uses a double-randomised survey experiment (N=3,212) to examine: (i) whether and how donation context and the mention of XT, relative to an opt-out system, influence attitudes towards organ donation policy, (ii) XT acceptability, and (iii) differences in attitudes among ethnic minority groups.



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Findings show that mentioning XT does not significantly shift attitudes towards support for human organ donation, but donation context matters. Participants primed to consider organ and tissue donation for clinical research were more likely to support greater NHS efforts to encourage donation, whereas those primed to think about living organ donation were more likely to accept a hard opt-out system. Beliefs about the benefits of organ donation to recipients similarly shaped perceptions of XT. Acceptance of XT was associated with interpersonal trust (trust in GP), whilst ambivalence towards XT was linked to institutional and systemic trust (e.g. trust in the community, NHS, and medical mistrust). Ethnic minorities, particularly those from Black ethnic backgrounds, were more likely to oppose XT but also more likely to support increased NHS efforts for human organ donation.

These findings highlight cultural, moral, and trust-related factors that shape XT attitudes and underscore the need for culturally sensitive public engagement strategies.

Keywords: xenotransplantation, organ donation, public attitudes, ethnicity, UK, experimental survey

TITLE: The The Digital Donor Hunt: The Social Media Discourse of Kidney Patients in Finding Living Organ Donors

Eva Dieleman & Lesley Hustinx – Ghent University

Abstract:

With the rise of social media, strategies for acquiring living organ donors have evolved, yet the discourse of transplant candidates remains underexplored. This study investigates the discourse used by kidney patients on social media to solicit living donors, analyzing how digital platforms shape their narratives and whether these align with traditional sociological principles of altruism and social solidarity (Titmuss, 1971). Social media provides patients with agency in donor recruitment, potentially enabling commodification, which has been viewed as problematic (Healy, 2006). However, patient perspectives on acceptable donation practices may differ, raising questions about evolving social norms.

Few studies have examined social media's role in living organ donation. Prior research (Novogrodsky et al., 2017) focused on non-directed donation, where donors register anonymously, whereas this study investigates directed donation, where donors and recipients connect—often solely through social media. The study analyzes 50 Facebook posts from kidney patients in Flanders and the Netherlands, employing qualitative content and narrative analysis to identify key themes in patient discourse. Findings indicate that patients predominantly share personal narratives, practical information about donation, and motivations for their appeals. Desperation is a central theme, with family and friends playing a key role in patient advocacy. Variations in discourse appear based on age, ethnicity, and marital status, though these differences remain inconclusive.

This study provides novel insights into the social norms and practices surrounding organ donation via social media, highlighting potential social inequalities in donor recruitment. Further research is needed to explore how this emerging practice influences access to living donors across different patient demographics.



Oral Session 3: Decision-Making, Clinical, Patient, and Family Perspectives

Moderator: Jane Noyes, Bangor University

TITLE: “You feel guilty if you complain about anything” – how kidney transplant recipients’ reflections on their donors influences their healthcare experience.

Rebeka Jenkins – Newcastle University, (Supervisors: Cath Exley, Linda Sharp, Andy Fisher (Newcastle), Lorna Marson (Edinburgh)).

Abstract:

Background

There is a key strategic vision to place patients at the heart of the UK transplantation service. This work aims to understand the contemporary patient experience of kidney transplantation healthcare in the UK context. This abstract develops ideas about kidney transplant recipients’ reflections on their organ donor, and how these can influence their interactions with their healthcare team.

Methods

Kidney transplant recipients less than 24 months post-transplant were purposively sampled aiming for a breadth of clinical and demographic characteristics. Online semi-structured interviews were transcribed verbatim, anonymised and analysed drawing on the principles of constructive grounded theory.

Results

Twenty online interviews were undertaken with people from across England and Scotland. Five patients received kidneys from living donors, 15 from deceased donors. These are some key emerging ideas whilst analytical outputs are still being refined. Transplantation can be optimistically framed and idealised by healthcare team and wider public awareness campaigns. There is a prevalent sense that recipients should demonstrate gratitude toward both living and deceased donors. Participants identify gratitude as a motivation to continually commit to the perceived expected behaviours of a transplant recipient. However, many participants perceive a mis-match between their expectations of life post-transplant and their lived experience. This could mean that mandated gratitude towards their donor can paradoxically precipitate conflicting emotions and a sense of disempowerment. Importantly, this could result in participants under-reporting symptoms in interactions with healthcare professionals.

Conclusion

Formal and informal messaging from the health service regarding organ donation can indirectly impact kidney transplant recipients’ experiences of healthcare. A more open recognition of this may support authentic patient-professional dialogues and promote person-centred care of the kidney transplant recipient.

TITLE: A double transformation of the donor’s body during the consent process



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Johanna Thren – Durham University

Abstract:

This presentation explores the post-donation experiences of deceased-donor relatives in England, focusing on the emotional and psychological complexities of consent during organ donation. The study, an ethnography of family members who consented to organ donation, examines the impact of the opt-out law, which mandates the involvement of relatives (or nominated representatives) in the consent process for organ donation. The law requires relatives to complete a consent form detailing which organs and tissues they approve for donation, whether or not explicit consent was registered by the deceased.

A central finding is the "double transformation" of relatives' perception of the potential donor's body must undergo during this process. First, they must come to terms with the reality of their loved one's death, as the medical team has determined either brain death or impending circulatory death. Second, the consent form forces them to consider the significance of individual organs and decide which ones, if any, they are willing to donate. This decision, often made under time pressure, can raise personal, cultural, and emotional questions about the afterlife and the symbolism of specific organs.

This presentation argues that the informed consent process could be improved by supporting relatives in understanding the multiple transformations that organs undergo—from the initial decision to donation, to explantation and potential transplantation, and, in some cases, the organ's eventual failure. Members of the public would benefit from education on these stages, enabling more informed, prepared decisions. In addition to encouraging discussions about organ donation preferences in life, it is crucial to provide comprehensive education on the emotional and practical implications of consent. This preparation could lead to better informed decisions, moving beyond general attitudes toward donation to a deeper understanding of what the process entails.

TITLE: Organ Donation & the (After)Shock of Sudden Death

Tanya Zivkovic – University of Adelaide

Abstract:

Organ donation happens in the most harrowing of circumstances. Yet it is rarely discussed or confronted by families until a loved one dies a sudden and untimely death. In contrast to narratives of the 'good death' and discourses of preparedness for the end of life, these deaths are unexpected, tragic, and sometimes violent, and it is in moments of profound shock that requests for organs are made. Confronted with a warm body, a beating heart and rising chest, the mechanically ventilated brain-dead patient appears 'still alive' when donation is raised; while in cases of donation after circulatory death requests for organs take place when the patient is living. This presentation is based on a four-year ethnographic study that has explored Australian families' and clinicians' experiences of organ donation and it draws from the stories of recently bereaved families and interviews with intensive care physicians and donation nurse coordinators who make organ donation requests. It is in these time-pressured encounters that breaking 'bad news' is carefully stage managed by clinical staff who seek to mitigate shock through timed communication and practices of care. In this paper, I foreground the affective and temporal registers of sudden death to present a

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critical analysis of shock—and its productive potential—in the making and unmaking of organ donation decisions, and in bereaved lives. In doing so, I deviate from more conventional forms of academic expression to evoke the palpable emergence of shock in participants' words and social worlds. With a nod to Renato Rosaldo's (2014: 105) *antropoesia*, his term 'for verse informed by an ethnographic sensibility', this presentation is also a way of writing that seeks to communicate (in and beyond academia) the affective force of sudden death.

TITLE: The Case for Regulating Xenotransplantation

Marie Fox – University of Liverpool

Abstract:

Xenotransplantation has long been touted as a possible solution to the shortfall in human organs available for transplantation. Developments in the 1990s, when it appeared that a move to clinical application of the technology was imminent, prompted a series of national and international reports and consultations which led to the establishment in 1997 of the United Kingdom Xenotransplantation Interim Regulation Authority (UKXIRA) as a non-departmental public body. Yet a decade later, as interest in xenotransplantation waned, UKXIRA was disbanded with little fanfare to be replaced with guidance that effectively entrusted regulation of the technology to research ethics committees.

Over the last few years interest in xenotransplantation has revived following significant clinical developments in the United States and Europe. Ethical responses to these developments have focused not only on the use of animal 'donors' and the risks of cross species infections, but on the shift in pre-clinical research to using brain dead human recipients in place of non-human primates and the particular demand for organs for children. In considering possible legal responses to these developments, which have played out against a backdrop of the Covid 19 pandemic and its aftermath, the regulatory complexities occasioned by Brexit and growing legal recognition of animal sentience, this presentation traces the peculiar regulatory history of xenotransplantation to argue that regulatory initiatives in the 1990s were seriously flawed and that we need to heed the lessons from that era in contemporary efforts to address the unique legal and regulatory challenges posed by a transplant technology that generates new orders of risk and involves the mixing of human and animal bodies. Traditionally non-human animals have been subject to separate legal governance from human research subjects; however to adequately respond to the challenges that xenotransplantation poses it is suggested that new more hybrid regulatory frameworks and expertise are required.

TITLE: Parental Decision-Making in Paediatric Organ Donation

Ellie Crane – Bangor University

Abstract:

Introduction: There is a shortage of organs for children needing transplants, and in the UK, consent rates are declining. The emotive nature of a child's death makes paediatric organ donation complex, and there is limited research on parental decision-making in this context.



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Aims: To understand why parents consent or decline organ donation after their child's death.

Methods: We analysed routinely collected potential donor data from 594 families (2018–2024), including (1) a qualitative analysis of anonymized clinical notes on parental decision-making discussions and (2) statistical analyses of clinical and demographic variables.

Results: Parental non-support was influenced by the perception that organ donation prolonged or altered end-of-life care, cultural and religious beliefs, and the need for surgery. Factors supporting donation included altruism, creating a positive legacy, and prior knowledge of organ donation. Families fell into four decision groups: those who immediately consented, immediately declined, hesitated but consented, and hesitated but declined. Concerns were similar between hesitant groups, regardless of the final decision. Regression analysis indicated that each additional year of the child's age increased consent likelihood by 6%, white families were 5 times more likely to consent than non-white families, and consent was 1.8 times more likely when donation after brainstem death was possible compared to circulatory death.

Conclusion: This is the largest study to date on factors influencing parental decision making in paediatric organ donation, and provides new information of where parents are more likely to say yes in specific situations. This study highlights critical factors shaping parental decisions on paediatric organ donation and underscores the need for tailored approaches that address the emotional and logistical complexities parents face. Developing specific support strategies that acknowledge cultural, religious, and procedural concerns may enhance consent rates and facilitate a more compassionate and family-centred approach to paediatric organ donation

Flash Poster Sessions

Theme 1: Clinical Practice and Professional Experiences

Title: Examining Organ Donor Families and Specialist Nurse's experiences of post donation aftercare.

Jo Cox – NHSBT

Abstract:

Background/Context: I am a Specialist Nurse working in organ donation, and wanted to explore the phenomenon of post donation experience from dual perspectives.

Aim/Objectives: The main aims of the research were to understand and analyse the care and support donor families are provided post donation by examining the perceptions of donor families and specialist nurses who support them by evaluating the implementation of follow up calls 4-6 weeks after organ donation.

Methods: A mixed method approach was used, by performing secondary analysis from donor family feedback, correlating this with the results from a questionnaire that was sent out to 4 regional teams of SN's consisting of 22 questions, evaluating their experiences of



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conducting follow up phone calls to organ donor families. This data was then analysed using thematic analysis to draw out recurring themes and then include recommendations for clinical practice.

Results: The results indicated 93% of SN's agreed that follow up calls benefitted donor families, and that 64% of SN's felt *valued* in making these calls however there was no formal debriefing that occurred for the SN's in making these calls and one SN remarked that '*we are not trained counsellors*' in response to feeling confident to provide bereavement charity signposting. The Donor family feedback yielded a very low response rate of 23 families from a 14 month period (2023/2024). In examining the donor family feedback along with the SN's questionnaire results three main correlating themes emerged from both sets of data; recipient information, the consent process and psychological & bereavement support

Conclusion: The post donation experience is incredibly complex and a number of recommendations have been made to help inform and improve clinical practice and ultimately the post donation experience for families. Key theories of grief were evaluated and the recommendations is to develop an integrated model and framework of grief that underpins organ donation to meet the needs of donor families.

(Anticipated) Contributions to the Field: To stimulate further analysis of follow up calls and to support measures of engagement of psychological support for both donor families and specialist nurses.

TITLE: SIM based organ donation teaching for the Interprofessional team in the Theatre department

Joanne Davies – NHSBT

Abstract:

Background/context- Throughout my career as a Specialist Nurse in Organ Donation, I had been involved in a number of education projects and teaching days. However, I had noticed as an organisation our focus had often been to provide education, particularly through SIM based projects to our Intensive care and Emergency department colleagues. This left a significant number of our interprofessional colleagues in the theatre department without the same standard of education being provided. In addition it was also recognised that a significant amount of misunderstanding about the organ donation process could occur during the retrieval process and that potentially we were not doing enough to recognise the valuable contribution of our theatre teams in the success of any organ donation process. Therefore it was decided that a tailored education package should be created specifically for our theatre colleagues.

Aim/Objectives- The aims were to provide education to increase the knowledge of the organ donation retrieval process, including procedures for new novel technologies and the background of our organ donors' hospital journey prior to organ donation. Therefore empowering our theatre colleagues to feel more comfortable and to use their existing clinical skills to assist us in caring for our organ donors in the theatre area.

Methods- Collaborative working with theatre education team, Cardiff organ retrieval team and the specialist nurse organ donation team, to put together a pilot SIM day with attendees from an ODP, Nursing and Anaesthetic practitioner background. The programme for the day consisted of, background of organ donation (patient journey), novel technologies and



surgical skills in theatres and elements of the DBD (Donation following neurological death) and DCD (Donation following circulatory death) pathways.

Results- On completing a Mentimeter survey pre and post course, there was shown to be an increased awareness and knowledge of the organ donation process, particularly clinical skills needed in theatre. In addition, a significant number of participants expressed that they felt more comfortable and empowered to help care for our organ donors during the organ retrieval process.

Conclusion – It was found that providing a tailored education day for our interprofessional colleagues in theatre, has had number of benefits. These have included, reduced anxiety and increased feelings of empowerment to be involved in the organ retrieval process. As well as giving the theatre team and opportunity to improve their clinical skills and knowledge around organ donation and retrieval in theatre.

Any (anticipated) contributions to the field- I would hope this work would contribute to the organ donation field through creating a workforce of interprofessional theatre colleagues who not only have the clinical skills to assist in the care of an organ donor during the retrieval process but who would feel empowered and privileged to help fulfil the end of life decisions of our organ donors, through their contribution in the theatre environment

TITLE: The lived experience of vicarious trauma in specialist nurses facilitating organ donation: an empirical study

Sharon Johnson – NHSBT

Abstract:

Background: Organ transplantation is a significant achievement in modern medicine, although often starts with a grieving family consenting to donate their loved one's organs to save or improve others' lives. The Specialist Nurse Organ Donation (SNOD) plays a crucial role in this process by working closely with the donor, their family, and the healthcare team to enhance donation consent rates. However, due to the nature of their work, SNODs are frequently exposed to death, dying, and grief, which may result in vicarious trauma, potentially impacting their health and wellbeing.

Aim: The study explores the lived experiences of vicarious trauma in SNODs and its impact on their wellbeing. Investigating how SNODs manage the emotional, psychological, and physical challenges inherent in their roles and examines the personal and professional consequences of constant exposure to traumatic events. The study also aims to identify coping strategies that can enhance the mental health and resilience of SNODs in this demanding field.

Methods: A qualitative design was employed using IPA and purposive sampling from two UK-based organ donation teams. Participants were SNODs employed by an arms-length NHS organisation. Data was collected through online focus groups and semi-structured interviews conducted via Teams. These were recorded, transcribed, and thematically analysed to identify emerging patterns and themes.

Findings: Thirteen SNODs participated, providing rich, in-depth data. Six key themes emerged from the analysis: emotional burden, health and wellbeing, donors and their families, organisational and operational factors, work-life balance, and support systems and coping mechanisms.



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Conclusion: This study reveals that SNODs regularly face situations exposing them to vicarious trauma. It highlights the complexities of their role in the donation process and emphasises the need for organisational recognition and strategies to mitigate the effects of vicarious trauma. Enhanced support and wellbeing measures can help SNODs maintain their vital work while safeguarding their own health. Further research on this topic is recommended due to the limited existing studies.

TITLE: The Anaesthetic Room - a scoping review to understand experiences of the anaesthetic room during withdrawal of life-sustaining treatment when for the purpose of organ donation after circulatory death.

Tim Owen Jones – NHSBT

Abstract

Background: Withdrawal of life-sustaining treatment in the anaesthetic room prior to donation after circulatory death (DCD) remains a rare healthcare phenomenon requiring complex communication and collaboration between stakeholders. The multidisciplinary team, delivering end-of-life care, will be guided by the Specialist-Nurse when preparing for organ donation, should it then be facilitated. A donor's family will be involved in end-of-life planning and likely present for withdrawal, prior to surgery, if death occurs within a time frame for donation to take place. Ethical complexities, shared decision-making and adherence to clinical guidelines require careful navigation. Detailed documentation on the experiences of those involved is sparse.

Aims/purpose: The aim of this study is to scope and critically appraise the literature surrounding withdrawal of life sustaining treatment, when for the purpose of organ donation after circulatory death, highlighting experiences and perceptions of family and some healthcare professionals.

Methods: The scoping review will use online search databases such as CINAHL, MEDLINE, PsycInfo, Social Sciences Full Text and Science Citation Index. The found literature will then be analysed with the intention of identifying shared and conflicting themes when exploring experiences of withdrawal of life sustaining treatment prior to organ donation.

Discussion: This scoping exercise will provide systematic thematic analysis of existing literature, seeking to demonstrate the experiences and perceptions of families and healthcare professionals during the end-of-life process, prior to donation after circulatory death. The data analysis will then identify gaps in existing research and generate ideas for future study.

TITLE: Exploring the challenges experienced by Intensive Care Unit nurses during the organ donation process: a scoping review

Nelson Selvaraj – Cardiff University

Abstract

Background

Intensive Care Unit (ICU) nurses play an important role in facilitating the organ donation process (Holthe and Husby, 2023). However, caring for potential organ donors and their families can be a challenging prospect for many ICU nurses. Given the heterogeneous nature of donor care (Emilie *et al.* 2022), a scoping review to explore available evidence on the challenges that ICU nurses experience during the organ donation process is valuable.



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Aims

To explore the challenges experienced by ICU nurses during the organ donation process and identify models or strategies that may support them when caring for potential organ donors and their families during the organ donation process.

Methods

The review followed JBI methodology for scoping reviews and was reported using PRISMA-ScR. The following databases were searched for eligible studies from the first available start date of the individual database to December 2023: MEDLINE, Embase, PsycINFO, OVID EMCARE (all via Ovid), Cochrane library, Scopus, Web of Science and CINAHL (via EBSCO). A public representative with family experience of organ donation was involved in developing the protocol and search strategy. The review protocol was registered on Open Science Framework.

Results

A total of 29 studies met the inclusion criteria. Most studies were qualitative (n=20) and most originated from non-European countries (n=21). Seven key challenges were identified: direct patient care, care of the families, concept of brain death, ethical challenges, emotional challenges, challenges around communication and organizational challenges. Support models include debriefing and reflection, training and education, organisational support and availability of guidelines and protocols for organ donation.

Conclusion

ICU nurses experience several challenges during the organ donation process. Improved understanding of the nature of challenges can facilitate the implementation of supportive strategies which will ultimately improve the quality of care, consent rates and the overall experience of nurses and donors' families.

TITLE: Paternalistic Approaches to care in Intensive Care and its potential effects on securing consent for Organ Donation

Brian Tierney – NHSBT

Abstract

Background: Organ Donation saved the lives of 1510 transplant recipients in the United Kingdom (UK) last year (NHS Blood and Transplant (NHSBT), 2024). Although over 28 million people in the UK have registered a decision to 'opt-In' on the Organ Donor Register (ODR) (NHSBT, 2024), and a soft opt-out system has been adopted across all parts of the UK, securing next of kin agreement remains essential to proceed with organ donation (Rees et al., 2024).

Research Aims: Data from the Potential Donor Audit in the UK continues to highlight instances of limited engagement with organ donation services teams (O'Neill et al, 2024; NHSBT, 2024). This qualitative phenomenological study will explore the lived experiences of Specialist Requestors (SRs), focusing on paternalistic approaches to care within ICU and their potential influences on the organ donation referral process.

Methods: This study focused on Specialist Requestors (SR), with all 55 SRs from across the UK invited to participate, 15 accepted the invitation. Purposive sampling ensured representation from nine of the twelve regional organ donation services. Data was collected



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through Focus Groups (FG). Recordings and transcripts were then thematically analysed to identify emerging themes.

Findings: From the data collected from all 15 participants, six themes were identified as potential obstacles to SR engagement in securing organ donation consent – paternalistic approaches to care; control/power struggles; person bias; trust and communication; ethical considerations and additional workload.

Conclusion: This study highlights how SR's who, as the cohort of specialist nurses are deployed to ICUs at the point of potential donor referral. They are exposed directly to barriers from within ICU that hinder the progression of organ donation exploration. This position give SRs valuable insight into ICU culture, which fundamentally challenge.

Theme 2: Education, Training, and Engagement

TITLE: Technology-led teaching of anatomy: Will an absence of cadavers increase accessibility to the new medicine course in North Wales?

Ella Palmer – Bangor University

Abstract:

Historically, the study of anatomy has been taught often using cadaveric material. However, there has been a gradual shift towards teaching anatomy using technology. I want to uncover the impact from students in higher education learning anatomy from technology-enhanced educational methods in North Wales.

In September of 2024, Bangor University opened its new medical school. Whilst considering the additional challenges in teaching Anatomy using traditional cadaveric dissection, a decision was made to instead teach using the Anatomage table, which enables students to dissect digitally through a touch screen format, amongst various other functionalities. For my PhD thesis, I am undergoing an exploration of the similarities and differences in the student experience when learning from two main pedagogical practices; cadaveric, and technology-led. To do this, I have chosen to visit three field sites in Wales; Swansea University and Cardiff University, both of whom have established medical schools that teach anatomy using a multi-method approach, including cadaveric based learning. The third site being Bangor University, who utilise a technology-based approach to teaching anatomy.

My focus is from a sociological perspective; seeking to uncover phenomena relating to the sociology of emotion and the hidden curriculum when students are learning through their universities' chosen pedagogy. My thesis will be exploring these phenomena through an ethnographical approach. I shall be observing students' first encounter with cadavers at both Swansea University and Cardiff University, then asking for interview and survey volunteers. At Bangor University, I shall be observing students' initial use of the Anatomage table and performing an additional observation at the end of their first semester to assess any differences in usage. I shall also be asking for interview and survey volunteers.



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TITLE: Organ Donation – Enhancing understanding & confidence in organ donation within senior school populations

Jack Hamerton – Bangor University

Abstract:

Background/Aim:

Much work has been done within the realm of healthcare professionals to promote and facilitate organ donation however a gap remains within the public, particularly in A-level students. Introduction of organ donation decisions to provisional licensing and passports coincides with milestones of their age, hence adapting new resources for education is vital in ensuring educated decisions are made confidently by the younger generation.

Methods:

This project assessed the core topics to educate young adults on and promote discussion and awareness. This was delivered via an in-person presentation with SNOD support, with data collected via an online questionnaire.

Results:

Overall, 64/~200 responses were gained showing great improvement in understanding and confidence. Of this 39% were already registered as organ donors and 48% had prior teaching.

The three topics were: understanding of the 'opt out' system, confidence in organ donation, and confidence in speaking with family and friends about organ donation. Respectively with the latter: 70% said yes to knowing before and 97% said yes to understanding after; 28% were unconfident or very unconfident, 42% neutral, and 30% confident or very confident before, in comparison with 6% neutral and 94% confident or very confident after; and 19% were unconfident or very unconfident, 30% neutral, and 51% confident or very confident before, in comparison with 16% neutral and 84% confident or very confident after. In reference to this, 95% found the presentation helpful and 91% wish they had more of such in future.

Conclusion:

To note, for further development this would need to be run on a wider population as we only received 34% of responses. However, the data gathered showed clear promise for future teaching within younger populations to encourage public knowledge and confidence in organ donation, as well as discussions with family.

TITLE: Using Person-Centred Counselling Methodology in Organ Donation Discussions: A proposal for a qualitative identification and efficacy of this approach.

Alison Galloway – NHSBT

Abstract:

Background

The evolution of organ donation conversations in the UK, between families and SN-ODs, has predominately been guided by international models and evaluation of largely quantitative national data. Despite strategic drives to increase consents there is a concerning fall, with a rising and urgent transplant need necessitating new understanding and innovative approaches to these conversations. Through studying counselling methods and sixteen years working in the field, I have observed good quality, effective family conversations bear many

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of the hallmarks of ‘Person-Centred Counselling’ (PCC) and are worthy of deeper exploration.

Aim

A qualitative approach could offer evidence of the counselling role SN-ODs play with donor families and their contribution within a multi-disciplinary team. PCC relies on trust building, which is essential to donation conversations, and ‘unconditional positive regard’, enabling participants to take ownership of their own decision making, emphasising the importance of relationship building prior to that approach.

Methods

An Observational Study is proposed to identify 2 areas of [effective] practice and help shape and inform practice development. Firstly, evidence of PCC elements within SNOD approach conversations, and secondly, characteristics of strong relationship building prior to an approach for organ donation with the family.

Results

It is hypothesised that the results would demonstrate SN-ODs do indeed use PCC to effectively support families in their decision making, and where strong relationships are built, through identifiable methods, this correlates to higher family support of organ donation.

Conclusion & Anticipated contributions to the field

It is proposed that by carrying out insider research, analysing SN-OD and donor family interactions in-depth, this study could shed new light on how to support families in their willingness to support donation whilst also validating the SN-OD’s role in the end-of-life journey within the local clinical delivery team, thus improving SN-OD inclusion within the MDT and family experiences.

TITLE: Proposed changes to practice to increase living kidney donation across North Wales

Dawn Oliver – BCUHB

Abstract:

BACKGROUND: A transplant is the best treatment for kidney failure in patients who are eligible for the surgery. Nationally, in 2023/24 2448 people donated their organs, however, with 7,484 (March 2024) people on the active waiting list, this is not nearly enough to meet the desperate demand. This figure is the highest in the last decade and there is clearly a requirement to adapt historic practices that are currently used today.

As of October 2024, there were 67 patients waiting for a kidney transplant across North Wales, with a further 31 patients undergoing evaluation for suitability. The number of transplants received by North Wales patients over the previous 5 years were;130 from the deceased list, 30 from living donors, and 2 altruistic kidney donors. On a national level, living donor transplants accounts for a third of all transplants, however in North Wales this accounts for under 19%

AIM: The aim is to increase the number of living donor transplants across North Wales

METHOD: 4 key areas for practice-change have been identified:



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- (1) Patient identification: liaison with kidney care & transplant nurses at each hospital site to identify patients with eGFR less than 25%
- (2) The provision of patient education/awareness through roadshows, patient Newsletters
- (3) Promotion through publicity such as local press releases/social media
- (4) Agreed standardised documentation/practice across North Wales

PROPOSED EVALUATION OF RESULTS:

There are additional factors beyond the scope of this proposal that will mean it is difficult to increase the numbers of actual transplants, therefore the success criteria will be as follows:

- Awareness of the programme – increase understanding the program amongst suitable patients
- Request for information – Increased requests for the ‘Gift of Life Booklet’ & ‘health questionnaire’
- Internal Auditing - efficiencies made in the pathway processes, measures to understand reasoning for minimal progress/relationships of offers/geographical areas of offers/actual impact on donation rates.

CONCLUSION: It is too early to tell whether or not this post and its initiatives will impact living donor rates, however all patients across North Wales will have been offered living donor education and the process will be standardised and streamlined.

TITLE: Influence of family dynamics in deceased organ donation in India: decision-making and communication patterns

Britzer Paul – University of Bedfordshire

Abstract:

Background: In the Indian deceased organ donation system, where families have the final authority to approve/veto the deceased's wishes, the influence of family dynamics and communication patterns remains largely unexplored. Hence, this study examines families' role in deceased organ donation through perspectives of the public and transplant coordinators. Methods: A qualitative study was conducted using twenty-five focus groups (n=87) with the public and fourteen interviews with transplant coordinators from northern and southern India. Data were analysed using framework analysis. Findings: Families often rely on conformity-oriented communication for sensitive topics like organ donation, hindering open dialogue. Individuals were hesitant to initiate discussions, perceiving potential family opposition and conflict. In contrast, communication among peers, siblings, and spouses tended to follow a more open, conversation-oriented pattern. Discussions were generally prompted by external cues, yet the limited visibility of deceased organ donation curtailed these conversations. While no regional differences were observed among the public, transplant coordinators in southern India reported greater support, enabling them to navigate family dynamics more effectively, secure informed consent, and reduce refusal/overrule. Conclusions: Families frequently "veto" the deceased's organ donation decision due to the absence of prior conversations, conformity-oriented communication, and inconsistent hospital family approaches. Public initiatives should promote a unified attitude toward organ donation through emotional, transparent messaging and trusted messengers to encourage family discussions, rather than solely changing the



registration/consent policy structure or legal rights. Standardised hospital practices to build trust with bereaved families and address family dynamics can further reduce refusals and improve donation rates, fostering self-sufficiency.

TITLE: Distrust, Mistrust, and Misinformation: Barriers to Deceased Organ Donation in India

Britzer Paul – University of Bedfordshire

Abstract:

Introduction: In India, a significant barrier to public participation in deceased organ donation is the lack of trust, which has been identified as a key factor shaping public perceptions and behaviours. However, primary research to investigate the underlying causes of this distrust remains limited. This study aims to explore the views, perceptions, and experiences that contribute to the lack of trust in deceased organ donation, thereby adversely influencing public behaviour. Methods: A qualitative study was conducted using twenty-five focus groups ($n = 87$) stratified by study region, religion, sex, and age. Data were analysed using framework analysis. Findings: Qualitative analysis revealed in four themes such as 1) distrust on medical institution, 2) negative conversation in the community, 3) inequity in organ transplant, and 4) perception on the exploitation of vulnerability. The findings highlight systemic and social factors that influence public's trust toward deceased organ donation. Distrust in medical systems stemmed from perceptions and experiences of inequal practices and prioritisation of affluent individuals. Community-level discourse often perpetuated misconceptions, while inequities in organ allocation reinforced feelings of unfairness. Concerns about exploitation further exacerbated the lack of trust among marginalised groups. Discussion: The findings emphasise the need for targeted organ donation campaigns to improve trust by addressing systemic issues, promoting transparency, and engaging with community concerns to rebuild trust and encourage participation. Particularly, public hospitals perform deceased organ transplants, but their limited visibility perpetuates the perception that transplants primarily benefit the wealthy, with little perceived reciprocity. Furthermore, the lack of direct personal experiences with organ donation leads most individuals to rely on information from social media and films, which often portray negative and fear-inducing narratives. Addressing these misconceptions is crucial for fostering informed and positive public trust toward deceased organ donation.

Invited Exhibit-Only Posters

TITLE: Attitudes toward Xenotransplantation in the United States

Daniel Hurst – Rowan-Virtua SOM, NJ, USA

Abstract:

Xenotransplantation (XTx) presents a potential clinical alternative to the shortage of human organs for transplantation. Before clinical trials occur in the United States, public assessments are crucial to understand potential barriers to acceptance. The purpose of this study was to explore barriers and identify characteristics associated with attitudes toward XTx. A survey assessing demographic characteristics and attitudes toward XTx was distributed to a nationally representative sample of adults aged ≥ 18 years in the United States. Regression analysis was employed to identify characteristics associated with attitudes



toward XTx. Between May 25 and June 14, 2023, 5008 respondents completed the survey. Importantly, half of the respondents expressed low or no knowledge of either transplantation or XTx. Approximately 40% expressed discomfort with receiving a pig organ for themselves or a loved one. Despite a lack of xenotransplant outcome data, 36% were open to experimental XTx if they needed a transplant. However, 57% rated lack of current evidence of success or fear of complications as top concerns. Regression models consistently associated being younger, female, not needing an organ, or being a member of a racial minority group with lower acceptance. This survey is the largest to date exploring public attitudes toward XTx. Despite overall acceptance, concerns persist. Increasing public acceptance is key as the field advances.

Keywords: United States; attitudes; survey; xenotransplantation.



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Deconstructing Donation Special Interest Group

A multi disciplinary research group interested in all aspects of organ, tissue, blood and body donation



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