

REVIEW

An organ donor memorial

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This article describes how a memorial to transplant donors was created in a district general hospital. The subjects discussed include: how to start, the official ceremony, the value of such a venture to those concerned, finance and time involved, a description of the memorial itself, the ongoing promotion of the scheme, and the pressing need for organ donors.

GETTING GOING

I retrieved the names of the relatives of organ donors by going through our pathology department records for many years. I then circulated a customised letter to all next of kin and arranged a meeting at our local hospital. I wanted as many relatives as possible to be involved. The project, which was given tremendous encouragement by the next of kin, became a team effort with the major contribution from myself.

THE MEMORIAL

A memorial can be bought ready made but such memorials are relatively expensive. Relatives wanted to emphasise life not death. In our case, the idea gelled into a tree of life with individual leaves for the names of the donors (fig 1). This developed from an original in the World Wildlife Fund headquarters at Panda House in Surrey devised to recognise contributors. To make the memorial relevant to the local community, we chose brass leaves on which the names of donors were engraved by a local engraver and placed on a carved and polished tree made from local yew. The wood sculptor was one of our local craftsmen and the aesthetic effect was one of the successes of the scheme. To date, since 1988 there are 78 leaves for heart valves, 11 for solid organs, and nine for corneas. The preponderance of valves

Memorials are made for many reasons. After the First World War there was a burgeoning of memorials in stone to commemorate the fallen, inspired by the horror and sheer size of the event. Working in harrowing circumstances can take the shine off life; as a pathologist, I see the tragic side fairly often. Parents grieving beside the body of a dead child must take some toll. In my own case I arranged a memorial to deceased organ donors. I had become involved because I had been requested to provide heart valves for the Royal Brompton Hospital in London and felt little recognition had been given to the relatives.¹ In our hi-tech age, when most people seem to expect a disease free fourscore years, it can be a shock to the system to realise that life is finite, particularly when the person involved is young and well until the final tragedy. Dr Cecile Saunders, founder of the Hospice Movement, realised that the medical profession had to face the harsh reality of death, but showed that it could nevertheless contribute healing in a measured and supportive way rather than a curative sense.

In addition to the direct and obvious function of bringing people's attention to the sadness and loss memorials play a positive role. A war memorial should remind people of the dangers of war and thereby make them more energetic in promoting peace. A memorial to organ donors should encourage people to join the organ donation scheme. The pressing need for more donors has been a constant feature since organ transplants began²⁻⁴ and recently, owing to a generally bad press for the medical profession, and in particular regarding a pathologist at Alder Hey Hospital, transplant surgeons are concerned that organ donations will drop.⁵

"A memorial to organ donors should encourage people to join the organ donation scheme"

In fact, although tissue donation has dropped by 50% and transplants from living donors were down by 30% in the past year, transplants from cadaveric donors were only down by 4%.⁶

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Figure 1 The tree of life to commemorate organ donors at Dumfries and Galloway Royal Infirmary, Scotland.

reflects my interest in the tree because over the same period there have been 67 solid organ and corneal donors in the Royal Infirmary in Dumfries.

RAISING FUNDS

I started by arranging an official fund through my trust so that no money came to me personally. Local and national businesses were approached and donated generously considering that they function in a harsh financial environment. Without their help I would not even have had the financial boost to get started. I had no idea how much capital would be needed. One has to pay for materials and skills. I knew I had to be absolutely above board. When travelling to give a talk or attend a fund raising event for the memorial, I used a separate account. I wanted all financial contributors to know that any bequest was being used directly for the purpose assigned. Luckily, I did not underestimate the help from the chairman of our trust, who was very generous via the treasurer, and other administrators who were helpful with their time.

Functions were held on both sides of the border to raise money, and this was very successful—we now have a balance of over £2000. The initial expenditure in 1996 included £1345.60 for 400 blank brass leaves, £400 for the tree and backdrop, and £540 for lunch for 120 people, the latter being covered by the trust rather than out of our funds. There were marginal costs, such as the opening curtain rail and administrators' time, again taken out of the trust's budget rather than the budget for the "tree". The main ongoing cost is small, each leaf engraved being £7.50.

Calculating the time involved was considerably more difficult. A huge amount of work was done: for instance, my personal secretary typing letters, talking to bereaved relatives, and going through records. Towards the date of opening the trust allowed me the use of a dedicated secretary. My personal secretary assumes she spent between one and two weeks in total working specifically for the memorial. I spent at least a week of working time and probably considerably more checking records, meeting relatives, going to fund raising events, and dealing with other matters, such as going to see the tree in preparation by the sculptor. Modern computerisation of records and more sophisticated computer technology should make equivalent tasks much simpler now.

OPENING CEREMONY

I tried to follow the broadest consensus because it would have been tragic to spoil such an occasion by offending anybody. Our committee decided on a religious ceremony that was not too religious, with the two major Christian faiths represented. It was decided to have the religious ceremony in the morning, followed by lunch, and the official opening in the afternoon.

Thirty five groups of relatives were invited to attend and 95 people came. No adverse negative replies were received. Because it was considered an important event, an element of publicity became inevitable. Relatives rightly felt that their decision in agreeing to donation warranted media coverage and this was encouraged by involving a celebrity. Graham Obree, the reigning 4000 metre individual pursuit world cycling champion, had tragically lost his brother Gordon in a road traffic crash and his family had agreed to donation.

I was advised to keep the opening speech short. A summary of my opening speech for the press was I hope helpful. And why not? In this case the press was "on our side", an unusual situation in the present antimicrobial climate.

The main features were I think fairly obvious. They included thanking people for coming (distances as great as 300 miles indicated how important an occasion it was); a brief description of the memorial itself; an acknowledgement of the value of donation (the longest surviving British person with a valve

replacement had lived over 30 years and had had two children)⁷; and appreciation shown to the trust chairman, administration department, and helpers over the years, including my own mortuary and secretarial staff. I then introduced Graham Obree with information I had received from his parents. His feat of building his own bicycle from washing machine parts was already fairly well known even if Graham himself was not!

REWARDS

Organising this event gave me many opportunities to see the more positive side of life. I felt I was helping the living rather than purely the forces of law or science. This is after all the function of health professionals. The relatives appeared to benefit immensely from the whole process. Whether the more public spirited and giving natures heal more effectively or helping another human being brings people to terms with loss I do not know.⁸ Be that as it may, some people became very immersed in the memorial scheme and I believe that this was very beneficial psychologically. I was involved in some superb fund raising schemes, which I think had impact well beyond the mere financial aspects. When I saw the impetus with which relatives organised fund raising events and the genuine sparkle of interest, I felt we were involved at a much more nebulous but more important level. Relatives had contributed to life during sadness, part of a loved one was literally alive and tragedy gave way to hope.

"Organising this event gave me many opportunities to see the more positive side of life"

One of the personal rewards for me was working for the only time in my life I can remember with a team of many people bent on a single goal with no dissension. This is an afterthought, but with the adverse climate about the medical profession and in particular pathologists, I think that it must be helpful to build good relations with the "general public" and this I managed to do. I think it would be fair to say I made genuine friendships with many of the relatives.

KEEPING THE SCHEME ACTIVE

In our hospital, donor cards are positioned beside the memorial to encourage people to register with the National Organ Donor Register in Bristol. I give talks to local groups to publicise the British transplant scheme and to give credit to the donors and their families. I have also produced a video about the memorial, which can be circulated to interested parties. When relatives agree to donation I send them information about the transplant scheme, a booklet dealing with grief after sudden loss of a loved one, and in my thank you letter I mention exactly what will appear on the brass leaf—name and dates of birth and death—so that any mistakes can be picked up before the attachment of new leaves.

CONCLUSION

The main aim of creating the memorial was to recognise the decision relatives had made in agreeing to organ donation when in a situation of acute grief. A further purpose was to encourage people to consider adding their names to the National Organ Donor Register. Organs for transplantation are desperately needed—nearly 7000 patients are waiting for a solid organ transplant in the UK.⁹ In addition, the UK has fallen behind many of its European neighbours in the renal transplantation league table. Spain carries out 45 kidney transplants for each million of its population each year, Germany 30, France 28, and the UK only 25.¹⁰ It is hoped that the tree of life will be one small step in alleviating this situation.¹¹

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