

Urgent need to restructure SA's organ transplant process



By [Danette Breitenbach](#)

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Despite organ donor numbers having increased, the number of organ transplants have declined in South Africa, going from 1,628 in 2002 to a mere 518 two years ago. The critical point is the process of organ procurement and that there exists a need for new authority to coordinate organ transplants in South Africa.



This is the opinion of a recent roundtable of stakeholders, including Graham Anderson, CEO and principal officer, Profmed, Dr Jerome Loveland, chairman of the Transplant Association, Professor Graham Paget, professor of nephrology, the University of the Witwatersrand, Jooste Vermeulen, executive director, Organ Donor Foundation, and Dr Errol Gottlich, a nephrologist in private practice.

Despite kidney transplants being less costly and labour intensive than dialysis, since 2009 there has been a 2,8% decrease per annum in kidney donation and transplants. At the same time, only 10% of people requiring dialysis are being treated in the public sector.

Over the years, transplants have migrated from the public sector to the private sector, but because dialysis is a minimum prescribed benefit, input into dialysis is increasing and the funding industry is drowning under the burden of chronic dialysis, posing a threat to health benefits in this country.

This is not to say dialysis is not important says Gottlich. “The 9,000 on dialysis should be 15,000.” At the same time, it makes the need for an organ transplant body even more urgent. He called for the roundtable to get a body up and running - sooner rather than later. “We need innovation and innovative solutions to manage this very complex system.”

Anderson, who opened the roundtable, says the decline in transplants is due to several factors, including the fact that the procurement and distribution of organs have become fragmented with stakeholders and hospitals, both private and public, working in isolation.

Poor service delivery in both the public and private sector with only two clinic groups, Netcare and Mediclinic, providing transplants, further compounds the problem. This also has affected doctors training in performing organ transplants. The doctors at the coal face have no insight, knowledge or motivation about organ referrals. “The fact that half of them do not know how to certify a brain-dead patient is a further problem and no protocol for organ donation exists,” says Paget.

There is also only a very small number of organ procurement sisters in the country - only 20, which is woefully short of what the country needs. A negative sentiment towards transplants has aggravated the situation, something both Paget and Anderson (specifically in KwaZulu-Natal) mention.

The roundtable agreed that it was not about whether something needs to be done, but how it should be done?

“If such an authority was to be initiated, the entire process must be transparent so that no individual or company benefits,” says Anderson.

The roundtable debated the role of government in establishing such an organisation. It was agreed that while government should be legislating a body, it cannot pay for it. Gottlich believed if the group waited for government, nothing will happen. “We need a legislative environment to make this happen, and then the powers that be, together with government, must come together and pool the resources needed to get this off the ground.”

While it was agreed that this was potentially a state issue, an independent organisation could work. The roundtable resolved to meet again in the second quarter of next year to ascertain what progress had been made.

“It is not morally correct to walk away from this following this roundtable. I believe that transplantation is a human right. It saves lives and keeps people off dialysis,” concludes Anderson.

ABOUT DANETTE BREITENBACH

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