
BRIEFS

ATTITUDES AMONG BLACKS TOWARD DONATING KIDNEYS FOR TRANSPLANTATION: A PILOT PROJECT

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Patients requiring kidney transplants have three possible sources: (1) a kidney from an individual who dies suddenly (approval for the transplant must be given by the next-of-kin of the deceased); (2) a kidney from a relative; and (3) a kidney from one who "willed" it to be transplanted following his or her death. Each of these circumstances requires decision making. On the basis of this information, a research program designed to determine the nature of attitudes of blacks toward kidney donations was developed. Results disclosed a lack of knowledge about kidney transplantation; disassociation and lack of communication between blacks and the medical community; religious fears; fears of premature death; and racism.

Historically, blacks donate kidneys less often than whites. At Howard University only 25 percent of kidney transplants involved living related donors, and 41 of 47 cadaver organs were donated by nonblacks. To answer the question why blacks do not donate their kidneys, we formulated a research project to assess the following attitudes: (1) those involved in the decision to permit, or not permit, transplants of kidneys upon the sudden death of a near relative; (2) attitudes involved in the decision to permit, or not permit, transplant of one's own kidney for a relative (brother or sister, etc.); and (3) atti-

tudes involved in the decision to make arrangements for one's kidneys to be made available for transplant upon one's death.

NEED FOR A PILOT PROJECT

This pilot project was considered to be a first step in a research program designed to answer the question why blacks do not donate their kidneys to patients with chronic renal failure. The authors felt it necessary to make a minimum number of assumptions as to the psychological dynamics operating in given situations. In such cases, it is much more desirable to explore the problem by conducting relatively unstructured interviews among individuals who are proto-

types of the kinds of people with whom one eventually will be concerned.

The purpose of this pilot project was to explore the dimensions and attitudes of potential black donors as they reacted to the situations and questions presented. The project was in no way intended to produce estimates of the proportions of people displaying various attitudes. This latter type of information can be obtained only through formal survey research procedures. This project was designed to identify those facets of the problem that could be utilized later in a full-scale research effort. At the same time, however, the project did serve to expose the array of attitudes that are involved in organ-donor procurement.

PROCEDURE

Group Interviews

Four groups of respondents participated in the project, a total of 40 black men and women. Except for two persons who had donated kidneys, none of the respondents had been involved in kidney donations. The respondents were paid \$20 each for their participation in the

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group sessions, which lasted approximately two hours. Each session was tape recorded.

RESULTS

All respondents were aware of kidney transplants and the need for them. They gave a variety of responses as to the source of kidneys for transplants. The group interviewers asked the following questions:

1. What do you think are the sources of kidneys for transplantation?
2. What are your reasons for or against arranging to donate kidneys after death?
3. What are the reasons the next-of-kin would or would not agree to use a relative's kidney for transplant after sudden death?
4. What are the reasons you should or should not donate a kidney to a close relative who needs a transplant?
5. What are your attitudes toward (1) cross-sex transplants, (2) cross-race transplants, and (3) cross-race and cross-sex transplants?
6. Why would blacks be more reluctant to participate in the various types of kidney donor programs than whites?

Some of the participants' responses to these questions are summarized in Tables 1, 2 and 3.

The respondents also were asked to estimate how many people out of 100 would (1) make a will or other commitment so that their kidney(s) could be transplanted after death; (2) agree to a kidney transplant in the case of the sudden death of a relative; and (3) give their own kidney to a relative with a kidney disorder. These estimates ranged typically from 10 percent

TABLE 1. SOURCES OF KIDNEYS FOR TRANSPLANTS

Cadaver donors
Relative donors
Organ banks
Groups that solicit donations
Accident victims
Wills
Close friends
Response to advertisements (TV, radio, etc)

for wills and commitments after one's death, to 40 percent following sudden death of a relative, to 80 percent for donating one's kidney to a relative. These data reflect the difficulty in obtaining kidneys for transplant in the three situations, respectively.

DISCUSSION

The group discussions with black respondents brought to light certain themes that represented their attitudes toward donating kidneys for transplants. It must be kept in mind that this was not a sample survey, so the proportion of blacks in the population holding these views cannot be estimated. The value of this project was the demonstration of the various themes.

One general theme that surfaced was the lack of knowledge about kidney transplants. Many times during the discussions, the need for improved communication and education about these areas was stressed.

Another theme was the view that blacks and the medical community were not as involved with each other as they should be. Several respondents felt that the persuasiveness of the physician and his ability

TABLE 2. REASONS FOR DONATING KIDNEYS AFTER DEATH

Desire to help
Personal experience
Help science and research
Part of the donor remains alive
Atonement for past sins

TABLE 3. REASONS FOR NOT DONATING KIDNEYS

Religious beliefs
Donor is reminded of death
Donor may not receive adequate medical care

to impart local significance to kidney transplants were likely to positively influence their decision making.

At the level of personal psychological dynamics, there were certain themes that had positive implications for participation in the various aspects of kidney donations. One of the strongest was empathy, the desire to help another individual who was suffering. This, of course, was strongest in the case of the relative donor. In the sudden-death situation, empathy with the feelings or wishes of the deceased was a factor, ie, whether or not the deceased would have wanted to donate his or her kidney.

An interesting positive factor was the sense of restitution. This explained why one would agree to a transplant in the sudden death of relative donor and for the donation of a kidney to a relative. In each case, the idea was the kidney donation provided an opportunity to do something to make up for a past life that had not been worth much.

There were several themes that

had negative implications for kidney donations. One of these was religion or superstition. Here the belief was that the body must be kept intact for life after death. There was a lack of trust in the providing of health care, as seen in the view that after making a commitment by carrying a card stating this, the individual might not receive adequate care in a hospital that needed a kidney to transplant.

For personal donations, there was the fear of surgery and the fear that one would be left vulnerable with only one kidney.

The group interviews revealed some concern with cross-sex kid-

ney transplants. While most felt the source would not influence their decision, a small number expressed the fear of becoming "homosexual" and a few felt that the difference in the size of the kidney would have a detrimental effect. There was considerable concern over the negative implication of cross-race transplants. A significant number of respondents preferred not to cross racial barriers because they felt the black kidney was superior.

When the specific question was asked, "Why do blacks donate fewer kidneys than whites?", the commonest responses were: (1) lack of knowledge, (2) religion, (3)

fear of complications, and (4) lack of adequate communication between lay persons and health providers.

The data from this pilot project suggest some of the psychological dynamics involved in blacks making decisions with respect to kidney transplants. A more detailed study is planned that may fully answer the still incompletely answered question, "Why don't blacks donate their kidneys?"

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TREATMENT OF COLORECTAL CANCER

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Carcinoma of the colorectum should be suspected and diagnosed early and treated adequately. Principles of surgical therapy are discussed. Meticulous follow-up is essential and re-exploration to remove recurrent disease is necessary.

In order to influence an increased survival rate in cancer of the colon and rectum, the patient must present himself to his primary physician as early as possible. The

patient must be made aware that rectal bleeding and change in bowel habits are symptoms that demand investigation. When seen by the doctor, the patient must be studied by an adequate history and physical examination, including a rectal examination, proctosigmoidoscopy, and stool examination for blood. Procrastinating by assuming that the symptoms are due to hemorrhoids is intolerable. Further studies, including barium enema and

colonoscopy, may be necessary to establish a diagnosis.

That a late diagnosis is common is evident in the author's series in which 76 percent of his cases had spread through the bowel wall or had metastasized to lymph nodes or liver (Duke's B and C). Block reports a similar high incidence.¹

Age was not necessarily a factor either. The earliest and latest cases noted in the author's series were 13 and 96. There were six cases below

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