Carolina Donor Services

Dear *Friends for Life* Volunteer,

WELCOME!

As a *Friends for Life* Volunteer, you become a member of a team striving to make miracles happen everyday. In a sense, we work to bring hope to others. Your insight, your input and your commitment to our mission is critical to our success.

Carolina Donor Services' Communications Department educates the public about organ and tissue donation and encourages them to be donors. Our ability to spread this message affects the lives of thousands of people who await transplantation. Our staff cannot do this job alone. We need your help.

We know that many volunteers have jobs, families and busy lives. We will be thoughtful about asking you to commit your time. We will endeavor to provide you with the training, continuing education, materials and support you need to empower you as a *Friends for Life* volunteer.

On behalf of all of us at Carolina Donor Services, thank you for taking time to give unselfishly to help others. We look forward to working side by side with you to offer our message of life and hope.

Sincerely,

Dawn Hall

Dawn Hall,
Director of Communications and Marketing

Carolina Donor Services

Carolina Donor Services
Mission Statement

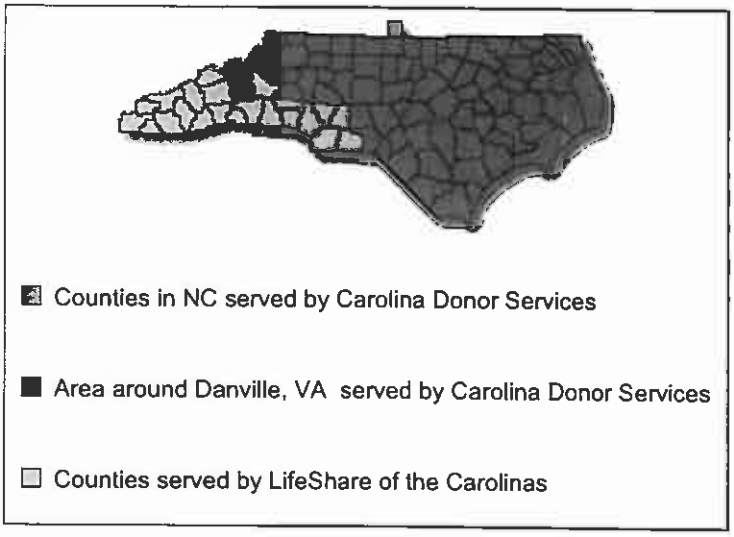
"CDS maximizes the passing of the heroic gift of life from one human being to another through organ and tissue donation."

Carolina Donor Services

Carolina Donor Services

Carolina Donor Services formed in January 2000 after the merger of two long-established organ procurement organizations, Carolina Organ Procurement Agency (COPA) and Carolina LifeCare. Carolina Organ Procurement Agency (COPA) was founded in 1985 and served the eastern half of North Carolina as well as Danville, Virginia. Carolina LifeCare was an organ procurement organization based in North Carolina Baptist Hospitals, operating since the 1970's.

As the federally-designated, not-for-profit, organ procurement organization serving 6.1 million people in 79 counties of North Carolina and Danville, Virginia, Carolina Donor Services coordinates the entire organ and tissue donation process for our region. Carolina Donor Services' team of dedicated professionals delivers the most sensitive approach to organ and tissue donation to our donor families.



Our organizational philosophy is best expressed within our mission statement:

"CDS maximizes the passing of the heroic gift of life from one human being to another through organ and tissue donation."

Our 100+ member staff is stationed at separate offices in Greenville, Durham, Winston-Salem, Fayetteville, and Wilmington, North Carolina. Our offices are strategically located to provide a timely response to referring hospitals throughout our large geographical service area and to effectively serve the four organ transplant centers in our service area; Wake Forest University Baptist Medical Center, Duke University Medical Center, University Medical Center of Eastern Carolina-Pitt County, and the University of North Carolina Hospitals.

Additionally, Carolina Donor Services recovers tissue that helps thousands of people regain their mobility and independence while improving their quality of life. Carolina Donor Services works with LifeNet Tissue Services, Musculoskeletal Transplant Foundation, Cryolife and the North Carolina Eye Bank, Inc. to provide donor families with every opportunity to donate.

Carolina Donor Services also provides public and professional education about donation while working alongside local media to ensure the positive portrayal of donation and transplantation. Everyday, our *Friends for Life* volunteers contribute to increasing public awareness of the need for organ and tissue donors at health fairs and speaking engagements throughout our service area.

Carolina Donor Services is an active member of the United Network for Organ Sharing (UNOS), the Association of Organ Procurement Organizations (AOPO), and the Southeastern Organ Procurement Foundation (SEOPF). The procurement staff are members of the North American Transplant Coordinator Organization (NATCO) and the Communications staff represent Carolina Donor Services at Donate Life North Carolina as well as Donate Life America.

Regional Offices:

Greenville
909 East Arlington Blvd.
Greenville, NC 27858
(252) 757-0090
(252) 757-0708 FAX

Durham
3621 Lyckan Parkway,
Durham, NC 27707
(919) 489-8404
(919) 493-5112 FAX

Winston-Salem
1551 Westbrook Plaza Dr., Suite 200
Winston-Salem, NC 27103
(336) 774-4450
(336) 774-6591 FAX

Email

info@carolinadonorservices.org

Toll Free

(800) 200-2672

Transplant Centers in our Service Area:

- Wake Forest Baptist University Medical Center
- University Medical Center of East Carolina
- Duke University Medical Center
- University of North Carolina Hospitals

Services:

- Donor Case Management
- Placement and preservation of donor organs
- Coordination of eye and tissue donor referrals
- Discussions concerning donation with families
- Payment of donor costs
- Recipient follow-up
- Family aftercare program
- Hospital development/marketing
- Professional education
- Public educations and awareness events

Carolina Donor Services

Our Leadership

Board of Directors

A Board of Directors governs Carolina Donor Services. They oversee the management of the organization, its programs and its financial position. Board of Directors membership includes transplant center personnel and other members of the community.

Medical Directors

Carolina Donor Services has medical directors who are available to consult with our clinical coordinators on the management of organ donors.

President CEO

Lloyd H. Jordan, Jr.

Lloyd H. Jordan, Jr. CPA, is the Executive Director of Carolina Donor Services. He has shared his extensive organ and tissue donation and transplantation experience with the organization since he joined Carolina Organ Procurement Agency (COPA) in 1986. Mr. Jordan has since guided Carolina Donor Services through a successful merger in 1999. He is affiliated with various donation organizations including Musculoskeletal Transplant Foundation (MTF), CryoLife and LifeNet.

Vice President/Chief Operating Officer

Danielle Niedfeldt, RN, JD

Danielle is VP/COO for Carolina Donor Services, overseeing clinical operations, hospital development services and public education initiatives. She graduated from Marquette University College of Nursing in 1993 and served on active duty in the Air Force. She has over 10 years of experience in the field of organ and tissue donation. Danielle is a Certified Procurement Transplant Coordinator and returned to CDS in 2008 after graduating from John Marshall Law School.

Carolina Donor Services

Our Services

Clinical Staff:

Carolina Donor Services has highly trained Organ Donation Coordinators, Tissue Donation Coordinators and Preservationists located throughout our service area to respond quickly to donor referrals from hospitals and to provide specialized clinical services during the donation process.

The initial referral and discussion

Responding to the initial donor referral from a hospital is a top priority for Carolina Donor Services' clinical staff. Hospitals are required to call us after any death has occurred in their facility or if there is a patient whose death is imminent.

- For a potential organ donor, our clinical staff will go on-site to approach the family and offer them the opportunity to donate.
- For potential tissue donors, Carolina Donor Services must obtain consent for tissue donation via the telephone because, due to the cause of death, most family members have already left the hospital.

The coordination of the donor process

Carolina Donor Services' clinical staff coordinates the donor process, including the management, recovery, preservation and transportation of organs and tissues.

- For organ donation, the donor organs are placed with recipients, and our staff flies around the country with surgical teams to recover organs in other geographical locations for use in transplant operations here in North Carolina.
- For tissue donation, donor tissue is sent to one of our tissue banks for processing and distribution.
- Eye donations are referred to and coordinated by the North Carolina Eye Bank.

Carolina Donor Services

Non-Clinical Staff:

Family Services

Bereavement services provide support and communication to the families affected by the donation and transplantation process. The program delivers confidential correspondence between donor families and recipients and arranges for families to meet in person if both parties agree.

Hospital Development

Our hospital development staff work alongside hospital staff to provide professional education of medical personnel and to implement policies designed to ensure that every family is presented with the opportunity to donate. Occasionally, Friends for Life volunteers are asked to participate in professional education programs with hospital development staff.

Communications and Marketing

Our communications department staff direct public education efforts, awareness programs and special events that increase public awareness of the need for organ and tissue donation. These efforts are ongoing, statewide and are a wonderful way for Friends for Life volunteers to contribute to Carolina Donor Services' mission.

Donation and Transplantation Statistics

- Approximately **77** organ transplants take place every day in the U.S.
- On average, a single donor can save or enhance the lives of up to **50** people.
- Nearly **28,000** patients began new lives in 2008 thanks to organ transplants.
- Over **40,000** patients had their sight restored last year through cornea transplants.
- A living donor can provide a kidney or a portion of their liver, lung, pancreas or intestine.
- Almost two-thirds of all living donors are relatives of their recipient, most commonly siblings.
- The number of unrelated living donors has more than tripled since 1998.
- To learn more about living donation visit www.transplantliving.org/livingdonation.
- One in nine decreased donors is age 65 or over.
- Sadly, an average of **18** people die every day while waiting, simply because the organ they needed did not become available in time.
- On average, **134** people are added to the nation's organ transplant waiting list each day – one every **11** minutes.
- More than **105,000** people are currently waiting for an organ transplant in the U.S. More that 600 of them are 5 years old or younger.
- Almost **35%** of patients awaiting kidney transplants are African American.
- Annually, there are more than **25,000** tissue donors and **70,000** cornea donors.
- More that **1 million** tissue transplants are done each year and the surgical need for tissue has been steadily rising.
- To register to be an organ, eye and tissue donor in North Carolina visit www.donatelifenc.org.

Carolina Donor Services

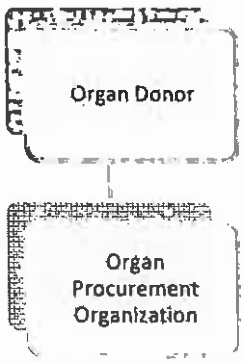
Making the Connection

Matching Organ Donors and Recipients

The List

Every 12 minutes another name is added to the list of those in need of organ transplants. In 2003, over 80,000 people in the United States waited for organs, yet only about 25,000 received them. With such a tremendous gap between those waiting and the number of organs available it becomes painfully clear that the question to be answered is: how is it decided who gets an organ? In an attempt to create a fair and equitable system of organ distribution, the United Network of Organ Sharing (UNOS) was created.

All patients accepted into a transplant program are registered with UNOS, which maintains the national list of patients waiting for organ transplants and coordinates placement of organs that become available. It maintains a centralized computer network linking all the organ procurement organizations, such as Carolina Donor Services, with transplant centers. This computer network is accessible 24 hours a day, seven days a week. When donor organs are available, the organ procurement organization accesses the UNOS network, which generates a list of patients ranked according to the UNOS policies on organ allocation.



Ranking

How is it decided which name appears first on the list? When a patient's name is added to the list, his or her medical profile is entered and stored in the UNOS network. The patient is not placed on a ranked list at this time. Rather, the patient's name is added to a pool of patient names. When a donor organ becomes available, each patient in the pool is matched against the donor characteristics. The computer then generates a list of patients ranked in order based upon medical and scientific criteria. All patients in the pool are compared to that particular donor; they are ranked in the order of who makes the best match. The match is made according to body size, blood type, time waiting, immunological status, medical urgency and logistics.

Decision to Transplant

After receiving the UNOS printout, the procurement coordinator contacts the transplant team physician responsible for the care of the patient who appears first on the list. The transplant physician decides whether the transplant recipient and the donor organ are suitable for one another. He/she must consider whether the patient is available, healthy enough to undergo major surgery, and is willing to be transplanted immediately. measure compatibility between the donor and recipient may be necessary. Once these steps have been taken, surgery is scheduled and the transplant occurs.

The Link

The organ sharing system is a diverse program which allows patients to be evaluated for transplant regardless of age, race, sex, or financial status. UNOS is constantly monitoring statewide systems of organ allocation to ensure that all recovery agencies, such as Carolina Donor Services, are distributing available organs fairly. With the increasing need for organs, it remains clear that this system is currently the best way to determine who is the most suitable for available donor organ.

Carolina Donor Services

Minorities and Donation

Why is it Important for Minorities to Donate?

The need for transplants is unusually high among some ethnic minorities. Some diseases of the kidney, heart, lung, pancreas, and liver that can lead to organ failure are found more frequently in ethnic minority populations than in the general population. For example, Native Americans are four times more likely than Whites to suffer from diabetes. African Americans, Asian and Pacific Islanders, and Hispanics are three times more likely than Whites to suffer from kidney disease. Many African Americans have high blood pressure (hypertension) which can lead to kidney failure. Some of these diseases are best treated through transplantation; others can only be treated through transplantation.

The rate of organ donation in minority communities does not keep pace with the number needing transplants. Although minorities donate in proportion to their share of the population, their need for transplants is much greater. African Americans, for example, are about 13 percent of the population, about 12 percent of donors, and about 23 percent of the kidney waiting list.

Successful transplantation is often enhanced by matching of organs between members of the same racial and ethnic group. Generally, people are genetically more similar to people of their own ethnicity or race than to people of other races. Therefore, matches are more likely and timelier when donors and potential recipients are members of the same ethnic background.

Minority patients may have to wait longer for matched kidneys and therefore may be sicker at the time of transplant or die waiting. With more donated organs from minorities, finding a match will be quicker and the waiting time will be reduced.

Based on OPTN data as of February 20, 2009	All Organs	Kidney	Liver	Pancreas	Kidney / Pancreas	Heart	Lung	Heart / Lung	Intestine
All Ethnicities	100,774	78,488	15,797	1,549	2,251	2,778	2,019	82	218
White	46,698	30,526	11,145	1,268	1,443	1,987	1,634	55	143
Black	29,244	27,246	1,093	138	438	514	206	10	37
Hispanic	17,086	14,001	2,641	109	274	205	126	14	35
Unknown	3	0	2	0	0	1	0	0	0
Asian	6,171	5,321	781	22	48	42	33	1	3
American Indian/Alaska Native	952	833	89	6	27	9	11	1	0
Pacific Islander	498	461	23	3	10	8	3	0	0
Multiracial	520	427	68	3	13	12	6	1	0

PLEASE NOTE: The data found in the current waiting list section provide basic information about the U.S. waiting list at a specific point in time during the previous week. These data provide the basic demographics of transplant candidates on the waiting list and should NOT be used to determine the rank or identity of a specific patient. Since the waiting list is constantly changing as candidates are added and removed 24 hours a day, it is difficult to identify a particular candidate reliably from the data provided. If you have questions about your current status on the waiting list, please contact your transplant program.

National Minority Organ and Tissue Transplant Education Program (MOTTEP)

National MOTTEP® is the National Minority Organ and Tissue Transplant Education Program. It is the first program of its kind in the country designed to

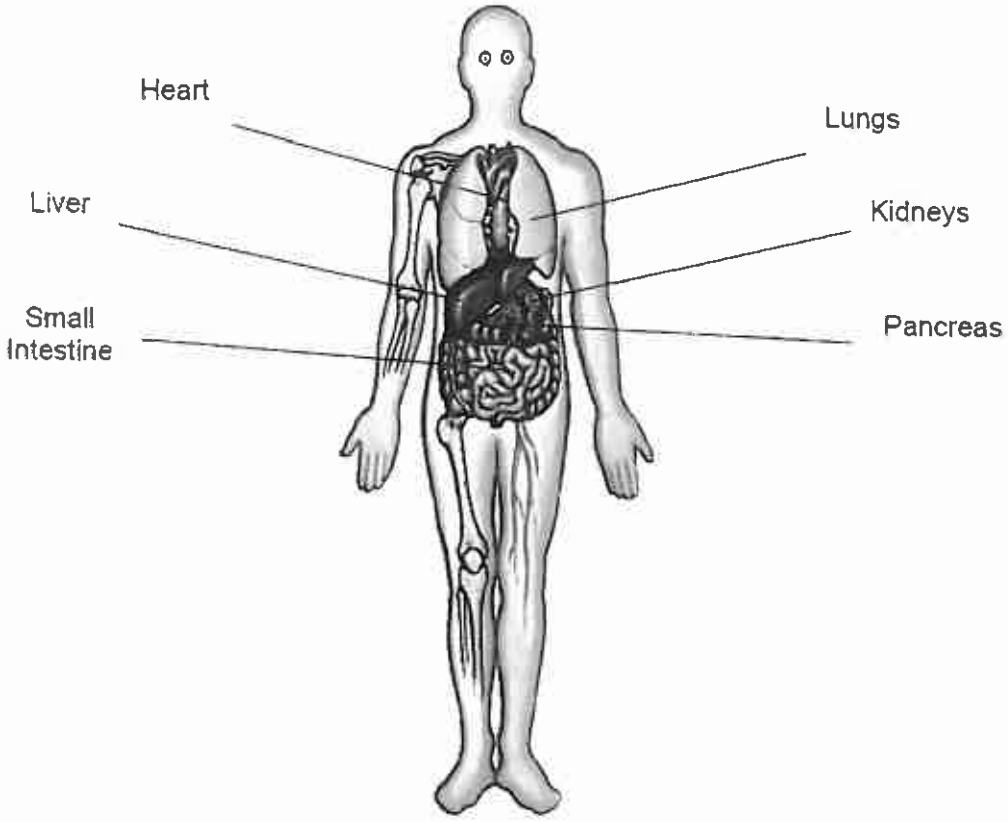
- Educate minority communities on facts about organ and tissue transplantation
- Empower minority communities to develop transplant education programs which allow them to become involved in addressing the shortage of donors
- Increase minority participation in organ/tissue transplant endeavors including signing organ donor cards
- Encourage and increase family discussions related to organ and tissue donation
- Increase the number of minorities who donate organs and tissues

The mission of the National Minority Organ and Tissue Transplant Education Program, (MOTTEP®) is to decrease the number and rate of ethnic minority Americans needing organ and tissue transplants. MOTTEP® will achieve its mission by implementing a national information and education campaign that emphasizes both prevention and intervention strategies that result in:

- healthier life styles and behavioral patterns
- increased number of minority donors and transplant recipients
- increased number of family discussions regarding organ and tissue transplants
- increased number of minority donor pledges

Carolina Donor Services

Transplantable Organs and Their Benefits

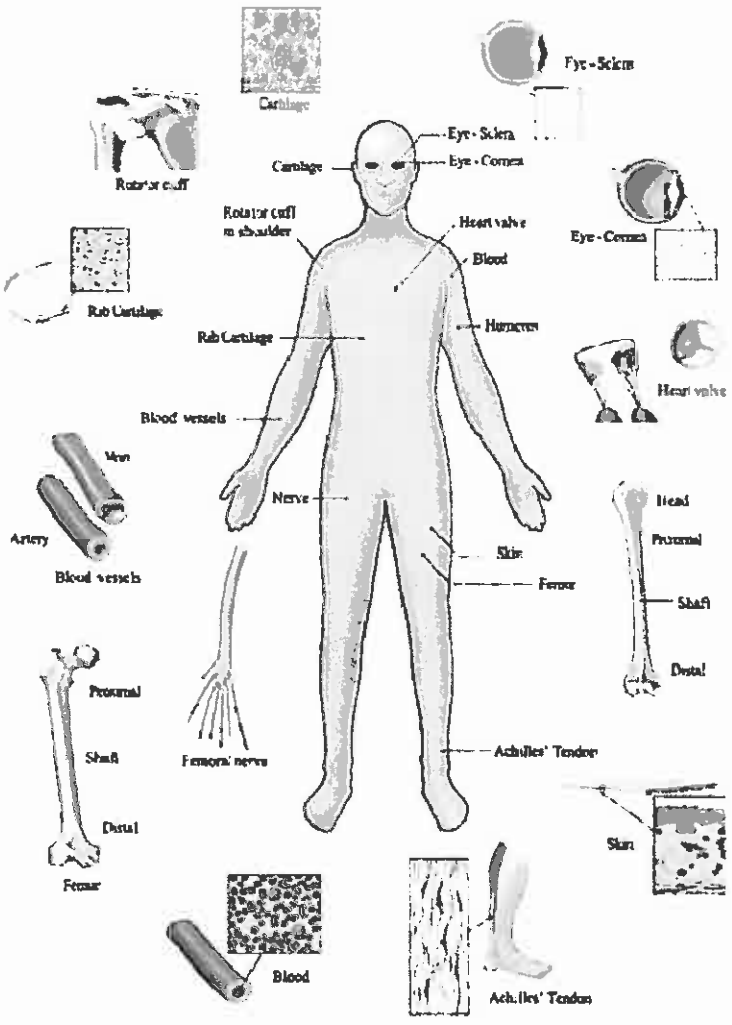


Donated Organ	Those who will Benefit
Heart	Patients suffering from cardiomyopathy, coronary artery disease, or other life-threatening heart diseases.
Lungs	Patients suffering from emphysema, cystic fibrosis, or other life-threatening lung diseases.
Liver	Patients suffering from cirrhosis, Wilson's disease, or other life-threatening liver diseases.
Pancreas	Insulin-dependent diabetic patients (a transplant eliminates the need for insulin injections and reduces the risk of losing their sight or limbs.
Kidneys	Patients suffering from severe kidney failure caused by conditions such as high blood pressure or polycystic kidney disease (a transplant eliminates the need for dialysis).
Small Intestine	Patients are generally children who suffer from short bowel syndrome or intestinal malformation.

Carolina Donor Services

Transplantable Tissues and Their Benefits

- Bone, skin and soft tissue allografts (tissues transplanted from one person to another) are used in a variety of procedures that can save lives, repair limbs, relieve pain or enhance a patient's quality of life.
- Nearly 36 million Americans have Musculoskeletal conditions that limit the functionality and quality of life and could lead to the need for a tissue transplant.
- Approximately 500,000 allografts are transplanted each year in various surgeries, including 300,000 used in dental procedures.
- Human tissues intended for transplant have been regulated by the FDS since 1993.
- Tissues are recovered by organizations that, under federal law, must be registered with the Food and Drug Administration (FDA) and adhere to applicable FDA regulations governing tissue recovery.



Donated Tissue	Applications	Recipient Benefits
Cartilage	Repair facial deformity and resurface knee joint	Restores appearance, mobility and decreases pain
Bone	Spinal fusion, reconstruction related to trauma, tumors, disease and fractures, hip replacement	Prevents amputation and collapse of bone, restores mobility, decreases pain
Tendon	Replace ACL and PCL tendons, ACL reconstruction	Restores mobility
Skin	Grafts for burn victims, open wounds, incontinence & facial reconstruction	Promotes healing, reduces scarring, treats incontinence
Heart Valve	Replace damaged heart valves	Allows a child to grow into graft
Eye	Repair eyelid, reinforce wall of eye, replace diseased or damaged cornea	Prevents blindness, restores vision
Veins	Cardiac by-pass surgery	Allows healing and eliminates extra procedure from using patient's veins

Carolina Donor Services

Cardiac Death and Brain Death

When hospitals inform Carolina Donor Services that a death has occurred in their facility, Carolina Donor Services staff searches for information to determine what type of donations can be made.

There are two types of death we consider when talking about organ and tissue donation:

» Cardiac Death
» Brain Death

CARDIAC DEATH

Persons who die because their heart stops beating (cardiac death) can be evaluated for tissue and eye donation, and in some special circumstances, they can be considered for kidney, liver and pancreas donation. This means that many more people can be tissue and eye donors than organ donors, because cardiac death is more common than brain death. For tissue and eye donation, a time of death must be determined to have been within the previous 12 hours.

BRAIN DEATH

For organ donation, a person must be certified by a physician as "brain dead."

Brain death is the irreversible and complete cessation of all brain and brain stem function. With brain death, no blood is flowing through the brain or brain stem and the patient has stopped responding to outside stimuli. Brain death is legal death and allows a death certificate to be signed.

- Donors have suffered complete and irreversible loss of all brain function and are clinically and legally dead. Mechanical ventilation and medications keeps their heart beating and blood flowing to their organs.

- In the U.S., less than one percent – about 15,000-20,000 – of all deaths are brain deaths.

- Brain death can be confusing
  - A brain dead person on a ventilator can feel warm to the touch and can look "alive".
  - The heart is still beating and the ventilator is pushing oxygen and air into the lungs making the person's chest rise and fall.
  - To be brain dead is to be dead, and no improvement or recovery is possible.

- How does brain death occur?
  - Injury/trauma to the brain causes swelling
    - The brain is in a confined space – the skull – and has no room to swell.
    - As the brain swells, it pushes downward toward the brain stem blocking all upward flow of blood.
    - Depending on the type of injury, this may happen within minutes or over a period of days.
  - Bleeding in the brain from a stroke or aneurysm.
  - Prolonged cardiac arrest that deprives the brain of oxygen.

Of the 2.2 million people who die in America each year, relatively few die under circumstances that make them medically eligible to be either organ donors or tissue donors.

IF SOMEONE IS BRAIN DEAD, WHAT DOES THAT MEAN?

When someone is brain dead, it means that the brain is no longer working in any capacity and never will again. Other organs, such as the heart, kidneys or liver, can still work for a short time if the breathing supports are left in place, but when brain death is declared, it means the person has died.

The physician carefully reviews the medical history and performs a series of physical exams and tests to determine if the brain is no longer working. The standard tests for brain death show if the person:

- Cannot breathe without the mechanical ventilator
- Has no pupil response to light
- Has no response to pain
- Has no gag or cough reflexes

ARE COMA AND BRAIN DEATH THE SAME THING?

No. Coma is a decrease in brain function and there is a chance a person may regain consciousness. Brain death is the irreversible absence of all brain function. There is no chance of recovery with brain death.

IF SOMEONE IS BRAIN DEAD, WHY DOES THE HEART CONTINUE TO BEAT?

The human heart has its own pacemaker. It doesn't need the brain to signal it to beat. As long as the heart has a supply of oxygen and blood from the breathing-support machines, or ventilator, it continues to beat.

WHAT CAN OCCUR WHEN THE BRAIN IS INJURED?

Just as with any other injury, when the brain is injured, it swells. Because the brain is inside the skull, there is little room for swelling. As swelling occurs, the amount of pressure inside the skull increases. Increasing pressure can stop blood and oxygen from getting to brain cells. The increased swelling and pressure can also push the brain out of its normal space within the skull, damaging or destroying the brainstem. When this happens, brain cells can die within minutes. Brain cells do not grow back.

Questions and Answers About Organ and Tissue Donation

Q. How do I become a donor?

A. There are three ways to become a donor:

1. **Sign up online at *DonateLifeNC.org***
2. **Say "yes" to donation on your driver's license**
3. **Express your wishes to your family.**

The most important thing you can do is to discuss organ and tissue donation with your family.

Q. What organs and tissues can be donated and how are they used?

A. Organs that can be donated include the heart, lungs, liver, pancreas, kidneys, and small intestine. Organs are used to save lives by replacing diseased organs with healthy ones.

Tissues that can be donated include skin, bone, corneas, heart valves and veins. Skin grafts are used in burn victims; bone, tendons and ligaments can be used in reconstructive surgeries; corneas are transplanted to give sight; heart valves are used in valve replacement surgery, common in children, and leg veins can be used in heart bypass surgery.

Q. Is there any cost to my family if I am an organ/tissue donor?

A. No. Donation costs nothing to the donor's family or estate. The family is only responsible for hospital charges before the death declaration and for funeral and burial expenses.

Q. Will putting a heart on my license affect the quality of medical care I receive?

A. Absolutely not. If you are sick or injured and admitted to the hospital, the number one priority is to save your life. Organ and tissue donation can only be considered after a person is declared legally dead.

Q. Is there an age limit for donation?

A. No. Potential donors are evaluated on an individual basis, regardless of age.

Q. Is it true that only rich people get transplants?

A. No. The organ allocation system is blind to wealth or social status. All potential recipients are entered into a national computer database maintained by the United Network for Organ Sharing (UNOS). When a donor is identified, the donor's blood type, tissue type, body weight, and size are matched against the list of patients currently waiting for a transplant. The severity of the potential recipient's illness and his/her time on the waiting list are also considered.

Q. Are there any racial barriers to donation and matching organs?

A. No. Race is not a barrier, nor is it a criteria for organ placement. The UNOS computer database matches organ donors with potential recipients according to medical suitability. However,

patients waiting for kidney transplants are more likely to match medically with a donor of the same race.

Q. If I am in good health can I sell my organs for money?

A. No! It is against the law to buy or sell organs in the United States.

Q. Can I be a donor if I have (or have had) cancer?

A. People who have (or have had) some forms of cancer can be eye donors. They could be an organ and tissue donor if they have been cancer-free for at least five years.

Q. Can my organs be used if I die at home?

A. Unfortunately, no. Organs must have a continuous blood and oxygen supply to be suitable for transplantation. Only individuals who have been declared brain dead, usually in a hospital intensive care unit, can be potential organ donors. However, tissue donation can occur when someone dies at home.

Q. What does "brain death" mean?

A. Brain death occurs as a result of a severe injury to the head or a brain hemorrhage. The brain swells and obstructs its own blood supply. Without blood flow, the brain dies. Brain death is the complete and irreversible stopping of all brain function as indicated by medical tests. Brain death is not a coma --- it is permanent and cannot be reversed. Brain dead patients have no chance of survival, but they do have a chance to help patients needing transplants live full, productive lives.

Q. If I am a donor, will there be a delay in funeral services?

A. In most cases, no. The procedure can be completed and the body released to the funeral home the next day.

Q. Can I still have an open casket funeral?

A. Yes. Organ and tissue recoveries are conducted in the operating room under the direction of qualified surgical personnel. An incision is made, closed, and dressed; therefore, the body's appearance is not changed by the donation process. Also, the identity of the donor family is kept confidential so no one will know that donation took place.

Q. Can I still be an organ donor and also donate my body to science?

A. If you are an organ or tissue donor, a medical school will not accept your remains for teaching purposes. However, if you are an eye donor, you may donate your body to a medical school. Some research institutions will accept your body for research after organ and tissue donation.

Carolina Donor Services

Religious Views on Donation and Transplantation

People considering organ/tissue donation and transplantation often wonder if such acts are compatible with their religious beliefs. Research has found that most religions support donation and transplantation.

AME & AME ZION (African Methodist Episcopal): view organ and tissue donation as an act of neighborly love and charity. They encourage all members to support donation as a way of helping others.

AMISH: will consent to transplantation if they believe it is for the well-being of the transplant recipient. John Hostetler, an authority on Amish religion, says in his book, *Amish Society*, that "The Amish believe that since God created the human body, it is God who heals. However, nothing in the Amish understanding of the Bible forbids them from using modern medical services, including surgery, hospitalization, anesthesia, blood transfusions or immunization."

ASSEMBLY OF GOD: has no official policy regarding organ and tissue donation. The decision to donate is left up to the individual but is highly supported by the church.

BAPTISTS: believe organ and tissue donation and transplantation are ultimately matters of personal conscience. The nation's largest Protestant denomination, the Southern Baptist Convention, adopted a resolution in 1988 encouraging physicians to request organ donation in appropriate circumstances. Other Baptist groups have supported organ and tissue donation as an act of charity and leave the decision to donate up to the individual.

BRETHREN: do not take an official position on organ and tissue donation. According to Pastor Mike Smith, there is a consensus among the National Fellowship of Grace Brethren that organ and tissue donation is a charitable act so long as it does not impede the life or hasten the death of the donor or does not come from an unborn child.

BUDDHISTS: believe organ donation is a matter of individual conscience. According to the faith's leaders, there is no written resolution on this issue. Leaders have said they honor people who donate bodies and organs to the advancement of medical science and to saving lives.

CATHOLICS: view organ donation as an act of charity, fraternal love and self-sacrifice. Transplants are ethically and morally acceptable to the Vatican. According to Father Leroy Wiechowski, director of the office of health affairs of the Archdioceses of Chicago, "We encourage donation as an act of charity. It is something good that can result from a tragedy and a way for families to find comfort by helping others."

CHRISTIAN CHURCH (Disciples of Christ): encourage organ and tissue donation, stating that we were created for God's glory and for sharing God's love. A 1985 resolution, adopted by the General Assembly encourages, "...members of the Christian Church to enroll as organ donors and support those who have received an organ transplant."

CHRISTIAN SCIENTISTS: take no specific position on transplants or organ donation as distinct from other medical or surgical procedures. Church members usually rely on spiritual rather than medical means of healing. They are free, however, to chose the form of medical treatment they desire, including organ transplantation. The decision of organ donation is left to the individual.

EPISCOPALIANS: encourage all Christians to become organ, blood, and tissue donors "...as part of their ministry to others in the name of Christ, who gave His life that we may live in fullness." The church also passed a resolution in 1982 that recognizes the life-giving benefits of organ, blood, and tissue donation.

GREEK ORTHODOX: are not opposed to organ donation as long as the organs and tissue in question are used to better human life, such as for transplantation or for research that will lead to improvements in the treatment and prevention of diseases.

GYPSIES: share common folk beliefs and tend to be opposed to organ donation because of their beliefs about afterlife. Gypsies believe the soul retraces its steps for one year after death and the body must remain intact because the soul maintains its physical shape.

HINDUS: are not prohibited by religious law from donating their organs, according to the Hindu Temple Society of North America. The act is an individual decision.

INDEPENDENT CONSERVATIVE EVANGELICALS: generally have no opposition to organ and tissue donation. Each church is autonomous and leaves the decision to donate up to the individual.

ISLAMICS: The Religion of Islam believes in the principle of saving human lives. The majority of Muslim scholars (belonging to various schools of Islamic law) have permitted organ transplants as a necessity of prolonging and saving the human life.

JEHOVAH'S WITNESSES: believe it is a matter of individual conscience. Although the group is often assumed to ban transplantation because of its taboo against blood transfusion, it does not oppose donation or receiving organs. All organs and tissues, however, must be completely drained of blood before transplantation.

JUDAISM: teaches that saving the human life takes precedence over maintaining the sanctity of the human body. Jewish officials state that if a member is in the position to donate an organ to save another's life, it is obligatory to do so. This holds true even if the donor never knows who the beneficiary will be. The basic principle of Jewish ethics - the infinite worth of the human being - also includes donation of corneas, since eyesight restoration is considered a life-saving operation.

LUTHERANS: believe donation contributes to the well-being of humanity. A 1984 resolution of the Lutheran Church in American says that donation can be "...an expression of sacrificial love for a neighbor in need." The church calls on members to consider donating organs, make any necessary family/legal arrangements, and to sign a donor card.

MENNONITES: have no official position regarding organ donation and transplantation. Church officials state such decisions are individual and family ones.

MORAVIANS: have no official statement regarding organ donation and transplantation. Church officials believe the decision to donate is a matter of individual choice.

MORMONS (Church of Jesus Christ of Latter-Day Saints): "The donation of organs and tissues is a selfless act that often results in great benefit to individuals with medical conditions. The decision to will or donate one's own body organs or tissue for medical purposes, or the decision to authorize the transplant of organs or tissue from a deceased family member, is made by the individual or the deceased member's family. The decision to receive a donated organ should be made after receiving competent medical counsel and confirmation through prayer."

PENTECOSTALS: believe the decision to donate should be left up to the individual.

PRESBYTERIANS: encourage and support organ and tissue donation. The church also states they respect a person's right to make decisions regarding his or her own body.

PROTESTANTS: encourage and endorse organ donation. The faith respects the individual conscience and a person's right to make decisions regarding his/her body. Officials for the various denominations which compose Protestantism say donation enables more abundant life, alleviates pain and suffering, and is an expression of life in times of tragedy.

SEVENTH-DAY ADVENTISTS: strongly encourage organ donation and transplantation. Seventh-Day Adventists have many transplant hospitals and believe the decision to donate is a personal one.

SHINTOS: consider the dead body to be impure and dangerous, and quite powerful. According to E. Namihira in his article, *Shinto Concept Concerning the Dead Human Body* , "it is difficult to obtain consent from bereaved families for organ donation ...the Japanese regard them all in the sense of injuring a dead body." Families are often concerned the relationship between the dead person and the bereaved people will be injured.

SOCIETY OF FRIENDS (Quakers): do not have an official position on organ and tissue donation. The Society of Friends considers the decision to donate to be an individual one.

UNITARIAN UNIVERSALIST: strongly encourage organ and tissue donation. Donation is widely supported by Unitarian Universalists; they view it as an act of love and selfless giving.

UNITED CHURCH OF CHRIST: is very supportive of organ and tissue donation. According to Reverend Jay Lintner, Director, Washington Office of the United Church of Christ Office for Church in Society, "United Church of Christ people, churches, and agencies are extremely and overwhelmingly supportive of organ sharing. The General Synod has never spoken to this issue because, in general, the Synod speaks on more controversial issues, and there is no controversy about organ sharing..."

UNITED METHODISTS: support organ and tissue donation. The United Methodist Church issued a statement regarding donation stating, "The United Methodist Church recognizes the life-giving benefits of organ and tissue donation, and thereby encourages all Christians to become organ and tissue donors by signing and carrying cards or driver's licenses, attesting to their commitment of such organs upon their death, to those in need, as part of their ministry to each other in the name of Christ..."

Living Donation

Carolina Donor Services

What is living donation?

An alternative for individuals awaiting organ transplantation from a deceased donor, living donation takes place when a living person donates an organ or part of an organ for transplantation to another person. Living donation usually involves a single kidney, a segment of the liver, the lobe of one lung, a portion of the pancreas or a portion of the intestine.

What organs can be donated by living donors?

- kidney
  This is the most frequent type of living organ donation. For the donor, there is little risk in living with one kidney because the remaining kidney compensates to do the work of both kidneys.
- liver
  Individuals can donate a segment of the liver, which has the ability to regenerate and regain full function.
- lung
  Although lung lobes do not regenerate, individuals can donate a lobe of one lung.
- intestine
  Although very rare, it is possible to donate a portion of your intestine.
- pancreas
  Individuals can also donate a portion of the pancreas. Like the lung, the pancreas does not regenerate, but donors usually have no problems with reduced function.
- heart
  A domino transplant makes some heart-lung recipients living heart donors. When a patient receives a heart-lung "bloc" from a deceased donor, his or her healthy heart may be given to an individual waiting for a heart transplant. Extremely rare, this procedure is used when physicians determine that the deceased donor lungs will function best if they are used in conjunction with the deceased donor heart.

What are the advantages of living donation over non-living donation?

Living donor transplants have many advantages. For example, some living donor transplants are done between family members who are genetically similar. A better genetic match lessens the risk of rejection. In addition, potential donors undergo a battery of tests to make sure they are healthy.

What are the qualifications for living donors?

In order to qualify as a living donor, an individual must be physically fit, in good general health, and free from high blood pressure, diabetes, cancer, kidney disease and heart disease. Individuals considered for living donation are usually between 18-60 years of age. Gender and race are not factors in determining a successful match. The living donor must first undergo a blood test to determine blood type compatibility with the recipient. If the donor and recipient have compatible blood types, the donor undergoes a medical history review and a complete physical examination.

The decision to become a living donor is a voluntary one, and the donor may change his or her mind at any time during the process. The donor's decision and reasons are kept confidential.

What are the costs related to living donation?

Most medical costs associated with living donation are covered by the recipient's insurance. The government requires all certified transplant centers to charge a recipient's insurance an "acquisition fee" when he or she receives a transplant. The medical costs related to the donor's medical evaluation, transplant procedure and postoperative care, called the "donor protocol" are covered by this fee. Anything that falls outside of this protocol is not covered. These costs could include annual physicals, travel, lodging, lost-wages and other non-medical expenses.

What is related living donation?

Related living donors are healthy blood relatives of transplant candidates. They can be:

- brothers and sisters
- parents
- children over 18 years of age
- other blood relatives (aunts, uncles, cousins, half brothers and sisters, nieces and nephews)

What is non-related donation?

Unrelated living donors are healthy individuals emotionally close to, but not blood related to transplant candidates. They can be:

- spouses
- in-law relatives
- close friends
- co-workers, neighbors or other acquaintances

.

Is there risk with living donation?

All patients experience some pain and discomfort after a surgical procedure. And as with any major operation, there are risks involved. It is possible for kidney donors to develop infections or bleeding and when a portion of the liver or pancreas is donated, the liver or spleen may be injured.

What is involved in becoming a living donor?

Living donation is arranged through individual transplant centers according to their protocols.

Will donating a kidney prevent you from becoming pregnant or fathering a child?

No.

Carolina Donor Services

Whole Body Donation

North Carolina's four medical schools need approximately 250 body donations each year for anatomical study by medical students. Every physician must complete a course of study in anatomy, and the knowledge he or she gains from study of the body will benefit hundreds of patients physicians serve during their lifetime.

The bequeathal of the body may be made by a will, a codicil to a will, a document designed for the purpose, or a donor card. The recipient may be a physician, a hospital, a specific school of medicine, or the N.C. Commission of Anatomy. If the Commission of Anatomy is named as the donee, the body will be taken to the medical school with the greatest need at the time of death.

Persons who bequeath or donate a body may also offer other tissues and organs, such as the eyes or kidneys, for transplantation. Removal of the eyes does not interfere with donation of the body. Removal of the kidneys for transplantation, however, does alter the acceptability of the body for students.

Bequeathal of the body does not preclude a funeral service. If the body is present at the service, it is transferred after the service to a medical school. Some families prefer a memorial service at which the body is not present. In this case, the body is transferred to a medical school as soon after death as is convenient or suitable. The medical school receiving a bequeathed or donated body will request that relatives, or the estate of the deceased, pay for the removal and transportation of the body to the medical school.

Upon completion of study, the cremated remains can be returned to the family, if desired, or the medical school will make the final disposition of the cremated remains.*

To assure that a desire for donation is carried out the most important thing is to make sure that your family is aware of your wishes. It would also be wise to inform your family physician so this information can be recorded in patient medical records. If you have further questions, please write or call one of the specific medical schools in the state. Their names and addresses are listed below:

THE UNIVERSITY OF NORTH CAROLINA
Medical Science Teaching Laboratories
CB# 7520, 314 Berryhill Hall
Chapel Hill, NC 27599
Contact Person: Tom Lawrence
Tel: (919) 966-1134 Fax: (919) 966-6354
After Hours: (919) 966-4131
Web page:
http://www.med.unc.edu/ome/mstl/documents/BequeathingtheBody.pdf
* Bodies are cremated and returned to families. Pediatric cases limited to

DUKE UNIVERSITY MEDICAL CENTER
Anatomical Gifts Program, Box 3170
Durham, NC 27710
Contact Person: Nancy Cotton
Tel: (919) 681-5471 Fax: (919) 684-8034
After Hours: (919) 414-2421
Email – agp.som.duke.edu
* Bodies are cremated and returned to families. No age limit.

WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE†
Department of Neurobiology and Anatomy
Medical Center Blvd.
Winston-Salem, NC 27157
Contact Person: Dr. Craig Henkel
Tel: (336) 716-4369 Fax: (336) 716-4534
After Hours: (336) 716-2011
Email: chenkel@wfubmc.edu
* Bodies are cremated and returned to families. No age limit.

EAST CAROLINA UNIVERSITY SCHOOL OF MEDICINE
Anatomical Gifts Program
Department of Anatomy & Cell Biology
Greenville, NC 27858-4354
Contact Person: John Lee Powers
Tel: (252) 744-2849 Fax: (252) 744-2850
After Hours: (252) 744-2843
Email: powers@ecu.edu
* ECU School of Medicine inters Bodies at Homestead Cemetery.

† Note: Wake Forest permits removal of eye only. Wake Forest requires that its specific bequeathal form be completed, returned and on file for a minimum of one year to be valid.

North Carolina Department of Environment, Health and Natural Resources
Division of Health Promotion, Organ/Human Tissue Donation Program
P.O. Box 27687
Raleigh, North Carolina 27611-7687
(919) 715-3162

Carolina Donor Services

Donate Life North Carolina

Donate Life North Carolina is a 501(c)(3) non-profit organization. We are a collaborative group of members made up of organizations with an interest in eye, organ and tissue donation and transplantation. Together, we work as a statewide educational group to promote the life-saving gifts of donation. Our work includes school education, Division of Motor Vehicles outreach and donor registry supervision. Please visit our coalition member websites to see how these organizations support eye, organ and tissue donation and how you can DONATE LIFE! Our mission says it all...

> ***Our mission is to ensure that every person in North Carolina understands the critical need for organ and tissue donation and is able to make an informed decision about donation.***

Members:

- Carolina Donor Services
- LifeShare Of The Carolinas
- North Carolina Eye Bank

Programs:

Donor Designation Collaborative – Donate Life North Carolina is dedicated to helping Donate Life America (formerly the National Coalition on Donation) and the federal government increase actionable donor designations to 100 million in the United States through 2008. The Donor Designation Collaborative is a national program using a standard model for improvement and best practices to increase designated donors. The focus is on action. Click "Become a Donor" to be counted and save up to eight lives and enhance the lives of 50 people through tissue donation.

License to Give School Kit – Donate Life North Carolina created the License to Give School Kit to assist teachers in educating students about organ and tissue donation. In 2003, the North Carolina Department of Instruction added organ and tissue donation education to its 9th grade Healthful Living curriculum requirements. The kit consists of an instructional video and CD-ROM containing lesson plans, quizzes and activities. Donate Life North Carolina distributes this kit free of charge to teachers in our state. Click here to download materials or visit www.learnnc.org or www.carolinadonorservices.org or www.lifesharecarolinas.org for more information.

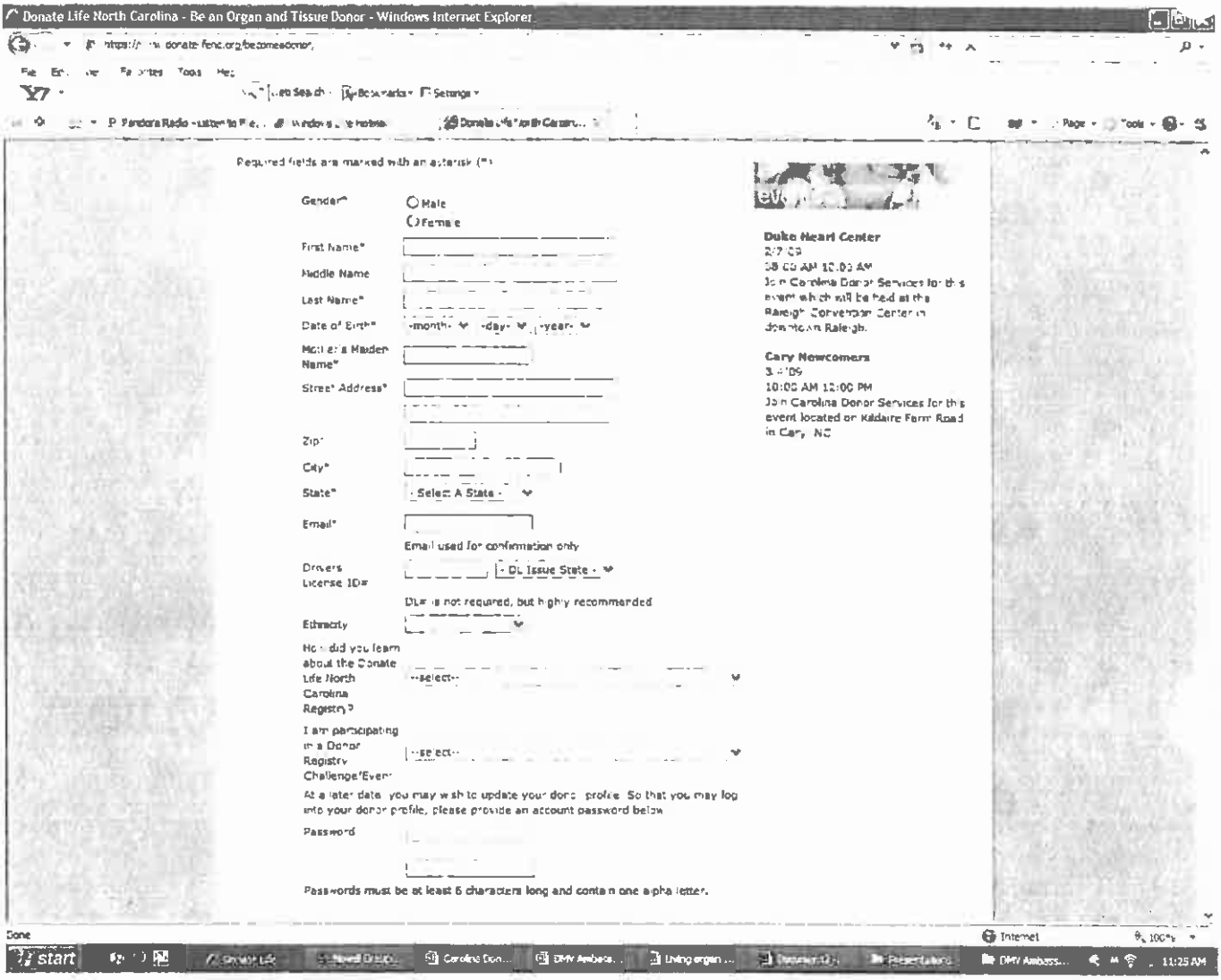
DMV Promotions – Donate Life North Carolina has distributed more than 1 million brochures (English and Spanish) to educate drivers about organ and tissue donation through the Division of Motor Vehicles. Previous projects have also included distributing TV/VCRs and looping educational videos about donation in DMV offices. Donate Life North Carolina and its members work with the NC Department of Transportation and local DMV offices to educate its examiners about their obligation to ask drivers if they would like to be a donor.

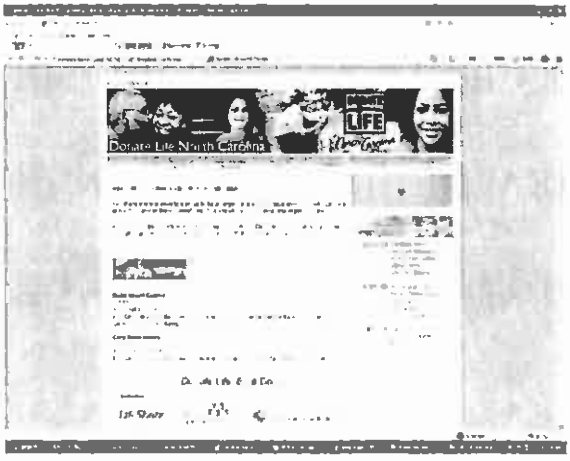
Legislation – Donate Life North Carolina was instrumental in working with the NC General Assembly on House Bill 1372. This legislation converts the heart of the license symbol, and corresponding names in the DMV Donor Registry, to legal consent for organ and eye donation. The law was effective October 1, 2007.

Carolina Donor Services

Donate Life North Carolina
Online Donor Registry

- Register online to become a donor - DonateLifeNC.org
- Available 24/7 365 days a year
- Legal consent to having organs, eyes/corneas, and tissue made available for transplantation upon death
- Allows option to modify record
- All information kept completely confidential
- Between 13 and 17 years old can join the registry, but parents will make the final decision
- Confirms registration by sending an email


Donate Life North Carolina - Be an Organ and Tissue Donor - Windows Internet Explorer
Required fields are marked with an asterisk (*)
Gender*
Male
Female
First Name*
Middle Name
Last Name*
Date of Birth*
Mother's Maiden Name*
Street Address*
Zip*
City*
State*
Select A State
Email*
Email used for confirmation only
Drivers License ID#
DL Issue State
DL# is not required, but highly recommended
Ethnicity
How did you learn about the Donate Life North Carolina Registry?
--select--
I am participating in a Donor Registry Challenge/Event
--select--
At a later date you may wish to update your donor profile. So that you may log into your donor profile, please provide an account password below
Password
Passwords must be at least 6 characters long and contain one alpha letter.
Duke Heart Center
10:00 AM 12:00 PM
Cary Newcomers
10:00 AM 12:00 PM
Done
Internet
start
11:25 AM


Donate Life North Carolina
LIFE

Carolina Donor Services

The Heart Prevails Legislation

On September 6, 2007, Governor Easley signed a new law that converted the existing heart symbol on the driver's license to legal consent for organ and eye donation. Previously the symbol signified only the intent to donate. The "Heart Prevails" bill was sponsored by Representatives Folwell (R–Winston-Salem), Holliman (D-Lexington), Clary (R-Cherryville) and Wainwright (D-Havelock).

Key Facts about HB1372:

HB1372 converts the heart-on-license and the correlating names in the donor registry to legal first person consent. This means that next-of-kin can not change a donor's decision.

Those already in the registry will be grandfathered and the heart on their license/name in registry will convert to first person consent.

It is important for donors to share their wishes with their family as next-of-kin will be notified of their loved one's decision at the time of death and consulted for a medical/social history.

The heart indicates organ and eye donation ONLY, not tissue. As in the past, families will be approached and given the opportunity to consent for tissue donation.

Names of those with the heart symbol on their license are kept in a confidential database utilized only at the time of death by authorized donation agencies.

Currently, going to the DMV is the only way for a person to be added or deleted from the DMV donor registry.

Donor cards are still a legal document and may be used if requested. However, signed cards are not entered into the donor registry and must be carried at all times.

Those under 18 NEED NEXT OF KIN CONSENT (unless emancipated).

HB1372/The Heart Prevails became law as of October 1, 2007.

Carolina Donor Services

Register as

How to ~~Become~~ a Donor

- Indicate you want to be a donor on your Driver's License
- Register on North Carolina's State Registry- www.donatelifenc.org
- Complete an Organ, Tissue and Eye Donor Registration Paper Enrollment Form (available through your CDS Community Relations Coordinator)
- **Share your wishes with your family**

Carolina Donor Services

GIVING A GREAT PRESENTATION

As a *Friends for Life* volunteer, you have an influential role in the education of the general public regarding organ and tissue donation. Face-to-face communication encourages feedback, allowing you to adjust your message in midstream – even midsentence – when you see frowns or signs of audience puzzlement. It also permits the audience to ask for clarification.

Only through oral communication are ideas, information, beliefs, attitudes, etc. presented to others by a living, breathing human being, by someone with faults, virtues, willingness and all the other characteristics *shared* by the audience.

YOU CAN DO THIS!

You do not have to be an accomplished speaker to be captivating.
When you believe in what you have to say and deliver a message with conviction, the audience is likely to respond ***POSITIVELY***.

An audience of three is just as important as an audience of 30 or 300.
It only takes one organ donor to help save the lives of eight people. Your talk with a group or an individual may set off a chain reaction – so, make your speech work for you. It will, in turn, work for the audience.

Enthusiasm is contagious!!
Be enthusiastic about your topic (which, as a LIFESAVING topic, and deserves enthusiasm) and the audience will reflect that same enthusiasm.

Nerves are normal.
Feeling "butterflies" in your stomach or sweat forming on your brow before a public presentation is nothing unusual, especially if public speaking is new to you. However, these nervous feelings should not prevent you from giving a good speech. In fact, it was once said by a famous public presenter that if you ever stop being a little nervous before all presentations, you need to be evaluated by a professional. Humility is an essential quality in a guest speaker.

PREPARATION

There are three main types of speeches: informative, demonstrative and persuasive. For the Speaker's Bureau you should concentrate on Informative and most likely, Persuasive speeches.

- Informative speeches simply give the facts. They usually include facts, figures, history and background pertaining to organ and tissue donation and transplantation.

- Persuasive speeches are similar to informative speeches because they include facts and figures. But more importantly, the goal of the speaker is to change or affect people's minds about organ and tissue donation and transplantation after presenting accurate information.

After choosing the type of speech you wish to give, the next step is to decide the topic, usually ***The Importance of Organ and Tissue Donation and Transplantation***

Elements of Preparation

Preparation is your best defense against nervousness and your best control device over the audience. You are not expected to give a performance, and your audiences are very forgiving of some awkwardness as long as you are genuinely trying to supply them with information. Think of your presentation as a conversation with the audience.

"Brush up on your Shakespeare" or Keep your information current

Being as well-informed as possible eliminates the likelihood of misinforming the listeners. It is important to provide them with accurate statistical information.

Adapt your presentation to the audience

Will you be speaking to a high school health occupations class, a church group, a civic organization, or health professionals? How large will your audience be and will they expect specific information about organ and tissue donation? Adjust your presentation length and the amount of information you cover. If your time is limited, do not give too much information or cover too many topics.

Prepare your outline or notes ahead of time

Some people have the "gift of gab" and present hour-long presentations at a moment's notice. But is it purposeful? Do they veer off track and lose focus? Often they do. Arrange your information in a way that works best for you. Some people prefer a formal outline; others just organize topics of discussion. Prepare notes or an outline so they are easy to read and do not cause a distraction to the audience. (A sample outline is provided at the end of this section.)

Don't forget to practice!

The more you practice, the more comfortable you will become with your presentation. Many people practice in front of a full length mirror (watch your nonverbal communication), and others have a family member with whom they can practice. Whatever your method, do practice your presentation.

GETTING STARTED

Most speeches begin with an introduction.
Be sure to state your topic, explain why it is so important, tell who you are, and begin using one of these methods:

1. **Sharing your story**. For example, "Two years ago my eight-year-old daughter Melissa was so ill because of a kidney disease that she had to rely on dialysis machines twice a week. Doctors told me she would die if she did not receive a kidney transplant soon. The decision of a family two hours away to donate saved my daughter's life."

2. Starting with a **popular quote**. "Share your life, and share your decision" or "Organ donation is not talking about death.... it's talking about life."

3. Beginning with a **question**. "How many of you know of someone in need of a transplant, or someone who has died waiting? Or did a family you know decide to donate?"

4. Informing them of **current events**. "Few years ago, a teacher in NC donated a kidney to one of her students."

5. Launch with a **shocking statement**. "Every 12 minutes someone dies while waiting for a transplant."

THE FLOW OF YOUR PRESENTATION

I. **INTRODUCTION**

II. **POINT ONE** - You can arrange your topic starting with the most important point **OR** the least important for proper flow of thought.

III. **POINT TWO** - Highlight important sub-points such as, more than 90,000 Americans are waiting for life-saving organ transplants and hundreds of thousands more could benefit from tissue transplants.

IV. **POINT THREE** - Continue with your points or sub-points, this can also be a good spot to dispel some common myths and misconceptions.

V. **CONCLUSION** - Wrap up. You can give a synopsis of what you shared, ask for questions, remind your audience of your three points and thank them for having you.

MAKING A GRACEFUL EXIT

Closing can be as difficult as getting started. To close gracefully, and not abruptly:

1. **Recap what you discussed**. For example, today we talked about organ donation and transplantation; we dispelled some myths and misconceptions and heard a little about my story.

2. **Repeat a recurring theme** that was part of your presentation. For example, I would like to end by asking us all to Share a Life, Share your Decision.

3. **Give them a shocking revelation**. During the 30 minutes I have stood before you, at least two people have died while waiting for a transplant. Talking about donation is not talking about death, it's talking about life. Talk to your family about Donating Life.

Always leave time for **questions and answers**. (See Steps for a Successful Q&A session)

Leave pamphlets with Carolina Donor Services contact information and donor cards not just for those in attendance, but enough for them to take home to loved ones. Try to repeat Carolina Donor Services' contact information and remind your audience about toll free numbers and our web site for more information.

WORDS TO AVOID

Carolina Donor Services' wants an accurate and consistent message given to the public. When all of us use the same terminology, people are more likely to walk away with the "right" message. You can help us do this by avoiding words that the organization has found to be offensive or too complicated.

Avoid "harvest." As an organization we do not "harvest" organs and tissue, we "**recover**" them.

Although we are officially known as an organ procurement organization, many people do not understand the word "procurement." When giving public presentation, we say **recovery agency or donation agency**. For example, **Carolina Donor Services is an organ donation agency**.

Avoid the word "cadaveric" as in "cadaveric donation," instead say "**post-death donation**."

Organ recovery is not an "industry." Industries make money; this is a "**field**."

Due to our not-for-profit status, Carolina Donor Services is not a "company;" it is an **"agency"** or **"organization."**

SPEAKING TIPS

Respect your audience at all times, whether or not they agree with the message you are delivering.

Take a couple of deep breaths before starting. Remember you have something to offer this audience, and they WANT to hear your story.

First impressions are critical. Start any appearance or presentation with a friendly smile and a warm thank you to the person who introduced you, addressing that person by the first name. You will share that person's aura of credibility and establish your own acceptability.

Adjust your speed to meet the needs of your listener, but stay within your time schedule. For example, you would deliver information differently to a group of senior citizens than you would to a group of seventh graders.

Eye contact is vital to credibility, especially during tough questioning by the audience. It says you believe what you are saying and are not evading the issue.

Smile unless the subject matter is grim. There are appropriate places for humor or warm stories. But when discussing the trauma of losing a loved one, reflect the proper concern and respect and resume the smile when the subject matter changes back to positive matters.

Keep it tight. Whether making a speech or answering a question, make it short and simple and use specific statements. It is rude to use more time than allotted for your presentation.

Keep it Simple. Chances are you'll be speaking to people who are not medically knowledgeable. While you may have received a "crash course" in medicine from your personal experiences, please remember that you were once in your audiences' shoes. Relate information with terms that are easily understood without explanation.

HANDLING AUDIO-VISUAL EQUIPMENT

If time allows, you may choose to supplement your presentation with an audio/visual aid. Before utilizing the visual aid, know the logistics of the room, such as room size and outlets, and equipment availability such as TV/VCR, overhead projector, screen, and extension cord.

Carolina Donor Services

SPEAKER'S BUREAU
ORGAN AND TISSUE DONATION
SAMPLE OUTLINE

I. Introduce yourself and Carolina Donor Services

II. Carolina Donor Services

III. One of two non-profit organ donation agencies in the state and one of 64 nationally, designated by the federal government to recover organs and tissues for transplantation.

IV. What are the organs that can be donated for transplant?
a. Heart b. Lungs e. Liver
d. Pancreas c. Kidneys f. small intestine.

V. What are the tissues that can be donated for transplants?

a.. Skin b. Eyes/Corneas c. Bone d. Tendons
e. Veins f. Heart Valves

VI. How many people are on the waiting list?
(Be sure to update your numbers frequently)

a. Nationally
b. In North Carolina

VII. Who can be a donor
a. Anyone is a potential donor
b. Donors are evaluated on a case-by-case basis

VIII. How is donation good for the family?
a. Helps with the grieving process
b. Something positive comes out of a tragic situation

IX. What are some of the myths about donation?
   a. Compromised heath care – donation is not discussed until after the person has died.
   b. Celebrity or financial status influences list placement – the list is a computer database maintained by the United Network for Organ Sharing. It does not consider wealth or celebrity when matching organs.
   c. Cost to the donor family – cost of the donation is not paid by the family.
   d. Body is disfigured – the recovery procedure is done by surgically trained staff with respect to the donor. Open casket would not be prohibited by donation.
   e. Religious beliefs – only Gypsies and Shinto followers oppose donation. All others support and encourage donation as an individual's decision.

X. Transplantation saves lives
   a. Include your personal experience (if appropriate)
   b. Survival rates are over 75% for almost all transplants.
   c. One person could enhance the lives of over 50 people from being a tissue donor.
   d. One person could save the lives of 8 people from being an organ donor.

XI. Begin your Q&A Session
   a. If you are not sure of an answer, do not try to answer the question
   b. Refer people to Carolina Donor Services for more information

XII. Conclusion

A. Conclude with a parting statement or thought

Suggestion: do some quick math to display how many lives could be touched if everyone in the room was a donor.

10 people = over 500 lives
20 people = over 1000 lives
30 people = over 1500 lives
40 people = over 2000 lives
50 people = over 2500 lives

Carolina Donor Services

STEPS TO A SUCCESSFUL QUESTION & ANSWER SESSION

The persuasive aspects of a presentation do not end when you finish your speech. The question and answer period at the end of your presentation can help reinforce key points and win acceptance of your ideas while giving you valuable feedback about the quality of your presentation.

Try these steps:

1. Consider concluding your presentation after the question-and-answer session. This allows you to control your time in front of the audience. For example, say, "Before I make some concluding remarks, what questions do you have?" When you have had enough questions, deliver your conclusion.

2. Ask for questions in a positive way. Sound like you want inquiries. Say, "Who has the first question?" or "What questions do you have?"

3. If you get no questions, "prime the pump" by asking a question yourself. For example, you could say, "I'm often asked…" then supply the answer. Follow with "Are there any ***other*** questions?"

4. When questions are posed to you, **look** at the person asking the question and **repeat** it. This gives you time to:
    - Think of your response
    - Assure that you have understood the inquiry
    - **Make certain that the whole audience has heard it!**

5. Look at the entire audience when you are answering the question and at the questioner as you finish speaking. You must remember that you are not addressing just the person who asked the question but the **whole audience**.

6. Keep your answers short and to the point. **DON'T** give another speech. You don't want to lose your audience!

Carolina Donor Services

KEEPING YOUR AUDIENCE UNDER CONTROL DURING YOUR Q & A SESSION

From time to time, you will run into a member of an audience who may not be grasping your message, who may be challenging you to supply them with knowledge that is outside of your expertise, who is unsupportive of donation, or who has his/her own agenda or own story to tell.

As a representative of Carolina Donor Services and as a guest of the sponsoring organization, it is important to be prepared to handle these situations tactfully and graciously, but firmly and effectively. Most importantly…

Never lose your temper as you respond to someone who is trying to make you look bad. Smile and be courteous. Never let them see you sweat.

1. Look in the audience throughout your presentation to identify unsupportive or unresponsive listeners and plan ahead as much as possible. Anticipate their questions and formulate answers ahead of time. This is intuitive for some presenters, and this should become easier as you give more presentations.

2. Avoid interrupting questions whenever possible. This could be perceived as rude. If needed, gently help the inquirer through their question, but be wary of jumping to conclusions about their line of questioning.

3. Don't be afraid to say, "That's a great question which I unfortunately don't know the answer to. If you'd like, I can write down any questions you have at the end of the session and get back to you with answers in a few days." Then follow through with the offer and the reply.

4. Diffuse loaded questions. If someone asks a question designed to heckle you, respond professionally and coolly with a simple statement of fact. If the person is not satisfied with your answer, restate your simple statement of fact and say, "I'd be happy to talk more with you after the presentation, but for the sake of time, I need to move on to other questions." Again, don't forget to find the person after the presentation is over to clarify their questions.

5. Cut off the "non question" politely. If a person gets up and starts to make a speech without getting to a question, when he or she pauses to take a breath, interrupt with, "Thanks for your comment. Next Question." Then look to the other side of the room. The long-winded speaker will not be sure whether you interrupted or whether you thought he or she had finished speaking.

Carolina Donor Services

"CDS maximizes the passing of the heroic gift of life from one human being to another through organ and tissue donation."

Outline of My Story – Transplant Recipient/Caregiver

I. Introduction

Example: "My name is **(insert your name here)** and I'm **(insert your affiliation with transplant here)** and I am a volunteer for **(insert you OPO name here)**."

II. Body of the Story

A. {Example: Realizing the need for the transplant (denial)}

B. {Example: The wait}

C. {Example: Impact on the family/friends}

D. {Example: The transplant itself}

E. {Example: Post transplant}

Carolina Donor Services

"CDS maximizes the passing of the heroic gift of life from one human being to another through organ and tissue donation."

Outline of My Story- Donor Family

I. Introduction

Example: "My name is **(insert your name here)** and I'm **(insert your affiliation with transplant here)** and I am a volunteer for **(insert you OPO name here)**."

II. Body of the Story

A. {Example: Trauma of the event}

B. {Example: The wait and the decision to donate}

C. {Example: Impact on the family/friends}

D. {Example: Aftermath}

Carolina Donor Services

"CDS maximizes the passing of the heroic gift of life from one human being to another through organ and tissue donation."

A marriage, a birth a passing of a loved one have each had an emotional impact on our everyday lives.

Our relationship to organ transplantation is certainly as emotionally intense as the aforementioned experiences.

Would you briefly list 3 or 4 emotions that you personally experienced with the transplantation process. Outline form is preferred so as to be the beginning of talking points later on.

My Emotions Experienced

1. _____

2. _____

3. _____

4. _____

5. _____

Carolina Donor Services

"CDS maximizes the passing of the heroic gift of life from one human being to another through organ and tissue donation."

Basic Speaking Outline

I. Introduction

a. Name
b. Personal Affiliation with Transplantation
c. Representation

II. Body

a. Tactful Humor
b. Personal Experience (Storytelling Manner)

III. Myths & Misconceptions

a. Resolve Far Out Beliefs
b. Introduce Statistics

IV. Close

a. Importance to the Audience on a Personal Level
b. Call to Action
c. Thank You

V. Question/Answers

Carolina Donor Services

OPTIMIZING HEALTH FAIR PARTICIPATION

One of the most common requests for public education is to exhibit at local health fairs. Most fairs are 3-5 hours in length and are sponsored by community health agencies, churches or businesses.

Health Fairs can be a great way to deliver our message. The environment is relaxed and comfortable. People are generally looking for new information to improve their lives, whether through the many different health screenings offered or through simple, easy-to-follow brochures on topics like donation and transplantation.

The objective of health fair participation is not merely to give away information and promotional items. You, as a *Friends for Life* Volunteer, can educate participants, address questions and concerns, calm fears, dispel misconceptions about donation, and tell participants that they could save lives!

Be sure to take special care to offend no one's faith or beliefs. Always be aware that someone in the audience might need a transplant or has lost someone who either needed or donated an organ or tissue.

LOGISTICS OF AN EXHIBIT

If the exhibit is arranged through Carolina Donor Services, we will ask for one table and two chairs for the exhibit. If you arrange to participate in one on your own, be aware that most fairs provide tables with covers and skirts. Others set up booths with curtains overhead and around the area. A bulletin board might be available for posters and other signs.

For fairs arranged through Carolina Donor Services, we will provide you with dates, times, location and information about the event. We will discuss arrangements with you to obtain one of our table-top displays, printed materials and promotional items (if available).

AUDIENCE

Determine the number of people to expect, and, as best as possible, determine the age, education and employment of the audience. Various groups respond to different types of information and manner of speaking.

Unless the fair is an annual event, estimating crowd size can be nearly impossible. However, it is important to know the expected attendance to determine the amount of materials that will be needed.

Smaller fairs usually target a specific group of people, such as employees or church members, while others are larger and open to the community.

MATERIALS

Use only information that has been screened and approved by Carolina Donor Services. If you have other material that you would like to include, such as personal photos, poems, or material from other agencies, please discuss this with a community relations coordinator before the event.

Materials must be age and audience-appropriate. Young children respond to coloring books and simple brochures whose objective is education about organ and tissue donation. For adults, presenters may use the Donate Life Brochure and/or the double-sided donor card, which answer questions and dispels myths about donation.

"The Rule of Halves"

To determine the amount of printed material and promotional items, Carolina Donor Services uses the following math, known as ***"The Rule of Halves":***

Estimated audience divided by half = the number of actual attendees

Number of actual attendees divided by half = the number of people who may visit your exhibit

Number of people to visit your exhibit divided by half = amount of printed material to obtain

Amount of printed material divided by half = amount of promotional items

WORKING THE CROWD

When the audience is free to wander from booth to booth, few remain at one display longer than two or three minutes. Presenters must use the most effective method of delivering interesting information quickly and effectively.

Sit in front of the exhibit and mingle with the crowd. Hiding behind the exhibit table discourages people to stop by the booth. Sitting in front of the table, or even standing or mingling with the crowd will allow you to engage them in conversation and encourage people to stop at the booth.

Engage passers-by in conversations. Engaging in conversations with strangers may be easy for some people, but usually it's difficult. Don't be embarrassed, be enthusiastic! You're there to represent an amazing cause that could affect everyone at a point in their lives!

Questions to ask to start conversations:

1. "Do you know someone who received a transplant/needs a transplant/was an organ or tissue donor?" Often followed by, "Well, you will if you talk to me!"

2. "Do you know how many persons are waiting for a transplant right now?" followed by, "Did you know I was one of them until July 2000?" or "My family helped 4 people who were waiting in August of 1999." This gives you an opportunity to **share your story**.

3. "Did you know that, every 16 minutes, someone dies while waiting for a transplant?" "Did you know that you could save the lives of 8 people by being an organ donor?" (Be sure to include discussion of tissue donation after you engage in conversation)

4. Did you hear about the Fayetteville teacher who donated a kidney to one of her students several years ago? And then, "Did you know that was only 1 of almost 23,000 transplants that saved lives?"

5. Are you an Organ donor? If the reply is, "Yes," then ask, "How do you know?" Most people will say, "It's on my license." Respond with, "Did you know that's not enough?" and begin to explain the importance of sharing your wishes with your family.

Avoid giving too much information or taking up too much time.
Supply participants with just the right amount of information for them to take home to read and understand. Giving too much information will only lessen your effect, and people won't remember it all, or they will throw away materials. A short conversation followed by a simple brochure that answers questions, clears up myths, and contains a donor card will accomplish much more than several sheets of paper that say the same thing.

Supply a contact number where they can reach Carolina Donor Services.
If they have any questions or if they are interested in having someone speak at an event, be sure to give them a toll-free number to contact us! (Public info line is 1-800-200-2672.) Our phone number and website address are included in all the printed materials that Carolina Donor Services has for health fairs.

AT THE END OF THE EVENT

Gather remaining materials and neatly organize them. Contact the Community Relations Coordinator to give feedback about the event and arrange for return of the display and extra materials. Be sure to complete a Volunteer Time Sheet!

Carolina Donor Services

CRITICAL INFORMATION

As a volunteer, the most important message to give to any individual or group about organ and tissue donation is:

> **"Get the facts and take action. The heart on the NC Driver's License and registering in the DLNC registry represents that individual's legal consent to be an organ, eye and/or tissue donor. It is always a good idea to discuss donation with your family, tell them what you want, and find out their wishes so that you are also prepared."**

As a *Friends for Life* volunteer, you should. . .

1. Always include tissue donation and eye donation when giving information. Tissue and eye donation is crucial in the medical community and is life-enhancing for thousands of people.

2. Never push donation on any group or individual. *Friends for Life* volunteers are an information source and should present information as objectively as possible. Donation is a personal decision, and we should not intrude upon that despite our personal feelings and convictions.

3. Often the public will give us a common "myth" or urban legend as a reason why they are not pro-donation. While it is tempting to say, "How could you possibly believe that is true?!" never insult the public or question their intelligence. A suggestion is to say "Actually, according to the United Network for Organ Sharing (UNOS) recent data or the latest studies show..."

4. Never use the word "harvest" to describe the donation process. In the past, the word "harvesting" was used to describe the removal of organs for transplant. Carolina Donor Services and other donation agencies have found that the public is more open to the words "recovery" or "removal." Use these terms instead.

5. Do not refer to a ventilator as a "life support system." When concerning donation, it is merely a "breathing-support machine." Once a patient is declared brain dead, the body is maintained on a ventilator, because there is no life to support.

Carolina Donor Services

FRIENDS FOR LIFE
VOLUNTEER RESPONSIBILITIES

I. Attend a *Friends for Life* Volunteer Training Seminar and read the *Friends for Life* Volunteer Manual prior to beginning your volunteer assignment. Volunteers will participate in continuing education classes offered by Carolina Donor Services.

II. Always present current and accurate information about Carolina Donor Services and organ and tissue donation to any group or individual.

III. Update information you provide to the public to correspond with the updates provided to you by Carolina Donor Services. Remember--information, such as the number of persons on the "List of Life," changes continuously. Updated information can be found on the website www.carolinadonorservices.org.

IV. Notify Carolina Donor Services of all events in which you will participate as far ahead of time as possible, so we can provide appropriate materials.

V. Volunteer for at least on event per quarter. Notify coordinator of any changes in plans as soon as possible! If we need to find another volunteer to handle the function, we will need **at least** one week.

VI. Be on time when committed to participate in a function.

VII. Complete the necessary paperwork for each event and return it to Carolina Donor Services in a timely fashion. Turning in time sheets is essential.

VIII. Dress and conduct yourself appropriately when representing Carolina Donor Services to any group or individual.

IX. Be responsible for any Carolina Donor Services equipment or materials borrowed and return them promptly. Contact Carolina Donor Services prior to talking with the media.

* *CDS reserves the right to terminate any volunteer relationship that fails to serve CDS' mission.*

Due to budgetary restrictions, volunteer travel will not be reimbursed. However, volunteer mileage is tax deductible, so you may keep track of it for income tax purposes.

Carolina Donor Services

OUR PLEDGE TO SUPPORT YOU

I. To uphold Carolina Donor Services' organizational principle and values as they apply to the *Friends for Life* Volunteer Program.

II. To provide the training and support needed to empower *Friends for Life* volunteers to educate the public about donation.

III. To respond to *Friends for Life* volunteers' requests in a timely fashion.

IV. To provide updates to *Friends for Life* volunteers designed to keep them informed of donation and transplantation issues.

V. To provide adequate notice whenever possible of Carolina Donor Services' upcoming volunteer needs. We respect that your time is important to you, and we strive to provide a minimum two weeks notice for all events. However, in some cases, such as the need to find a replacement volunteer for an event, or when a request is made within two weeks of the event date, two weeks' notice is not possible.

VI. To provide accurate and appropriate materials for volunteer use.

VII. To furnish promotional items, upon request, to our Friends for Life volunteers. However, due to budgetary constraints, we reserve the right to reduce the size of the request or to substitute items.

VIII. To remain courteous and considerate in all of our interactions with our *Friends for Life* volunteers. We recognize the golden rule of working with *volunteers as, "to treat volunteers like we ourselves would like to be treated."*

IX. To regularly recognize, by word or deed, the contributions of all *Friends for Life* volunteers.

Carolina Donor Services

ADMINISTRATIVE FORMS

Supplies of all forms are provided in this manual. Carolina Donor Services will send additional forms upon request.

VOLUNTEER TIME SHEETS

We want you to get all the recognition you deserve, and keeping track of your volunteer time will help us do just that. Please include all your preparation time, travel time and actual "service" time on your time sheet. You may choose to submit your time using our online form. Please go to **www.carolinadonorservices.org** and click on the link for "Volunteering" to find the time sheet form. We also use these hours in our reports to the Carolina Donor Services Board of Directors and rely on them to assist us with budgeting, staffing and future projects.

EVENT FORMS

When you schedule a presentation for Carolina Donor Services yourself, you can use the online event form to report the event to Carolina Donor Services. Just visit our website at www.carolinadonorservices.org and click on the link for "Volunteering" to find the online event form. Once the event is completed, send an e-mail to the appropriate community relations coordinator to let her know the actual attendance and general comments about the event.

If you do not have access to the internet, please mail a copy of the paper form to the appropriate Carolina Donor Services Community Relations Coordinator as soon as the event is scheduled. Once you have completed the program, fill out any additional information (such as the number of actual attendees and any comments you have about how it went) and send it to the appropriate community relations coordinator.

Carolina Donor Services

Organ, Tissue and Eye Donation Resources

Association of Organ Procurement Organizations
www.aopo.org

Carolina Donor Services
www.carolinadonorservices.org

Donate Life America
www.donatelife.net

Donate Life North Carolina
www.donatelifenc.org

LifeNet Health
www.Lifenet.org

National Kidney Foundation
www.kidney.org

National Minority Organ and Tissue Transplant Education Program
www.nationalmottep.org

North Carolina Eye Bank
www.nceyebank.org

Transplant Living
www.transplantliving.org

United Network for Organ Sharing
www.unos.org

www.organdonor.gov

www.organtransplants.org

www.transweb.org