

Information sheet

ORGAN AND TISSUE DONATION - MYTHS AND REALITIES

Myth no. 1: "I'm too old to donate organs."

FALSE – Any person, regardless of their age, can be a potential donor when they die. What matters is the quality of the organs. To date, Québec's oldest organ donor, a liver donor, was 92 years old. Another 76-year-old donor saved five people.

Myth no. 2: "If I consent to organ and tissue donation, physicians may not do everything they can to save my life."

FALSE – The overriding concern of physicians responsible for a person needing treatment is to do everything they can to save that person's life. Donation specialists intervene only when all attempts to save a patient's life have failed and consent to organ and tissue donation is confirmed.

Myth no. 3: "If I consent to organ donation, my organs will be removed while I'm not yet dead."

FALSE – Organ procurement cannot be carried out before the donor's death is confirmed by two physicians, neither of whom participate in the organ procurement or transplantation (Civil Code of Québec, section 45).

Myth no. 4: "My state of health, religion, race or sexual orientation can prevent me from becoming an organ donor."

FALSE – In Québec, any person can become an organ donor after they die. Potential donors are subject to an eligibility assessment by the care team and Transplant Québec.

Myth no. 5: "There are plenty of people other than me who can donate organs."

TRUE AND FALSE – On a worldwide scale, barely one in 100 who dies in the hospital fulfills the medical and legal criteria for organ donation. In Québec, that would be equivalent to only 300 people per year even if every possible donor became an actual donor. In order to increase the number of transplant recipients, organ donation must be carried out each time it is possible—hence the importance of indicating consent while alive and not assuming you might not be able to donate.

Myth no. 6: "A kidney transplant is a costly expense for the health care system."

FALSE – Organ donation can generate substantial savings for the health care system. For example, hemodialysis for persons waiting for a kidney transplant costs between \$60,000 and \$80,000 annually, for each patient. By comparison, a kidney transplant can generate recurrent savings of \$40,000 to \$53,000 per year. Over a span of 10 years for the entire province, recurrent annual savings from kidney transplantation alone are in the order of \$100 million.

Myth no. 7: "Organs are allocated based on one person's efforts or merit."

FALSE – Transplant Québec manages the single waiting list for all people waiting for an organ transplant in Québec. It coordinates the organ donation process and ensures the equitable allocation of organs based on criteria defined objectively on the basis of scientific data. These objective criteria are determined by medical committees specific to each organ, in accordance with a consensus established on principles of fairness and effectiveness. The criteria are based on blood and tissue compatibility and the person's medical condition, from the most urgent to the least urgent. An organ is not allocated on the basis of merit, and no behavior or effort by an individual can change his or her status on the wait list.