

DOI: <https://doi.org/10.36489/nursing.2020v23i264p4018-4035>

The effectiveness of the organ donation process fronts new legislation

ABSTRACT | Decree No. 9,175 of October 18, 2017 brought considerable and necessary changes to the text of the Organ Donation Law, with a view to speeding up and ensuring that procedures are carried out with full success, taking into account that the Brazil is in a privileged position in the list of countries that perform the most transplants in the world. For this reason, this study aims to verify the effectiveness of the agility of organ donation in front of the new Brazilian legislation. The integrative review was used as a methodology, with a search in the VHL, SciELO and LILACS databases, which led to the selection of 10 articles that analyzed led to the creation of three thematic categories: Nursing Conduct versus Probable Donor; Factors that lead to donation or not of organs and The Effectiveness of New Legislation in Streamlining Organ Donation. It was concluded that there is a clear need for more detailed verification to the competent organs, to provide data regarding the effectiveness of organ donation and to increase the number of publications informing and assisting the health professional in minimizing queues and improving quality of life of those who long for a chance of transplantation.

Keywords: Organ Donation; New Legislation; Streamlining; Nursing.

RESUMEN | El Decreto No. 9.175, de 18 de octubre de 2017, trajo cambios considerables y necesarios al texto de la Ley de Donación de Órganos, con el objetivo de proporcionar mayor velocidad y garantía para que los procedimientos se lleven a cabo con pleno éxito, teniendo en cuenta que Brasil se encuentra en una posición privilegiada en la lista de países que realizan más trasplantes en el mundo. Por esta razón, este estudio tiene como objetivo verificar la efectividad de la donación racionalizada de órganos en virtud de la nueva legislación brasileña. La revisión integradora se utilizó como metodología, con una búsqueda en las bases de datos de BVS, SciELO y LILACS, lo que condujo a la selección de 10 artículos que analizados condujeron a la creación de tres categorías temáticas: la conducta de enfermería hacia el donante probable; Factores que conducen a la donación de órganos o no y La efectividad de la nueva legislación en la racionalización de la donación de órganos. Se concluyó que existe una clara necesidad de una verificación más profunda con los organismos competentes, para proporcionar datos sobre la efectividad de la donación de órganos y para aumentar el número de publicaciones que informan y ayudan al profesional de la salud a minimizar las colas y mejorar calidad de vida de quienes anhelan una posibilidad de trasplante.

Descriptores: Donación de Órganos; Nueva Legislación; Racionalización; Enfermería.

RESUMO | O decreto Nº 9.175, de 18 de outubro de 2017 trouxe consideráveis e necessárias mudanças ao texto da Lei de Doação de Órgãos, visando dar maior rapidez e garantia para que os procedimentos sejam realizados com pleno êxito, levando-se em consideração que o Brasil figura em posição privilegiada na lista dos países que mais realizam transplantes no mundo. Por este motivo, este estudo tem por objetivo verificar a efetividade da agilização da doação de órgãos frente a nova legislação brasileira. Utilizou-se como metodologia a revisão integrativa, com busca nos bancos de dados BVS, SciELO e LILACS, que levou a seleção de 10 artigos que analisados levaram a criação de três categorias temáticas: A Conduta da enfermagem frente ao Provável Doador; Fatores que levam a doação ou não de órgãos e A Efetividade da Nova Legislação na Agilização da Doação de Órgãos. Concluiu-se que fica nítida a necessidade de verificação mais aprofundada junto aos órgãos competentes, que forneçam dados a respeito da efetivação da doação de órgãos e que aumentem o número de publicações informando e auxiliando o profissional da saúde na minimização de filas e na melhoria de qualidade de vida daquele que tanto almeja uma chance de transplante.

Palavras-chaves: Doação de Órgãos; Nova Legislação; Agilização; Enfermagem.

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Received on: 03/20/2020

Approved on: 03/21/2020

INTRODUCTION

The donation of organs for transplants takes place through the extraction of living organs from lifeless human bodies and living organs from conscious donors, in which removal would not cause the donor's death⁽¹⁾.

Thus, the transplant can be understood as the act of removing or removing organs, tissues or parts of a being, whether it is alive or dead, for its use for therapeutic purposes⁽²⁾.

The donation can be from organs (kidney, liver, heart, pancreas, and lung) or from tissues (cornea, skin, bones, heart valves, cartilage, bone marrow and umbilical cord blood). In the case of organs, such as the kidney, part of the liver, lung and bone marrow, it can be done in life, but the rest can only be donated after the donor's death⁽³⁾.

In this process of organ donation and capture, the basic difference between life and death lies in the neurological assessment of the donor, since individuals with brain death provide their organs to replace those inefficient of another patient, the recipient. In this regard, it is important to note that, despite the technological advances that have occurred in this area, there are still differences regarding the fine line that separates life and death, thus favoring the development of bioethical conflicts that affect donors, family members, recipients and even health professionals⁽¹⁾.

Organ donation in Brazil increased in early 2017 compared to the previous year, with the number of donors across the country growing by almost twelve percent (11.8%). The number of kidney (5.8%), liver (7.4%) and corneas (7.6%) transplants also increased, but heart (-3.6%), lung (-6.5) transplants (%) and pancreas (-6.0%).

At the end of the same year, the

rate of effective donors grew by 14%, reaching 16.6 pmp, this increase made it possible to reach the objective foreseen in 2015 for that year (16.6 pmp), and resulted from the increase of 3.8% in the notification rate of potential donors (51.6 pmp) and 10.2% in the donor effectiveness rate (32.4%). Santa Catarina (40.8 pmp) stood out with a 10.9% increase and Paraná (38.0 pmp) with a 26.2% increase, the only states that exceeded 30 pmp donors and only Santa Catarina made 50% of the donors. potential donors⁽⁴⁾.

According to the Ministry of Health, about 95% of organ transplants in the country are financed by the Unified Health System (SUS). In the public system, patients receive full and free assistance, with preparatory exams, surgery, follow-up, and post-transplant medications. Currently, according to the ministry, the queue for a transplant has 41,122 people⁽⁵⁾.

There is a great difficulty in the organ donation process. Although the role of the reporting units, places where potential donors are notified, is of great relevance, issues such as the lack of a reserved environment for family interviews, welcoming staff and trained professionals, represent obstacles to be overcome by the country that owns the largest public transplant system in the world. The handling of difficult situations demonstrates the need for resources that are not only technical, but mainly, own/ subjective coping, with the relationship with emotions highlighted, either with the family members of the potential donor, either with the team of the notifying unit or even with you in the family interview activity⁽⁶⁾.

In view of these facts, the Transplantation Law in Brazil, which deals with the free disposal of tissues, organs and parts of the human body, in vita or post-mortem, Law No. 9.434/1997, since its edition, has been changed to

adapt to the new technologies available and provide man with the best health and longevity conditions⁽⁷⁾.

Its last amendment was made by Decree No. 9,175, of October 18, 2017, which brought considerable and necessary changes to the original text, aiming to provide greater speed and guarantee for the procedures to be carried out with full success, taking into account that Brazil is in a privileged position in the list of countries that perform more transplants in the world⁽⁸⁾.

Among the changes made by the aforementioned decree, is the diagnosis based on the criteria defined in a resolution by the Federal Council of Medicine (CFM), which theoretically would streamline the organ donation process⁽⁸⁾.

At this point, the motivation that leads to the focus of this research was initiated, as it was questioned whether in the face of the new legislation enacted, whether in practice, the organ donation process would be really streamlined, since there were substantial changes in the terms that encompass from the diagnosis of brain death, through family authorization, to its effective withdrawal.

This process is a complex phenomenon and the nurse interacts with several people and plays a very important role within the health team, needing to be adequately informed, not only about the stages of the process, but about the legislation that dictates the basic rules of diagnosis, authorization and ethics, facts that justify the importance of the topic to be researched.

The Federal Nursing Council (COFEN) recommends the nurse responsible for the organ donation process to plan, execute, coordinate, supervise and evaluate the nursing procedures provided to the donor. This professional is also responsible for planning and implementing actions aimed at

optimizing the donation and collection of organs and tissues for transplantation⁽⁹⁾.

Therefore, the nurse plays an essential role in establishing a successful transplant program. Its activities range from educating about the donation of organs and tissues to maintaining the potential donor and providing care to patients undergoing transplantation⁽³⁾.

The text of the new transplantation law in Brazil brought several changes to streamline the organ donation process, from the diagnosis of brain death to its delivery to the recipient. Thus, there is a need to check indices so that we can compare the times used previously, with those currently used, after its establishment, so that we can know if in practice the objectives of this law are being achieved⁽⁸⁾.

Considering the nurse's duties recommended by the Nursing Council, it becomes necessary for nurses to be prepared and updated to act in the organ donation process. In this way, the research helps in the collection of essential information to complement your education and, consequently, insertion in the job market.

This research is expected to contribute to the production of material that brings pertinent and updated information to health professionals regarding the new Brazilian organ donation legislation that helps to streamline the process.

As for the academic environment, it is expected to assist in increasing knowledge about organ donation and the performance of the professional nurse, leading him to a safe and well-informed performance in all the nuances that involve from the diagnosis of brain death to the effective removal of organs.

In view of these facts, the question arises: Will the new legislation for organ donation effectively streamline the process from the diagnosis of brain death to the actual donation? The objective, therefore,



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is to verify the effectiveness of streamlined organ donation in light of the new Brazilian legislation, having as specific objectives to describe the Brazilian Organ Transplantation Law and its consecutive amendments, and to analyze the factors that hinder the donation process.

METHODOLOGY

This project is an integrative review study, an investigation method that enables the search, critical evaluation, and synthesis of the available evidence on: The Effectiveness of the Organ Donation Process under New Legislation.

Integrative review is a research method used since 1980, within the scope of Evidence-Based Practice (EBP), which involves systematizing and publishing the results of a bibliographic research in health so that they can be useful in health care, emphasizing the importance of academic research in clinical practice. The main objective of the integrative review is the integration between scientific research and professional practice within the scope of professional practice⁽¹⁰⁾.

To this end, the six steps inherent to this method were followed, namely: establishing the research question, searching the literature, categorizing the studies, evaluating the studies included in the review, interpreting the results, and presenting the review.

As a first step, the following guiding question was defined: Will the new legislation for organ donation effectively streamline the process from the diagnosis of brain death to the actual donation?

In the second stage, it was necessary to seek knowledge about the new legislation for organ donation. Data collection took place between the months of September and November 2018. Articles published in national and international scientific journals

peer-reviewed that addressed the theme, contained in the database of the Virtual Health Library (VHL), SciELO and LILACS; located using the descriptor "Organ Donation" or the combination of: "Donation", "Organs", "Legislation" and "Nursing".

Articles were selected according to the following inclusion criteria: those published in Portuguese, noting that since this is a recent law, the time frame remains in two years, 2017 and 2018. As exclusion criteria there are: publications that are not available in full text; duplicate texts, and texts that do not address the new legislation.

Using the Prisma analysis method, we first searched for articles with the descriptor "Organ Donation", obtaining 17,636 articles. Soon after, the bolear "AND" and the descriptor "Legislation" were added, obtaining 3,426 articles. Next, "AND" and the descriptor "Nursing" were included, obtaining 103 articles.

Using the full text inclusion criterion, 22 articles were obtained. When

using the two-year time frame, 15 articles were obtained. Two articles were duplicated. With the thematic analysis, it was found that three did not fit the proposed objectives. Therefore, 10 articles were selected, which were analyzed below. For a better visualization of the search process, the flowchart was organized:

In the third stage, aiming at the categorization of articles, the selected articles were tabulated containing the variables related to the identification of the articles: year, authors, method, objectives, and conclusions. In this stage, the articles were subdivided into thematic categories. In the fourth stage, an evaluation of the studies included in the review was carried out, with their in-depth reading and removal of the main points to be addressed. In the fifth stage, an analysis of the results found in the selected articles was performed.

Finally, in the sixth stage, the discussion of the categories was presented in the form of an academic article,

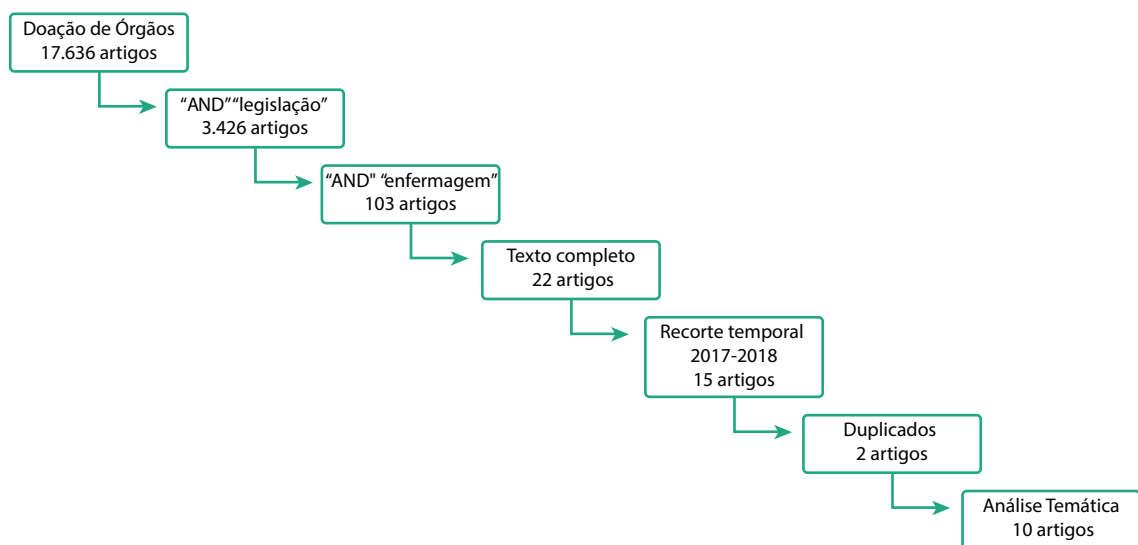
reporting the entire course of the process, as well as the best approach for nursing regarding organ donation.

RESULTS

After searching and selecting 10 articles, the selected articles were tabulated containing the variables related to the identification of the articles: year, authors, method, objectives, and conclusions. The articles from the years 2018 (4) and 2017 (6) were used, seeking updated information and after the enactment of the new legislation. As for the delimitation of the methodology, it was found that they are: integrative review (1), bibliographic survey (2), cross-sectional study (1), experience report (1), based on data (2), descriptive (2) and interpretive (1). There are few exclusive publications on the new legislation and its implications, and it is believed that it is due to the short time of its enactment, end of 2017.

With the analysis of the data pre-

Flowchart 1. Prisma. Rio de Janeiro, RJ, Brazil, 2017-2018



sented in the articles, the sub-themes can be categorized into: Nursing Conduct Against the Probable Donor, Effectiveness of New Legislation in Streamlining Organ Donation.

Chart 1. Variables of selected articles. Rio de Janeiro, RJ, Brazil, 2017-2018

Ano	Autor	Periódico	Método	Objetivo	Resultado
2018	Santos et al.	ABCS Health Sci. 2018; 43(1):30-35	Estudo descritivo e qualitativo	Conhecer as percepções das pessoas submetidas ao transplante renal sobre a doação de órgãos.	Os dados apresentam a manifestação sobre a necessidade da doação de órgãos, sendo estimulada a promoção pelos meios de comunicação, ainda que somente a família possa optar pela doação quando se depara com a morte de um ente querido, a questão da compatibilidade do órgão para o receptor, o esforço para poder realizar a doação e o recomeçar a vida.
2018	Pauli et al.	REVISTA DE ADMINISTRAÇÃO PÚBLICA Rio de Janeiro 52(3):554-570, maio - jun. 2018	Pesquisa qualitativa-interpretativa	Analisar quais são os símbolos que o Sistema Nacional de Transplantes (STN) produz para a construção de um ambiente favorável à doação	A exploração de sentimentos alternativos à ideia de morte-vida e de doação como um gesto altruísta possibilitaria a construção de novas referências simbólicas para a doação de órgãos.
2018	Maga-lhaes et al.	Rev Gaú-cha Enferm. 2018;39:e2017-0274	Estudo qualitativo sustentado na Teoria Fundamentada nos Dados	Compreender os significados do cuidado ao paciente em morte encefálica potencial doador para enfermeiros, e construir um modelo teórico.	O significado do cuidado ao paciente em morte encefálica potencial doador está em entender sua complexidade para além de um ser morto, mas como gerador de vida por meio da doação de órgãos.
2018	Amaral et al.	Lecturas: Educación Física y Deportes, Vol. 23, Núm. 244, Sep. (2018)	Relato de experiência	Descrever as dificuldades existentes no processo de captação de órgãos e tecidos para transplante e discutir os desafios enfrentados pela equipe da CI-HDOTT	No processo de doação existem desafios e obstáculos que impedem o funcionamento adequado do serviço, quais sejam: desafios na infraestrutura do hospital, que não é adequada para o serviço, desafios na equipe em relação à comunicação e conhecimento do processo, desafios relacionados aos familiares na recusa da doação de órgãos e tecidos.
2017	Bonetti et al.	Rev enferm UFPE on line., Recife, 11(Supl. 9):3533-41, set	Estudo descritivo, transversal, retrospectivo, documental, de abordagem quantitativa,	Descrever características do processo de doação de órgãos e tecidos e identificar fatores determinantes para a sua não efetivação	O estudo proporcionou conhecimento sobre os principais motivos da não doação de órgãos e tecidos do paciente potencial doador, contribuindo para o desenvolvimento de estratégias que potencializem esse processo, direcionadas aos fatores modificáveis, identificados como sendo limitantes para a efetivação da doação.
2017	Graf e Silva	Medicina (Ribeirão Preto, Online.) 2017;50(5):345-8	Levantamento bibliográfico	Discorrer sobre as questões que limitam as doações, sobretudo a recusa familiar, abordando o tema através do viés psicológico dos familiares no momento da morte.	Conclui-se que a alternativa para aumentar a taxa de doação é a instrução de equipe médica que conduz a conversa com os familiares do doador, bem como a conscientização da sociedade, objetivando o maior conhecimento e compreensão do binômio doação e transplante
2017	Maga-lhães et al.	Cogitare Enferm. (22)2: e45621, 2017	Levantamento bibliográfico	Apresentar aspectos inovadores para a prática profissional do enfermeiro, no que se refere ao diagnóstico de morte encefálica no processo de doação e transplante de órgãos e tecidos, abordando as interfaces entre a gerência do cuidado e a segurança do paciente.	Enfatiza-se a padronização de processos, utilizada para promover agilidade, redução das perdas por parada cardíaca com aumento concomitante das doações reais, e diminuição do tempo entre o primeiro exame clínico e o explante. Permite que a equipe reconheça as anormalidades e faça as correções necessárias em tempo hábil. Assim, vislumbra-se que a segurança do paciente deve subsidiar as tomadas de decisão e intervenções de gestão, de modo a qualificar a prática de cuidado.

2017	Rosat-to et al.	REME • Rev Min Enferm. 2017;21:e-1056	Estudo qualitativo, descritivo-exploratório, na modalidade estudo de caso	Compreender as motivações que influenciam as famílias na decisão para a doação ou não de órgãos de um familiar adulto.	Os motivos para aceitar a doação estão relacionados à intenção de ajudar pessoas que precisam e fazer o que o familiar os havia pedido. Destaca-se a necessidade de mais estudos relacionados ao processo vivenciado pelas famílias, em torno da morte encefálica e do processo de decisão, para que seja possível compreender com mais profundidade as situações vividas por seus membros durante esse processo.
2017	Silva et al.	J. res.: fundam. care. online 2017. jul./set. 9(3): 882-887	Revisão integrativa	Identificar as produções que abordam o papel do enfermeiro intensivista no contexto da morte encefálica, identificando seus resultados e conclusões.	Pode-se perceber a relevância de um conhecimento específico dos profissionais da saúde, principalmente os enfermeiros, na área de doação e transplantes, bem como o limitado número de publicações sobre o tema por parte dos enfermeiros e a precária abordagem sobre doação e transplantes nos currículos da graduação.
2017	Violin e Haya-kawa	Vol.29,n.3,pp.42-46 (Jan – Mar 2017) Revista UNINGÁ	Pesquisa quantitativa	Analisar o comportamento numérico entre os anos de 2010 e 2015 de doações de órgãos na área que abrange a 15ª Regional de Saúde do Paraná	Conclui-se que apesar do aumento, o número de doações é muito inferior quando comparado as notificações de morte encefálica, existindo assim, a necessidade de intensificar campanhas de incentivo à doação e investir na preparação das equipes envolvidas nesse processo.

DISCUSSION

Nursing Conduct Against the Probable Donor

Brazil is a world leader in the coordination and regulation of organ transplants in public services. The Ministry of Health (MS) provides funding for expenses related to organ procurement, surgeries, treatment of complications, outpatient care and provision of immunosuppressive drugs⁽¹¹⁾.

Thousands of people are waiting for an organ transplant with some chronic disease of an irreversible character, with transplantation as the only alternative. This type of treatment consists of replacing an organ or a diseased tissue of a person (recipient) with another healthy one, from a living or deceased donor, through a surgical procedure. The replacement can be of organ or tissue, such as: heart, liver, corneas, kidneys, pancreas, bones, bone marrow and others. It is a treatment that improves the quality of life of thousands of people or even as the only alternative for survival⁽¹²⁾.

Considering that Brazilian legislation prohibits the sale of organs as a way of ex-

panding the offer, the public and private organizations that make up the SNT seek to increase the number of donors through advertising campaigns to encourage solidarity and social altruism, linking economically oriented agents and regulators of this trade in the adoption of strategies that bring organ donation closer to the construction of a "symbolic goods market"⁽¹³⁾.

The accomplishment of a transplant is only possible after the donation of an organ. The donation process is permeated by a set of actions and procedures that have the purpose of identifying the potential donor and making him an effective donor⁽¹¹⁾.

It will involve taking care of the potential organ donor and the pathophysiological process of brain death to the detriment of the nurse's perception of patient care in this condition. It is noteworthy that nursing care for this patient is essential mainly in the management of pathophysiological changes inherent to brain death and hemodynamic monitoring, and this will be directly associated with the effectiveness of organ donation⁽¹⁴⁾.

Therefore, it is observed that the donation and transplantation process is divided into different stages, and several profes-

sionals are involved, including nurses. These professionals are part of the transplant teams and organ procurement organizations and participate in various activities determined by the Resolution of the Federal Nursing Council (COFEN) No. 292/2004, among them that of notifying the Organ Collection and Distribution Centers (CN-CDO) of the existence of potential donors, interview the donor's legal guardian and provide information about the process and apply the Nursing Care Systematization (SAE) to the recipient⁽⁹⁾.

It is also noted that in this donation process there are challenges and obstacles that prevent the proper functioning of the service, and that the studies analyzed point to challenges: in the hospital's infrastructure, which is not suitable for the service, in the team in relation to communication and knowledge of the process, and related to family members in refusing organ and tissue donation⁽¹⁴⁾.

Hospital coordinations through the Intra-Hospital Commission for Donation of Organs and Tissues for Transplants (CIHDOTT) or Organ Search Organizations (OPOs) are responsible for identifying the potential donor until they be-

come an effective donor, it is up to the CNCDO of each state determine the rules to be followed by the teams regarding the response time of acceptance of the agencies, as well as their withdrawal. In Brazil, CNCDOs are the starting point to start the donation process, starting with the notification of brain death, and are responsible for completing the process of distribution of organs and tissues obtained for transplantation⁽¹⁵⁾.

Factors that lead to organ donation or not

The analyzed articles consider that the main factors of donating organs or not are the difficulty of understanding death and grief pain, making authorization impossible, since the cultural context, religious conceptions and fantasies created on the theme of donation constitute a substrate for representation around the entire transplantation process⁽¹¹⁾.

The donation of organs and tissues for transplantation is directly related to people's moral, ethical and religious values, as it makes individuals think about the notion of finitude and the relationship with the body after death⁽¹²⁾.

Some reasons are mentioned that lead individuals to choose whether or not to be organ donors, including religion; others mention the understanding that the body is just a matter, the possibility to help other people, to provide continuity and quality of life for the recipient, to reuse their own organs, the social need for donation and religious reasons^(13,14).

Therefore, it is necessary to understand in greater depth this dubious relationship between donation and exchanges that requires rethinking the very tradition of the concepts of donation, altruism and social solidarity⁽¹³⁾.

In studies involving nurses, the factors refer more to emotional and physical overload, the inadequate dimensioning of human resources in the ICU, the duality of being a nurse (the person and the professional), the lack of technical and emotional preparation to deal with with the

situation of Brain Death (ME), the logistics of the donation process and the training of health professionals⁽¹⁴⁾.

Attention is drawn to the importance of having media campaigns to promote organ donation, emphasizing the desire that more people will benefit from the transplant. Studies also point out that only the family can choose to donate when faced with the death of a loved one and the issue of organ compatibility, as there is often a desire for family members to donate alive, but they are faced with not organ compatibility for the recipient⁽¹¹⁾.

It is still necessary to say that it was noted that the different perceptions of nurses who care for BD patients can affect the chance of converting the potential organ donor into an effective donor. There is confusion and hesitation about the diagnosis of brain death to the point that they have hope in reversing the patient's condition. It's like they're waiting for a miracle⁽¹⁴⁾.

In practice, on several occasions, the failure to complete the EM protocol due to the lack of adequate conservation of potential donors. It also happens that the team does not report deaths to CIHDOTT so that the commission identifies them as a potential donor. It is also noteworthy that there is a great negativity of the family when approached to consent to the donation of organs and tissues for transplantation⁽¹⁵⁾.

Likewise, the creation of a favorable environment for donation requires organizations involved in the promotion and operation of the organ donation system to work on the symbolic level, aiming at creating an economy of encouragement. In other words, by characterizing the environment in which donation occurs as an economy of symbolic exchanges, organs can be understood as economic goods marked by a strong symbolism (death and life), as they operate from a double truth⁽¹⁴⁾.

It is observed that the structure found, in most cases, differs from that recommended by the Brazilian Association for Organ Transplantation (ABTO), because for the proper conservation of organs for dona-

tion, specific and technological resources are needed to monitor possible⁽¹²⁾.

In view of the differences established between the care of the patient in BD and the critical patient, it is necessary for the nurse to organize the care practices in the ICU. To maintain the hemodynamic stability of the patient in a potential donor BD, both the ICU nurse and the CIHDOTT nurse organize care practices for this patient⁽¹⁴⁾.

It also emphasizes the importance of training health professionals involved in the donation process, in the search for actions to reduce the loss of potential donors, aiming to increase the number of donations and reduce the suffering of people⁽¹⁵⁾.

In the donation process, security is in making the assessment and care of the potential donor thoroughly. It is recommended that this patient be kept under intensive care, as it requires continuous specialized professional attention, specific materials and technologies for monitoring and treatment⁽¹⁶⁾.

It should be added that, in addition to professionals in this sector, there are professionals from the Intra-Hospital Commissions for Donating Organs and Tissues for Transplants (CIHDOTT) and the Transplant Center, who assist in conducting the evaluation and care for the potential donor. Clinical and laboratory evaluations are necessary to obtain a quality graft, as well as to avoid the transmission of infectious and neoplastic diseases to the recipient. These occur through detailed physical examination and thorough clinical analysis - laboratory tests, such as complete blood count, electrolytes, blood typing; examination of renal, pancreatic, hepatic, pulmonary, cardiological function; serologies for infectious diseases and biological cultures⁽¹⁴⁾.

Regarding non-donation, it is worth noting that, when the family makes this decision, it does not mean that it was easy, but rather that the family is so saturated with emotions caused by this experience that it prefers to remain in a con-

text in which feel more secure, without new news or unknown events. So, as a strategy to avoid further uncertainties, it chooses not to donate.⁽¹⁷⁾

The Effectiveness of New Legislation in Streamlining Organ Donation

Brazil has the largest public transplant program in the world. Of the surgeries performed in the country, 95% are paid for by SUS, involving more than 1,376 medical teams and with annual expenses in the order of one billion reais. This resource is passed on to public and private transplant health establishments as a way to finance the treatment given to patients. The costs involved in each transplant are variable and include exam, removal, implant, medication and post-transplant treatment services, including logistical costs, such as air transportation⁽¹³⁾.

Although the percentage of donations has increased, still many families reject the donation of organs of their loved one in brain death. This is because in Brazil only the family member can authorize the donation, contrary to what happened in the past, in which the authorization for the donation was indexed in the identity card⁽¹¹⁾.

Another issue that prevents improvement in the rate of making donations is bureaucracy. In Brazil, it was agreed to perform funeral rites shortly after death, which would be hampered by the procedures for organ donation. Between the diagnosis of BD, the notification of the central office, the communication of the transplant teams, a possible necropsy at the IML and the preparation of the body for the wake, it is used a lot of time, just when the pain of loss calls for resolution⁽¹⁷⁾.

The removal of organs for donation would depend on the family's authorization. The legislation requires that the family member must be a first-degree relative (son, mother or father) and it is mandatory to present a document proving the relationship. You cannot induce the family member to respond, just talk about how important organ donation is and ask if it is their will to be a donor. The team is obli-



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ged to notify the occurrence of death and justify the authorization or denial of organ and tissue donation⁽¹⁴⁾.

It is still worrying the growing disproportion between the high demand for organ transplants and the low rate of transplants. Thus, it is necessary to reduce errors when identifying the possible agent for organ donation and the non-indications established by the assisting professionals, following the guidelines for the assessment and validation of the potential organ donor in brain death⁽¹¹⁾.

With the issue of organ donation and the benefits, often provided for the recipient's life, there is also a report on the need for greater disclosure on the subject⁽¹¹⁾.

In professional practice, nurses, from the ICU and CIHDOTT together with the other members of the health team must have technical and scientific knowledge to ensure the maintenance of the hemodynamic stability of the potential donor, enabling better care, with dignity and respect, that he is an effective donor⁽¹⁴⁾.

In addition, you must have knowledge of the process and the proper execution of its steps, making it possible to obtain organs and tissues with greater safety and quality. Education is a determining factor for the success or failure of the donation and transplantation process, and training, courses and lectures are fundamental strategies to provide assistance⁽¹⁴⁾.

Although the new legislation seems to have come to streamline the organ donation process, it appears that the training of health professionals is insufficient in terms of theoretical and technical preparation to deal with the death and psycho-emotional reactions of the mourners. The doctor and the team need to be confident in making the diagnosis, ability and sensitivity to understand the family in their distress and communicate the news of death with the proper understanding of the psychological aspects for the reception⁽¹²⁾.

Advanced transplant coordinators recognize and reaffirm the importance of the family interview in the donation pro-

cess, placing it as a decisive step, since it is in the family interview that a refusal for a donation authorization is often changed, with clarification and guidance about the process, which gives credibility to the team and increases the family's confidence in this act. Thus, emphasizing the importance of continuing education for the health team that carries out the family approach⁽¹²⁾.

It is worth mentioning that organ donation is seen by society as an act of solidarity, but it is a decision made at a time of pain, anguish, feeling of loss and interruption of a life trajectory, and therefore it must involve the entire family group, so that the person in charge feels good about the decision. Although tiring and bureaucratic, in general, the family feels satisfied with the donation, as if the loved one is continuing to do well even after death, and they say they are in favor of the dona-

tion if the situation arises again⁽¹⁸⁾.

In general, an increase in the number of donations, thus concluding, that the work of the commissions has been satisfactory, as shown in the studies analyzed. However, the number of donations is still much lower than the number of non-donations. There is still a lot to do to improve this reality, and increase the number of donations in the event of brain death, and measures such as educational campaigns focused on the importance of donation for the awareness of the population, continuing education practices for the multidisciplinary team in the family approach and maintenance of the potential donor⁽¹⁹⁾.

CONCLUSION

Unfortunately, due to the almost inexistence of research regarding the new

legislation on Organ Donation in Brazil, it is not possible now, to be absolutely sure as to its effectiveness for speeding up the process.

However, it was possible to verify that the factors for non-donation are linked to cultural issues of the donor's family, the issue of infrastructure and obstacles in the institutions that are part of the process and the lack of disclosure of the new procedures currently carried out.

It is concluded, therefore, that through the presented, it is clear the need for more in-depth verification with the competent bodies, providing data regarding the effectiveness of organ donation and increasing the number of publications informing and assisting the health professional in minimizing queues and improving the quality of life of those who long for a chance of transplant. 🐦

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