Dear Sir,

Réunion island, an Indian Ocean French overseas territory, has an end-stage renal failure prevalence twice that of France as a whole, at 92.3/100,000, increasing by 45 dialyzed patients/year. Between June 1984 and June 1994, 128 kidneys have been procured, 12.8/year and 20/Mha. In July 1994, the creation of a full-time local coordination nurse position has made it possible to reorganize organ and tissue procurement, according to the new provision from the Etablissement Français des Greffes. The nurse chosen was a Réunion island native; she had extensive experience in our Nephrology Department where she has been performing hemodialysis, peritoneal dialysis, recipients’ preparation and posttransplant follow-up for 8 years. This led to 74 kidneys being procured over a year, out of 62 donors, new rate: 113/Mha/year, an 800% improvement. Out of 25 nonprocurements (28.7%), 14 were due to refusal by families (56%).

Continuous fall in donors’ availability has suggested different strategies: legislation, transplant register, and a suitable approach of relatives by doctors that requires experience and knowledge [1]. We agree with a necessary professionalism in family approach [2], along with quality of organ and tissue procurement organization. In addition, we would like to point out the socio-cultural dimension of this activity to improve the quality of communication with relatives of brainstem dead patients. A training nurse may have a better contact with families than a doctor, because she usually is more sensitive, particularly when she has been in contact with hemodialyzed patients for a long time. Opposition may be lesser when organ donation is required by a woman. A full-time experimented nurse can give more time to families than a doctor who has his own daily duties; her language is less technical. She is not seen as a cold scientist who follows mechanical and economical logic. When the potential donor is a child, an organ requirement by a nurse, who is also a mother, may be important. In our particular socio-cultural context, the choice of a native from Réunion was important to ensure the quality of communication and information. A training nurse is able to organize organ and tissue procurement, to sustain organ donation promotion [3] and can improve the crucial motivation of critical care nurse teams during the reanimation process [4]. Furthermore, a nurse position is not very costly.

Acknowledgements

We are indebted to Mrs. Catherine Sou-prayen, regional transplant nurse coordinator, for communicating data, and Mr. Eric Woljung for assistance in preparation of the manuscript.

References