EDITORIAL

# Organ donation and transplants in México: Is everything solved?

## *Donación de órganos y trasplantes en México. ¿Se encuentra todo resuelto?*

*Rubén Argüero-Sánchez**

*Department of Surgery, Faculty of Medicine, Universidad Autónoma de México, Mexico City, Mexico*

On July 21, 1988, the history of Mexican medicine was transformed, when Dr. Rubén Argüero Sánchez and a group of specialists performed the first heart transplant in Mexico. Harvesting an organ with effective beats transformed the culture related to brain death. It was a fact that changed the transplant programs, since from then on, using an invaluable biological material was allowed. The procurement of deceased persons organs and tissues was promoted, the General Statute of Law was modified and thus an opportunity was opened to the benefit of patients.

Thirty-one years later, we find ourselves in a scenario characterized by a shortage in terms of the number of donations and transplant procedures that are required, and there is an unmet demand that grows year after year.

The processes around donation transplantation suffer from a lack of standardization, comparable quality, supervision and evaluation of results, as well as of an analysis of protocols and strict adherence to them and, based on this, of the results and procedures for granting or revoking licenses when the opinion of an *ad hoc* committee thus recommends.

In addition to recurrent financial problems, there is uncertainty regarding the continuity of transplant programs in the new federal administration, insufficient regulation, lack of inter-institutional collaboration, and, especially, inequity in the donation and transplant system. A change is required, as well as reflection on distributive justice around this issue in Mexico, within the National Health System framework. The fractionation of the National Health System has contributed to create an unequal distribution of organs for transplantation.

Today, establishing inter-institutional collaboration agreements is required, as well as public awareness. These agreements must create mechanisms that in practice overcome the system fractionation, making of them an exercise toward a universal health system that makes of the right to transplantation a reality without the fact of belonging to one or another health institution constituting an obstacle.

Moreover, it can be pitifully concluded that, in comparison with other countries, the efficacy of the donation and transplant system in Mexico is rather poor.

These elements of analysis converge to characterize the National Donation and Transplant Subsystem (SNDT – *Subistema Nacional de Donación y Trasplante*) as lacking a program with a definition of objectives, goals, indicators, and growth strategies. There is a lack of definition of mechanisms for inter-institutional collaboration and possible compensations that make SNDT members efficiency possible. To sum up, it is a SNDT without planning, leadership, or program.

An omnipresent characteristic in donation-transplantation programs has been an orientation towards creating a "culture of donation," assuming that the biggest obstacle to carrying out transplantation is found in family refusal. However, little attention has been directed towards measuring and evaluating the

**Correspondence:**
*Rubén Argüero-Sánchez
Bosque del Castillo, 82
Col. La Herradura
C.P. 82784, Huixquilucan, Edo. de México, México
E-mail: rubenarguero@gmail.com

Date of reception: 17-06-2019
Date of acceptance: 12-08-2019
DOI: 10.24875/CIRUE.M20000129

Cir Cir (Eng). 2020;88(3):248-249
Contents available at PubMed
www.cirugiaycirujanos.com

efficiency of the medical processes and sub-processes of hospitals authorized for these activities. Identifying those failures or limitations in the donation process, beyond family refusal, are necessary. Organ donation is a process that involves several steps, each one with sub-processes where different services, departments, and multiple health professionals interact. Throughout these actions, there are setbacks, inefficiency, bureaucracy, and shortages in general. Among these sub-processes, the family interview is a very important step, since it constitutes one more of the variables, which represents a quarter part of refusal of the process. There is much to do in the dynamics of donation processes in the medical and hospital area to improve their efficiency, before continuing to point at family refusal as the fundamental cause of the low number of donations and transplants, without addressing the failures resulting from a fractionated health system. We must advocate for programs that guarantee quality and that facilitate internal and external auditing in the hospitals and services involved in the process for improvement purposes, and eliminate the obstacles that prevent us from growing at similar figures to those of other countries.

It is evident that it is necessary to stop along the way and generate a critical analysis to improve the results and reorganize whatever is necessary for reaching an international level.