

# Foreword

Every transplant is the result of a complex collaboration between donors and their families, a host of clinicians working in different parts of the NHS and finally the transplant recipient and their family. Ensuring that this collaboration works smoothly every time is a significant challenge.

In 2016/17 the UK showed its ability to improve this collaboration by increasing the number of deceased organ donors to 1413, a 4% increase on the previous year. In addition to this record number of deceased donors, there were also 1043 living donors. This means we have been able to perform 4,753 live-saving and life-transforming transplants this year – another UK record. We're also pleased to announce that since the end of the financial year, we've reached the milestone figure of around 50,000 people alive today thanks to a transplant.

Despite this encouraging progress, opportunities for donation continue to be missed. Transplantation depends on clinicians recognising the potential for organ donation and still this does not always happen, particularly when donation after circulatory death is a possibility. However, it is family refusal that represents our biggest obstacle and as such our most important opportunity to further increase the number of transplants.

Family refusal very often reflects the understandable difficulties that families face when losing a loved one, and there are two ways in which they can be addressed. First of all, family refusal is less likely when the possibility of donation is raised by trained requestors - specialist nurses for organ donation. However there are still occasions when this does not happen and when donation is raised by clinical staff who have had little training in this most delicate of tasks.

Secondly, we know that families are much more likely to support donation when the individual's decision is known beforehand. Discussing our end of life decision with those closest to us will ease the burden they face and make it more likely that our wishes are respected. This is particularly important for families from our black and Asian communities, where there is little tradition of organ donation but many people waiting for a transplant.

There is also considerable variation between transplant units and clinicians in their approach to risk when offered a donor organ for one of their patients. It can take many transactions to place organs with recipients, slowing down the process and resulting in extra stress for everyone involved. Sometimes donor families withdraw consent because they can no longer cope with the time involved.

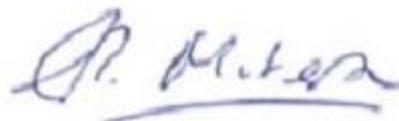
While we cannot quantify every missed opportunity precisely, we need to work collaboratively to make sure that these are as few as possible. Eligible donors are rare, with just 5,681 people dying last year in circumstances where donation was possible. We need to make sure that each one is given the opportunity to donate, to bring comfort to the family they leave behind and to save the lives of those waiting for a transplant.



Although this report focuses on the statistics of organ donation and transplantation, behind every statistic there are people. People who choose to donate organs in life or after they die; people waiting for a transformative transplant for themselves or a member of their family. We hope that NHS clinicians, working in this extraordinary branch of medicine will be proud of the success in the last few years and determined to do even more to make sure no opportunity is missed to save lives through transplantation.



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