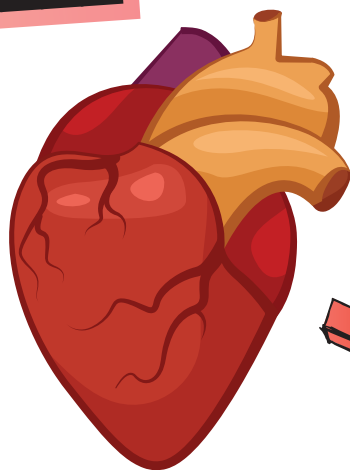


HEART



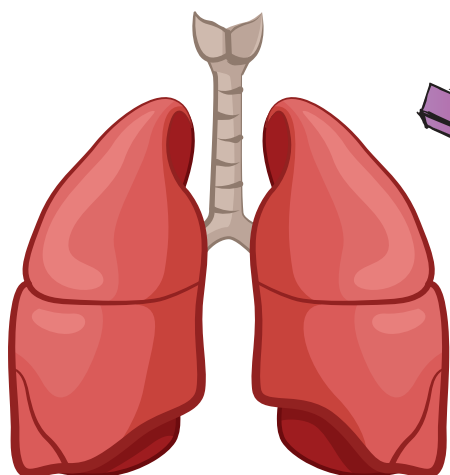
I am the size of a fist in a child and most adults. I am your strongest muscle, expanding and contracting to pump blood around your body.

I started working about four weeks after your conception and will not stop until you die.

On average, I beat 72 times a minute, about 100 000 times a day, 36 000 000 times a year, and 2.5 billion times by the time you turn 70.

I pump about 1 million barrels of blood during an average lifetime – that's enough to fill more than three supertankers.

LUNGS



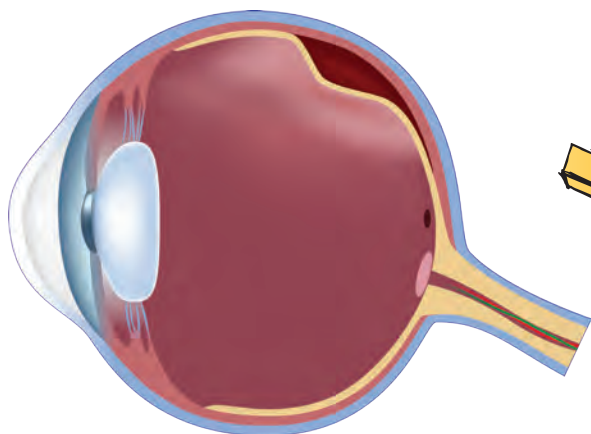
One half of me is smaller than the other to make room for your heart.

My job is to transfer oxygen from the air you breathe into your bloodstream and to take away the carbon dioxide waste as you breathe out.

My insides look like a giant sponge with many fine tubes that end in tiny air sacks called alveoli. If spread out, these would cover a tennis court.

On average, you use me 22 000 times every day to process about 11 000 litres of air.

CORNEA



I am the only living tissue in the human body that does not contain any blood vessels.

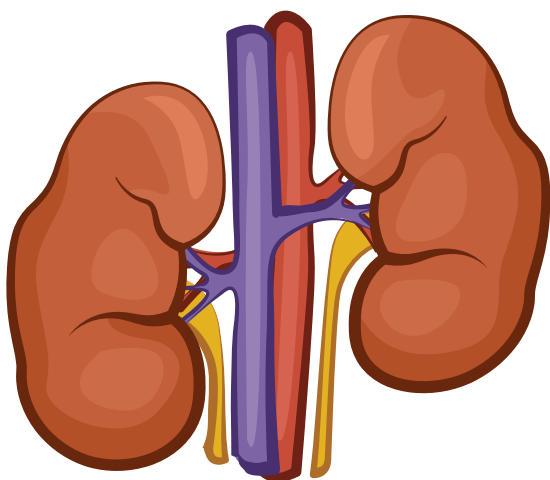
I am smooth and clear as glass but strong and durable. I function like a window or filter to control and focus light entering the eye.

I take oxygen directly from the air. I am protected from dirt by your eyelashes and from sweat by your eyebrows.

The average human eye blinks over 10 million times a year.

Parts of shark eyes have been used in eye surgery as they are very similar to ours.

KIDNEYS



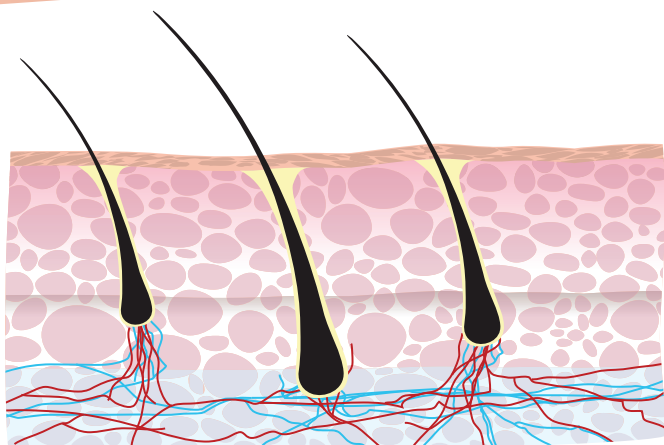
I filter over 10 litres of blood every hour and all of the blood in your body 50 times per day.

I help to rid your body of waste products and keep the amount of fluid the same.

Although you have two of me, your body can still work well with only one.

I will continue to perform my role even if I lose 75–80 percent of my function. My role can be performed by a machine, but this means sitting for hours at a time, several times a week in hospital.

SKIN



I am the largest organ of your body, and my role is to protect it from injury and disease.

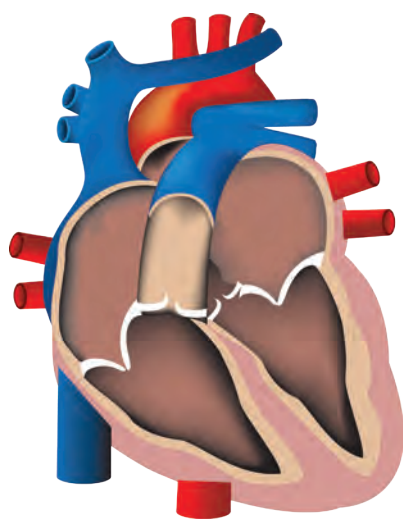
I also help you to feel and to regulate your body heat by releasing sweat.

In an adult, I weigh about 3.6 kilograms and would cover 2 square metres if spread out.

I have three layers and am thickest on the soles of the feet and palms of the hands.

I vary in colour depending on how much melanin is present in my cells.

HEART VALVE



It is me opening and closing that makes the "lub-dub" sound of your heartbeat.

You have four like me, opening and closing two at a time, to control blood flow through the chambers of your heart.

We make sure blood flows in one direction through the heart, around your body, and into your lungs. If we don't work properly, your blood will pool in one place.

I can be replaced by a valve from a human, a pig, or a cow or by a mechanical part.

LIVER




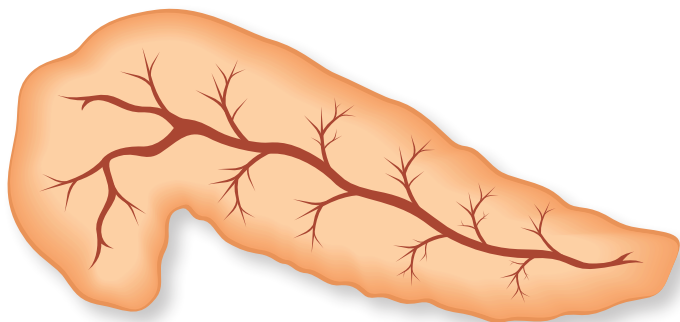
I am the only organ in the body that is able to regenerate its cells.

I am made up of two sections and perform over 500 different functions, so you cannot live without me.


I help you digest and store energy from food, break down fat and harmful chemicals in your body, and clean your blood. I also help your body fight infection.

I am about the size of a rugby ball and weigh approximately 1.5 kilograms in an adult. A common disease that affects me is hepatitis.


PANCREAS



I am a large, yellowish carrot-shaped gland that lives just below your stomach.

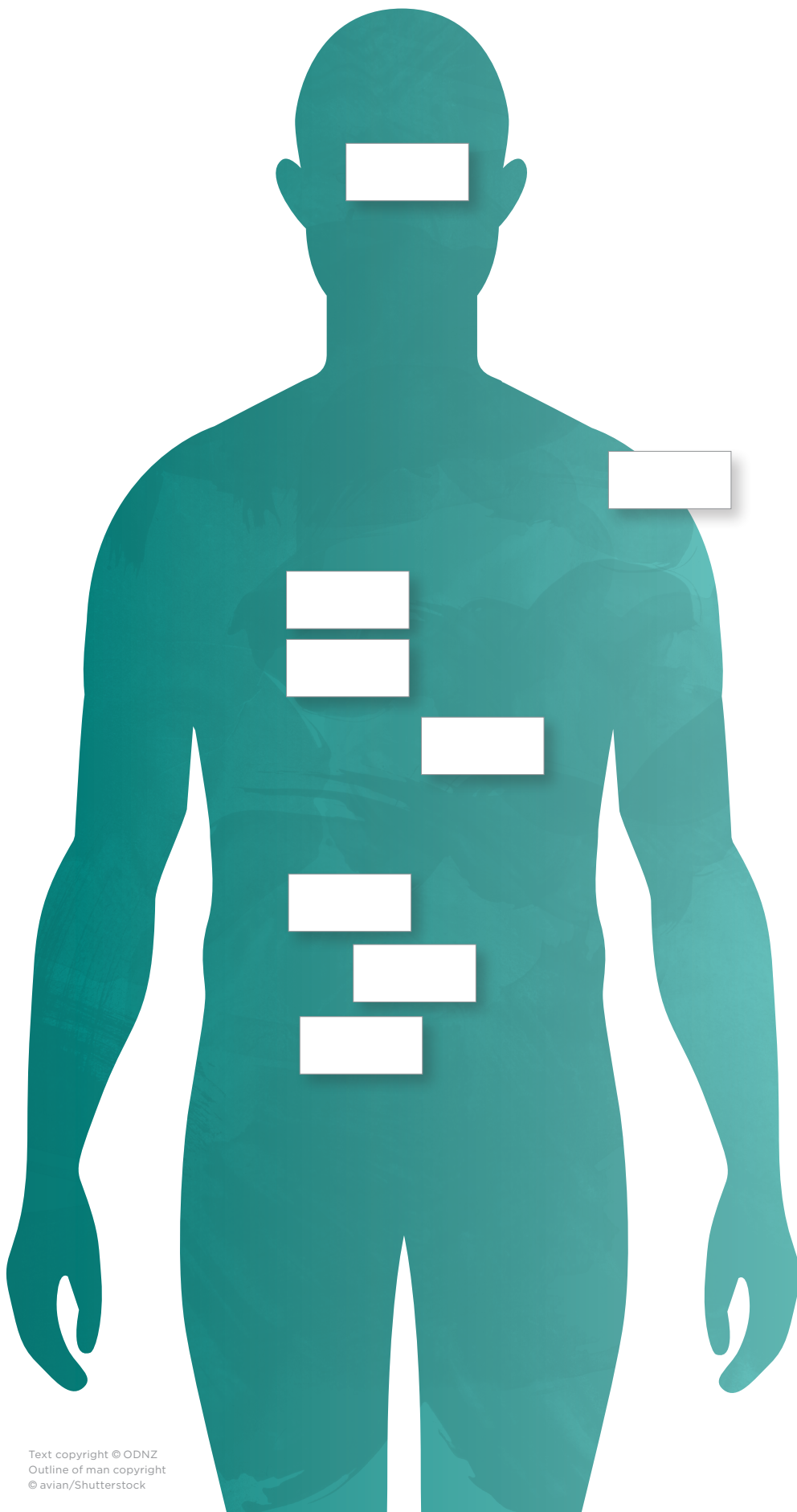


I help you to digest food. I also produce two hormones – insulin and glucagon – which regulate your sugar levels.



I am part of both the digestive and the endocrine systems.

OPERATION ORGAN



Cut out each label. Glue it in the correct place on the outline of the human body.

HEART

HEART VALVE

PANCREAS

KIDNEYS

CORNEA

LIVER

LUNGS

SKIN

GLOSSARY OF IMPORTANT TERMS IN ORGAN DONATION

Match each organ donation term with the correct definition.

TISSUE

the organ that helps your body digest food by releasing insulin and enzymes

DONOR

a surgical operation or technique

TRANSPLANT

the transparent surface that covers the front of the eye

BRAIN DEATH

a group of similar cells that have a special function, such as corneas, heart valves, and skin

WAITING LIST

the organ that pumps blood around the body

INTENSIVE CARE UNIT (ICU)

the person who receives tissue or an organ from a donor

RECIPIENT

the largest organ in the body, which plays a major role in metabolism and digestion and removes waste from the blood

COMPATIBLE

the outer covering that protects the body

PROCEDURE

a person from whom tissue or an organ is taken for transplant

ORGAN

a list of people waiting for a transplant

HEART

the replacement of an organ or tissue in the body

PANCREAS

one of four structures within the heart that keep the blood flowing forward.

LIVER

a part of the body that has a specific function essential for life, such as the heart or lungs

LUNGS

when the organ or tissue is able to be transplanted from one person to another without rejection

KIDNEYS

a section of the hospital that provides intensive care to critically ill patients

CORNEA

the organ that allows oxygen from the air to pass into the blood

SKIN

an irreversible loss of function of the brain, including the brain stem

HEART VALVES

a pair of organs that remove the waste from your blood and make urine

brain death: an irreversible loss of function of the brain, including of the brain stem

compatible: when the organ or tissue is able to be transplanted from one person to another without rejection

cornea: the transparent surface that covers the front of the eye

donor: a person from whom tissue or an organ is taken for transplant

heart valves: one of four structures within the heart that keep the blood flowing forward

heart: the organ that pumps blood around the body

intensive care unit (ICU): a section of the hospital that provides intensive care to critically ill patients

kidneys: a pair of organs that remove the waste from your blood and make urine

liver: the body's largest organ, which plays a major role in metabolism and digestion and removes waste from the blood

lungs: the organ that allows oxygen from the air to pass into the blood

organ: a part of the body that has a specific function essential for life, for example, the heart or lungs

pancreas: the organ that helps your body digest food by releasing insulin and enzymes

procedure: a surgical operation or technique

recipient: the person who receives tissue or an organ from a donor

skin: the outer covering that protects the body

tissue: a group of similar cells that have a special function, for example, corneas, heart valves, and skin

transplant: the replacement of an organ or tissue in the body

waiting list: a list of people waiting for a transplant

THE TEAM AT ORGAN DONATION NEW ZEALAND

THE DONOR CO-ORDINATORS are senior nurses who co-ordinate the organ and tissue donation process. They provide information and support for families who have generously agreed to donation. They also organise education for health professionals and answer public enquiries.



THE MEDICAL SPECIALISTS are intensive care consultants who give advice and support to the staff at intensive care units and the donor co-ordinators.



THE COMMUNICATIONS ADVISOR works with the media and provides information for health professionals and the community.



THE TEAM SUPPORT ADMINISTRATOR provides administrative support for team members.

THE ORGAN DONATION PROCESS

1

After the family has agreed to organ donation, intensive care unit staff contact the donor co-ordinator. The donor co-ordinator then contacts the transplant teams and staff at the tissue banks to see if the person's organs and tissues are suitable for transplantation and if there are recipients for the person's organs in New Zealand and/or Australia. An organ is not removed from a person if there isn't a suitable recipient.

2

To make sure that the potential donor's organs are suitable for transplantation, the family is asked questions about the donor's health and lifestyle, for example, questions about alcohol and smoking.

3

The donor co-ordinator organises the timing of the donor operation. He or she works with the transplant teams, the operating theatre staff, and the intensive care unit. It can take a number of hours from the time the family agrees to donation until the operation takes place. Sometimes tests are needed to assess how well an organ is working, for example, an echocardiogram (ultrasound of the heart) might be done before a heart donation.

4

As quickly as possible, the transplant retrieval teams travel to the hospital where the donor is being cared for. During this time, nursing care of the donor continues until the organs are removed in the operating theatre. This ensures that all the organs that are being donated will continue to work well after transplantation.

5

The operation to remove the organs is carried out in the hospital operating theatre by experienced transplant retrieval teams. Everyone involved in the organ retrieval operation is aware of the grieving family and their generous gift of organ donation. The donor co-ordinator is in the operating theatre throughout the operation, and the donor is treated in a respectful way at all times.

6

After the operation, the donor co-ordinator and operating theatre staff wash and care for the donor. After the organ donation is complete, the donor co-ordinator provides support for the donor family for as long as it is needed.

A DAY IN THE LIFE OF
A DONOR CO-ORDINATORA DAY IN THE LIFE
OF A DONOR
CO-ORDINATORMONDAY 17TH SEPTEMBER

It was Monday and I began work at 7.30 a.m. I was on call that week, which meant I had to be available 24/7 for organ and tissue donor referrals. At 2.30 p.m., I got a call from a doctor in an intensive care unit in another city. Two days earlier, the hospital had admitted a man in his thirties who had a brain haemorrhage. The doctors had carried out testing and determined that the man was brain-dead, and his family had generously agreed to donate his organs. As this was a young man, his heart, lungs, liver, kidneys, pancreas, and eye tissues could be considered for donation.

I arranged for blood specimens from the donor to be transported to Auckland for testing to make sure there were no infectious diseases and for the allocation of the organs. Further tests were done to assess how well the organs were working. After I had received a full medical and social history of the patient, I got in contact with the transplant units in New Zealand and Australia and the New Zealand National Eye Bank.

The heart, kidneys, pancreas, and eye tissues were accepted for donation, and the liver would be split and transplanted into two recipients. I arranged the operating room at the donor hospital. I also organised transport, including charter flights and taxis, for the retrieval teams to travel to the donor hospital.

At 5.45 p.m., the retrieval teams – four surgeons, two operating room nurses, and an anaesthetist, as well as me – left Auckland City Hospital. We also took the surgical instruments and the packing equipment needed for storing and transporting the organs.

We arrived at the donor hospital at 8.45 p.m. The retrieval teams went to the operating theatres to get ready for the surgical operation. I went to the intensive care unit to meet with the family. This is always a difficult part of my role because the family is dealing with the unexpected death of a family member. I thanked the family, answered their questions, and explained the follow-up I could give. I also reassured them that I would care for their family member during the retrieval operation.

meetings

addresses

to do

calendar

The operation to remove the organs began at 10.15 p.m. During the operation, I kept in touch with the transplant units, filled out the forms to accompany the organs and tissues, provided support for the donor hospital staff, and helped pack the organs for transportation. The heart retrieval team left the operating rooms first because the heart can only be stored for four to six hours. They flew back to Auckland, where the heart was immediately transplanted.

The abdominal team retrieved the liver, pancreas, and kidneys and then closed the incisions in the same way as they would for any other surgical operation. Then an eye surgeon from the local hospital retrieved the eye tissue, which was transported to the New Zealand National Eye Bank.

I helped the operating room nurses to wash the patient and took handprints for the family. I left the operating rooms with the abdominal retrieval team at 3.45 a.m.

One part of the liver was going to be transplanted to a child in Australia, and so I took the liver (which was packed in a chilly bin) to the airport and handed it to the pilot of the charter plane. I then flew back to Auckland with the abdominal team and the organs they had retrieved, arriving at Auckland airport at 5.30 a.m. The liver was transplanted immediately, and the kidney and pancreas transplant operations took place a few hours later.

That evening, I called the donor's family to thank them again for agreeing to donation and gave them general information about the recipients. This is the most rewarding part of my role. Their generosity had given five recipients the chance of life or improved health. The cornea from the donated eye tissue would give sight to two recipients in the next few weeks.

QUESTIONS

1. How many hours in a row did the donor co-ordinator work?
2. What part of her job does she find difficult? Why do you think this is?
3. How many people in total did this donor help?
4. What do you think is the most rewarding part of the donor co-ordinator's job? Why?
5. What do you think would be the most interesting part of her job? Explain why?

Use the information on the ODNZ website (www.donor.co.nz) to answer the following questions.

1. How many people are currently waiting for an organ or tissue transplant?
2. Go to the "Facts and Myths" page
 - a. Name two organs that can be donated up to 65 years old.
 - b. What tissues can be donated in New Zealand?
3. Go to the "Frequently Asked Questions" (FAQ's) page
 - a. Can you donate an organ while you are still alive?
 - b. Can people who wear glasses donate their eyes for corneal transplantation?
4. Go to the "Have the Conversation Today" page
 - a. What does ODNZ believe is the most important step in deciding to become a donor?
 - b. How can you indicate your wish to become an organ donor in New Zealand?
 - c. Why is it important to talk to your family about your wishes to be an organ donor?
5. Go to the "Myths" and "FAQ's" pages
 - a. Can you still donate organs if you have lived in the UK? If yes, what organs can be donated?
 - b. Up to what age can you donate your organs?
 - c. What are two factors that are considered before organs are allocated to recipients?
 - d. "I've ticked donor on my licence that's all I need to do." True or false?
 - e. Up to what age can you donate your skin?
 - f. Where is the skin retrieved from?
6. Go to "About ODNZ"
 - a. How many hours a day is a donor coordinator available to receive referrals of potential donors?
 - b. What does the ODNZ logo symbolise?
7. Go to "Statistics"
 - a. What is currently the second most common cause of organ donor death?
 - b. Were there more organ donors in New Zealand last year or in the previous year?
 - c. Last year, what organs were transplanted the most? The least?
8. Go to "Donation & Recipient Stories"
 - a. Did Elizabeth donate or receive a kidney?
 - b. What did Jacob donate that saved the lives of three other children?
 - c. What was Marcella cooking when she received the call to say a heart was available for her?

ORGAN DONATION QUIZ ANSWERS



1. There are about 550 people currently waiting for an organ or tissue transplant
2. "Facts and Myths"
 - a. Heart, lungs, liver, kidneys
 - b. Eyes, heart valves and skin
3. "FAQ's"
 - a. Yes, in some cases - a kidney or part of the liver
 - b. Yes
4. "Have the Conversation Today"
 - a. Having a conversation with your family or whanau about donation
 - b. You can indicate this when applying for your driver's licence or renewing your licence
 - c. They make the final decision
5. "Myths" and "FAQ's"
 - a. Yes. You can donate your kidneys, liver, heart, lungs and pancreas
 - b. People of all ages can be considered for organ donation
 - c. Blood group, tissue typing, height and weight compatibility, medical urgency, time on the waiting list.
 - d. False. Ticking 'donor' on your licence is an indication of your interest only, not an official organ donation register. The most important thing you can do is to have a conversation with your family (or those people you are closest to) and let them know your wishes.
 - e. People of all ages can donate skin.
 - f. If you are a skin donor, a thin layer of skin is removed from the front and back of the thighs only.
6. "About ODNZ"
 - a. 24 hours
 - b. The donor, the family of the donor and the recipient
7. "Statistics"

Answers to a,b and c can be found on the "Statistics" page and will vary depending on the statistics for the previous year.
8. "Donation & Recipient Stories"
 - a. Elizabeth donated a kidney altruistically
 - b. Heart valves
 - c. Marcella was cooking chicken in a crock pot for her family's dinner.

DONOR FAMILY STORY

Name of donor:

What was donated?

Details of the donor's experience:

RECIPIENT STORY

Name of recipient:

What was donated?

Details of the recipient's experience:

ORGAN DONATION TIMELINE

1940s → Corneal transplantation begins in New Zealand

1966 → First organ donation from a dead person
(kidneys to two recipients) takes place

1987 → Organ Donation New Zealand is set up

First heart retrieval and transplantation takes place

First donor co-ordinator is appointed

1988 → First liver retrieval (transplanted in Australia) takes place

1991 → First transplantation of donated skin takes place

1993 → Guidelines are introduced for intensive care staff
involved in organ donation

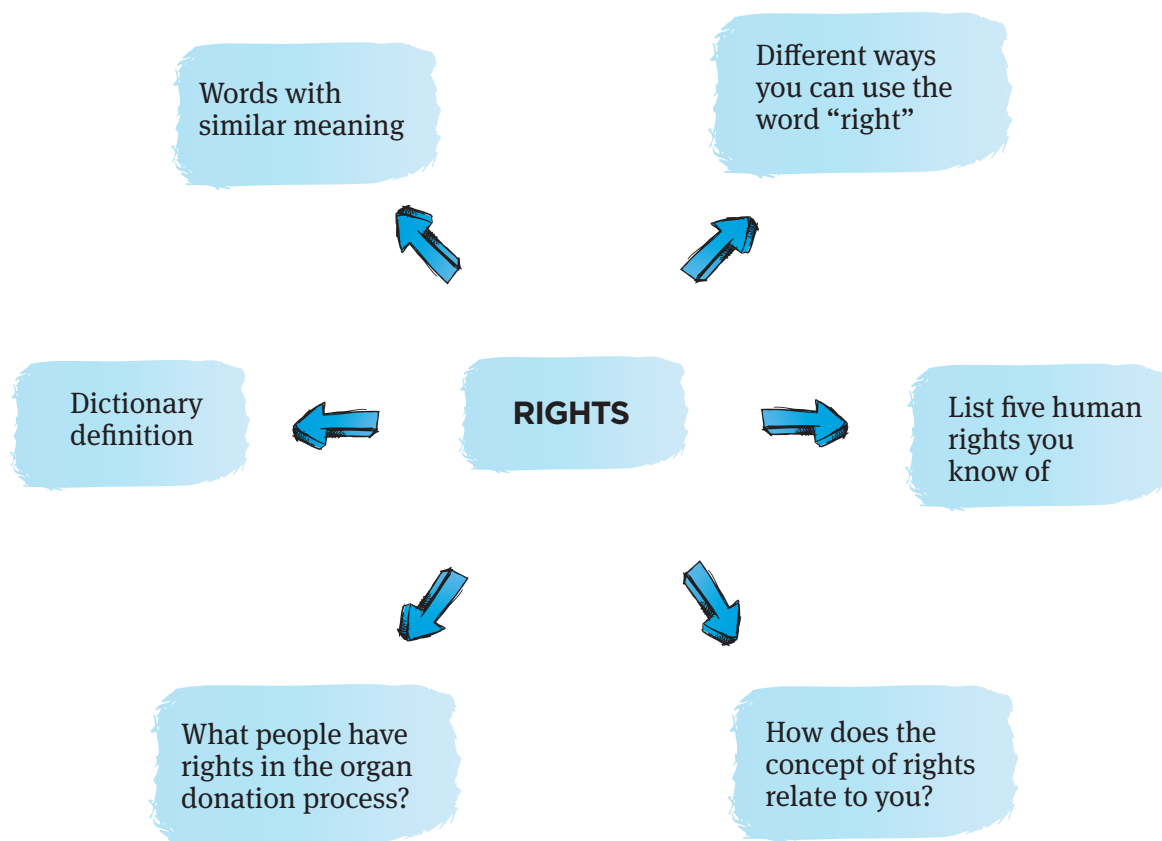
→ First lung transplant is performed at Greenlane Hospital

1998 → First liver transplantation and pancreas transplantation
in New Zealand take place

2006 → Protocol for donation after cardiac death is developed
by ODNZ

2008 → Human Tissue Act replaces the 1964 Act and regulates
the procedures for retrieving and transplanting tissue

2011 → First paired kidney exchange takes place



THE RIGHTS INVOLVED IN ORGAN DONATION

Below are the rights involved in organ donation. (They are arranged in no particular order.) Rank the most important and the least important. Then rank two rights as important and two rights as not very important.

The possible right of the health professionals to proceed based solely on the expressed wish of the potential donor

MOST
IMPORTANT

The right of the donor to receive full medical support and to be treated with care, dignity, and cultural sensitivity at all times

The right of the health professionals to behave in accordance with their moral compass

IMPORTANT

Every individual's right to be fully informed about organ donation

NOT VERY
IMPORTANT

The rights of the potential donor's family to say yes or no to the donor's expressed wishes

The recipient's right to a transplant

LEAST
IMPORTANT

The individual's right to have their expressed wish in relation to organ donation acted on

MĀORI VIEWPOINTS ABOUT ORGAN DONATION

“My people believe we come out whole and we have to be buried whole, so any decision to donate organs is really hard ... I tell recipients they can take their organs home with them like I did. Organ donation does not necessarily mean you can’t be buried whole. I lost my mother last year and I buried my heart with her. It’s her heart.”

Organ recipient Wiremu Keepa
(Source: ODNZ website)

Decision making about organ donation is “more than that of an individual signing a register to either confirm or object to the opportunity to be an organ donor. It is a collective process for Māori, one which is absorbed into the process of whānau decision making ... the views of individuals must always be balanced within the wider context of whānau, hapū, and iwi. The proposal therefore, to prevent whānau members from being able to override the wishes of an individual” [under the Human Tissues Act], is one that the Māori Party cannot support.

(Source: Māori Party leader, Pita Sharples in a speech to parliament about the Human Tissue (Organ Donation) Amendment Bill, 7 November 2007)

“... while cultural and religious factors will always make the decision to donate a loved one’s organs hard for some people, remembering that the person they have lost lives on in their memory is the key to securing more donors. The person they are losing is still within themselves.”

Organ recipient Margie Le Grice
(Source: ODNZ website)

Holding “a ceremony modelled on pōwhiri for transplants, so that before the operation, grieving families could gather in a hospital chapel to farewell body parts” is a way of dealing with some of the important issues for Māori around organ donation. “A separate ceremony would be held for recipients of organs and their families.”

(Source: Stuff, 9 April 2010, measures proposed by Otago University master’s student Jennifer Ngahooro, whose study focuses on Māori organ donation)

**SUGGESTED INTERVIEW
QUESTIONS**

What does the interviewee know about organ donation?

- Who can donate?
- What organs can be donated?
- Why do some people wish to be a donor? Why do some people decide they don't want to be a donor?
- At the time when someone is being considered for donation, who makes the decision about whether or not they will be an organ donor?
- When is the decision to donate made?



What personal experience does the interviewee have of organ donation?

- Do you know anyone who has received an organ or donated an organ?
- What was that like? How did that make you feel?



What is the interviewee's personal beliefs about donating or receiving organs?

- If you needed an organ transplant, would you want to receive one from a donor? From a living donor or a deceased one?
- Would you personally want to donate an organ?



UNDERTAKING INTERVIEWS ON SENSITIVE TOPICS

- Plan to hold the interview in a comfortable and appropriate setting (somewhere quiet and away from interruptions).
- Identify or describe what you are going to talk about.
- Explain the purpose of the interview and what will happen with the information.
- Describe how you will ensure that their responses are anonymous and confidential.
- Reassure the respondent that there are no wrong answers and that they don't have to answer any or all of the questions.
- Construct clear questions that encourage the interviewee to express their thoughts, for example, open versus closed questions.
- Listen actively – check in regularly to ensure that the interviewee understands the question and that you understand the response: “So, are you saying ...?”
- Record the answers accurately.

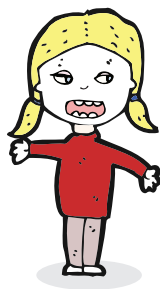
DO

- Explain what you would like to talk about, why you want to talk about it, and how long it will take.
- Be prepared to answer any questions.
- Remember that the interview is about them and their responses, not your opinions or experiences.
- Practise asking your questions.
- Accept if people do not want to answer some or all of the questions.
- Thank your interview subjects taking part.
- Offer to let them know the results of your research.

HINTS: Talking about
Sensitive Issues

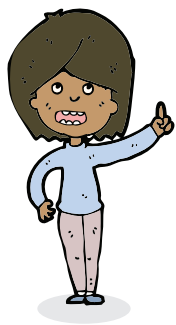
DON'T

- Don't spring the interview on someone.
- Don't expect everyone to be comfortable talking about organ donation.
- Don't go into the interview unprepared.
- Don't talk about people's responses to your friends.
- Don't take over the interview with your thoughts and opinions.



WHEN INTERVIEWS GO WELL

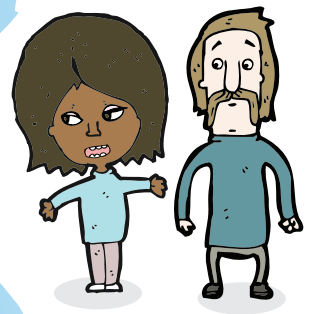
EXAMPLE 1



I want to ask you about organ donation for a class survey we are doing. It will take about 15 minutes.

I don't know if we will have the right answers.

There are no right answers. It is about what you know and think



What will you do with the information?

Everything you say will be kept anonymous. We will look at the responses together in class.

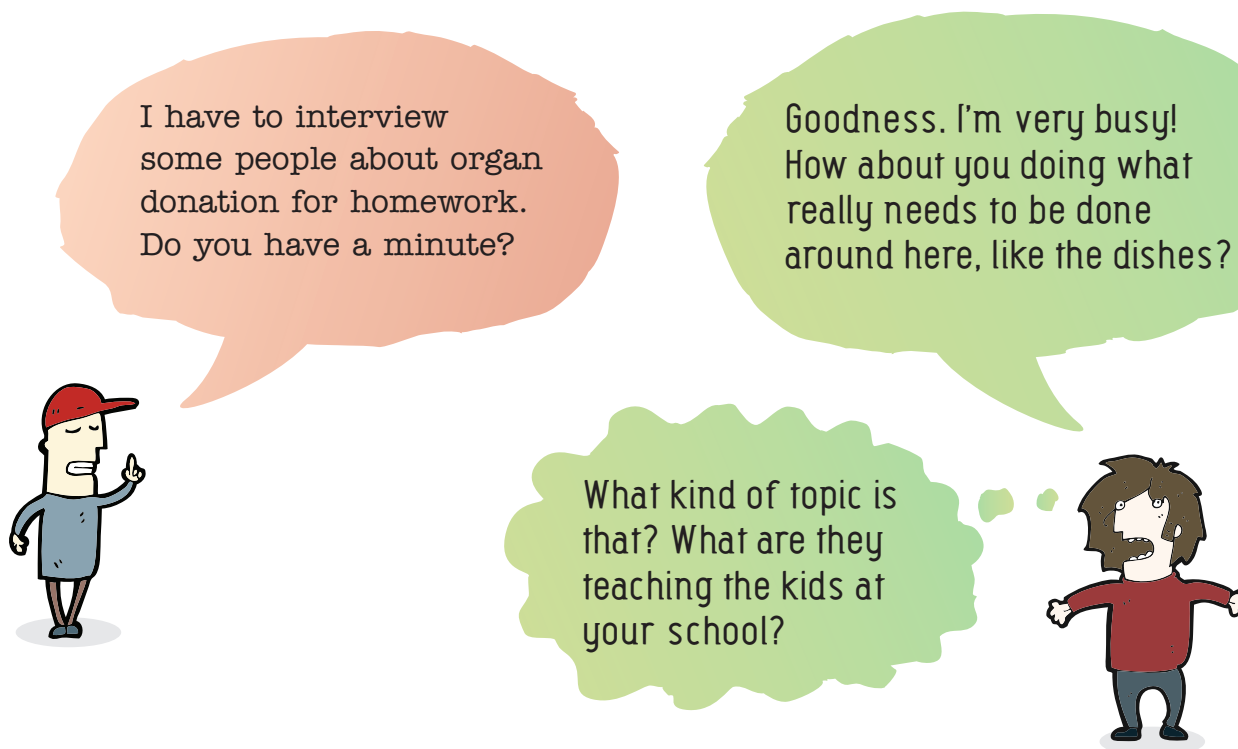
Would you like to talk to us together or separately?

It would be better if I spoke to you separately.

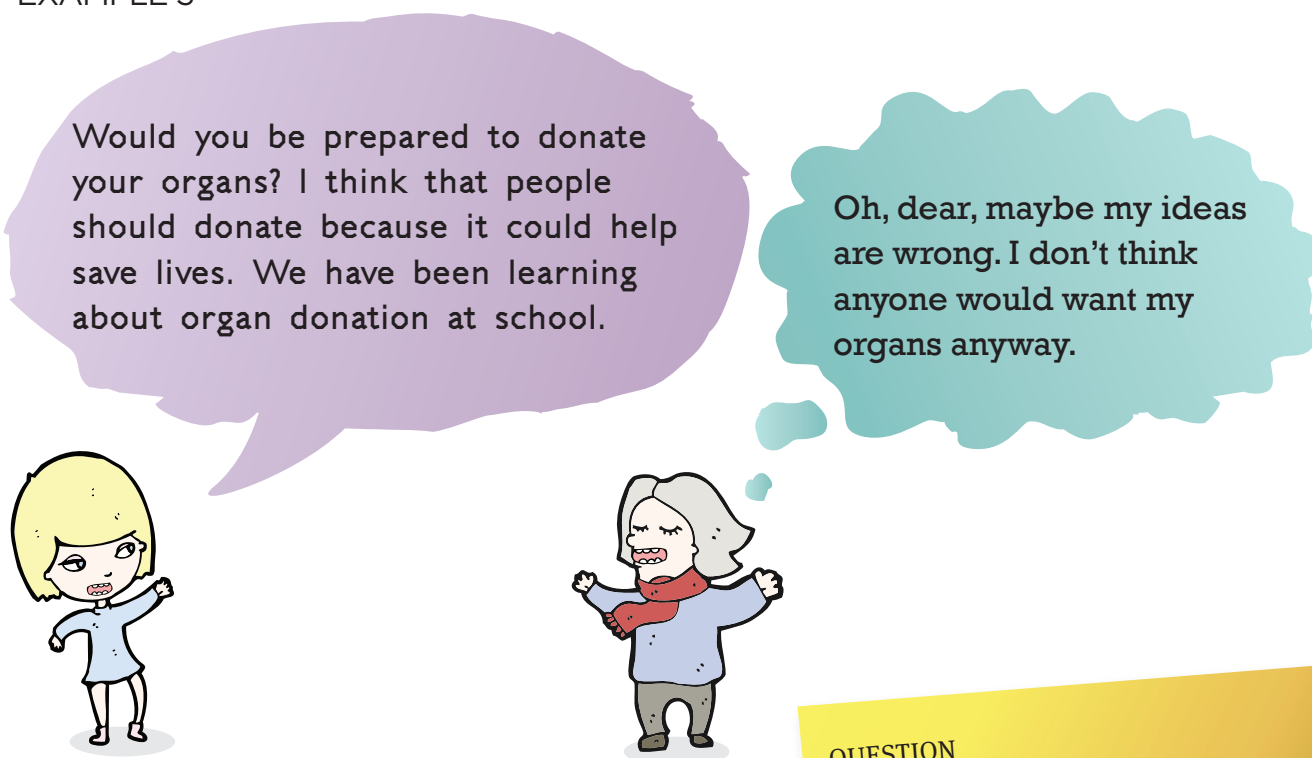
QUESTIONS
How is this a good example of the beginning of a sensitive interview?
What elements of a good conversation are shown?

EXAMPLE 2

WHEN INTERVIEWS
GO WELL



EXAMPLE 3



QUESTION
How could these responses be avoided?

INTERVIEW TOOL - ROLE PLAYS

Hand out the following role plays to pairs of students. Each pair performs their role play in front of the class. Following each role play, encourage the class to suggest any mistakes the interviewer made and also ways that the interview could be improved.

Students could then choose one role play to rewrite in their books using improved interview techniques.

ROLE PLAY 1

Interviewer

Other person

Have you had any personal experience with organ donation?

When my Aunty died last year, our family decided to donate her organs.

Sucks about your Aunty. Did they take out her heart or something?

Er, um, well actually, she was able to donate her lungs, cornea, and liver.

Gross ... how did this happen?

ROLE PLAY 2

For this role play, the interviewer should be seated, turned slightly away from the other person, with their legs crossed and slouched down. During the other person's responses, pretend to be distracted – check your cellphone, look away or around the room, pretend to see a friend, wave or smile at them, and mouth words like “I’m busy”.

Interviewer

Other person

Have you had any personal experience with organ donation?

When my Aunty died last year, our family decided to donate her organs.

Sucks about your Aunty. Did they take out her heart or something?

Er, um, well actually, she was able to donate her lungs, cornea, and liver.

Gross ... how did this happen?

ROLE PLAY 3

Interviewer

Other person

Have you had any personal experience with organ donation?

Yes.

Have you indicated your wish to become a donor on your licence?

Yes.

Do you think New Zealand should compensate for organ donation?

Yes.

ROLE PLAY 4

Interviewer

Other person

Hi there, would you mind answering a few questions about organ donation?

Sure, that would be fine.

Do you agree with organ donation? I think it's great ... I mean, what is a dead person going to do with their organs? They could save a life.

Actually while I support it, I don't think my organs would be any good. I have smoked all my life and I'm 63, so my organs might be pretty worn out.

I think it's terrible that all those people die, and even though they could help so many people, they choose not to. I think the New Zealand government should make it compulsory — if you don't donate, you can't get an organ transplant.

I see.

ROLE PLAY 5

Interviewer

Other person

Hi there, would you mind answering a few questions about organ donation?

Sure, that would be fine.

Um (look down at your notes), hang on, I can't remember the first question ...

That's OK.

(Accusingly) You look quite uncomfortable — have you got something against organ donation?

(Stepping back, hands up)
No, no, not at all – what is your first question?

SOCIAL INQUIRY: WE NEED MORE PEOPLE TO TALK ABOUT ORGAN DONATION!

New Zealand has hundreds of people on organ transplant waiting lists, but there are not enough organs and tissues for those needing them. We need more. In this inquiry, you will explore the social issue of organ donation in New Zealand, find out why we have the number of donors we do, and suggest ways that we could encourage more people to talk about organ donation. You may explore one of the focus topics suggested below or choose your own topic in relation to the issue above. You will undertake this inquiry in groups of 2–3 and then present your findings to the class.

FOCUS TOPICS:

- How ODNZ manages the organ donation process in order to respect and support the rights and values of those involved.
- The beliefs or values that different cultures in New Zealand have about organ donation and the impact of these views.
- The beliefs or values that different groups of people in New Zealand hold about the human rights relating to organ donation and what factors influence those beliefs or values.
- Individuals or groups in New Zealand who are taking social action on this issue, what they are doing, and the impact of their actions.
- “People ain’t dying like they used to”. What has changed and how this has affected donor numbers in New Zealand.
- Why beliefs and values are inadequate grounds on which to make law and social policy.

STEPS IN THE SOCIAL INQUIRY

1. Decide on a focus topic that relates to the social issue of organ donation and complete the planning framework.
2. From a range of sources, collect and record information to answer your research questions.
3. Complete the social inquiry chart in order to summarise the current situation on your focus topic in New Zealand.
4. Create a perspectives profile for at least three people or groups, explaining each group's point of view on organ donation and linking their view to the larger social issue.
5. Complete the summary of findings, relating these to the social issue.
6. Imagine that you are advisers to the New Zealand Government and having researched the issue, you will advise the government on actions they could take to encourage people to have a conversation with their family about organ donation. To give this advice, complete the actions and consequences chart.
7. Use the inquiry chart, perspectives profiles, summary of findings, and actions and consequences chart to present the results of your inquiry to the class. Each member of the group must present one section.
8. Complete an individual evaluation form about your inquiry.

Steps 1–7 will be completed as a group. Step 8 will be completed individually.

CHECKLIST OF WHAT TO HAND IN WITH YOUR SOCIAL INQUIRY:

- Completed and approved planning framework
- Information records (primary source log and secondary source log)
- Inquiry chart
- Perspective profiles for at least three people or groups
- Actions and consequences chart
- Completed social inquiry evaluation from each group member

PLANNING FRAMEWORK

Group names:

Focus topic:

Research questions: Write the questions (at least two) that will guide your group's research and help you to provide an answer for the focus of the inquiry.

Possible sources of information (interviewing people, school and public libraries, newspaper files, magazine articles, Internet, encyclopedias, textbooks):

Primary sources:

Secondary sources:

Record of tasks allocated to each person in the group (including which section each person will present to the class):

Ethical procedures our class will follow (such as confidentiality, asking interviewees for permission, avoiding plagiarism):

INFORMATION RECORD

Your group needs to provide relevant information from at least three different sources (one needs to be a primary source). Complete the primary source log and the secondary source log with details of relevant information you have gathered.

PRIMARY SOURCE LOG

Detail of source (e.g., survey of 30 people, interview with Māori language teacher):

Findings: What information does this source give you that helps to answer your research questions?

SECONDARY SOURCE LOG

Bibliographical details of source (e.g., author, title, date written, URL, date visited):

Findings: What information does this source give you that helps to answer your research questions?

Bibliographical details of source (e.g., author, title, date written, URL, date visited):

Findings: What information does this source give you that helps to answer your research questions?

SOCIAL INQUIRY CHART

Summary of the current situation for our focus topic in New Zealand:

Statistical data demonstrating that situation (go to www.donor.co.nz):

Main people or groups affected by that situation:

How are they affected?

PERSPECTIVE PROFILE

Person or group:

Explain why this person or group holds this viewpoint:

Explain this person's or group's viewpoint on organ donation:

This viewpoint links to our group's focus because ...

SUMMARY OF FINDINGS

Group focus topic:

Findings:

What do our findings tell us about why there are so few donors?

ACTIONS AND CONSEQUENCES CHART

Actions that could be taken to raise the number of organ donors in New Zealand
(In each box, describe the proposed actions, for example, abolishing motorcycle helmet law.)

Consequences
(Explain the likely consequences of each action.)

Actions that could be taken to raise the number of organ donors in New Zealand <i>(In each box, describe the proposed actions, for example, abolishing motorcycle helmet law.)</i>	Consequences <i>(Explain the likely consequences of each action.)</i>

SOCIAL INQUIRY EVALUATION

Name:

Other group members:

This evaluation is completed individually and can be handed to your teacher confidentially.

	What went well	What needs to be improved	Ways to improve it
Planning framework			
Researching information			
Presenting information			
Group work			

SO WHAT? This inquiry made me think about ...

WHAT NOW? What else do I need to know about organ donation?

HOW ARE ORGANS ALLOCATED?

Professor Stephen Munn, the Clinical Director at the New Zealand Liver Transplant Unit, explains that recipients are carefully selected to make sure that the organs are allocated to people who will benefit from a transplant.

“Sometimes donor families are worried that we will allocate the organs of their loved ones to undeserving patients or that we make allocation decisions because of personal bias. If I could speak to them, I’d want to reassure them that we allocate organs to patients who have been carefully selected to do well with that particular organ and that such allocation decisions are scientifically based.

“Obviously there are many patients with end-stage organ failure who could benefit from receiving an organ transplant. However, given the shortage of organs, we have to carefully select the patients who will receive the most benefit from what is a really scarce and valuable resource. We have very strict selection criteria, based on patients who are unwell enough to need a transplant but robust enough to get through one and stick to a treatment regime for the rest of their lives. Such selection criteria result in excellent transplant results.”

24-HOUR SERVICE

Donor co-ordinators provide support throughout the donation process. The support for donor families, including phone calls, letters, and emails, continues for as long as they wish to receive it. About a week after the donation, a letter of thanks is sent to the family as well as general information about the recipients, a pamphlet called *Understanding Organ and Tissue Donation*, and information on bereavement. Handprints and locks of hair from the donor are also sent to the family at this time.

COMMUNICATION BETWEEN THE DONOR FAMILY AND RECIPIENTS

Anonymous communication between donor families and recipients is also facilitated by the donor co-ordinators.

EDUCATING HEALTH PROFESSIONALS

ODNZ provides education and training to health professionals to keep them up to date with organ donation and to discuss ways of managing the organ donation process in a respectful and supportive manner.

ORGANISATION OF THANKSGIVING SERVICES

ODNZ thanksgiving services are held every year in Auckland and on alternate years in Wellington, Dunedin, and Christchurch. These services acknowledge the generosity of families who have donated organs and tissues after the death of a family member. Families of donors, recipients and their families, and health professionals involved in both organ donation and transplantation are invited to these services.

ORGANISATION OF ODNZ THANK YOU DAY, 8 MARCH 2012

Recipients throughout New Zealand planted freesia bulbs in public places around the country to say “thank you” to their donors, donor family, health professionals, employers, and others involved in their transplant journey.

ORGANISATION OF WALK 'N' TALK

In 2009, a walk was held in Tauranga to raise awareness about organ donation and transplantation. It was attended by donor families, recipients, sportspeople, the Mayor and the MP for Tauranga.

CONSEQUENCES CASCADE

