

Bulletin



UK Transplant

CASH INJECTION TO BOOST TRANSPLANTS

Dozens of hospitals are to share a £4 million cash injection designed to boost the number of life-saving organ transplant operations.

The special funding by UK Transplant will pay for extra medical and nursing staff over the next three years to ensure that more families are given the opportunity to consider organ donation.

The additional staff include donor liaison sisters/charge nurses at 21 hospitals with ITUs and 11 full and part-time donor transplant co-ordinators at a further ten centres.

Eleven trusts have also been granted funding to encourage more living donor kidney transplants – where a kidney is donated to a patient on the kidney transplant waiting list by a close family member or even a partner.

There are currently more than 5,500 people waiting for kidney, heart, pancreas, lung or liver transplants but only about 2,500 transplants are being carried out each year.

“Organ donation is the only current way to save such patient’s lives – and organ shortage is the main limitation” said Sue Sutherland, Chief Executive of UK Transplant.

Although research shows that 70 per cent of people support organ donation and that – when asked – 74 per cent of relatives consent to donation, many families are not asked.

Sue Sutherland continued: “At the moment a third of relatives actually approach hospital staff and raise the issue of donation themselves but not all hospital staff are aware of what steps they should take to carry out their wishes.

“If a person has made it clear during their lifetime that they would be willing to give their organs to help other people then we have a duty to make sure that their wishes are carried out and that no potential donor is excluded because their relatives have not been asked.”

The Government has pledged to double the transplant rate for kidneys by 2005; to increase the number of heart, lung and liver transplants by at least 10 per cent by 2005 and to increase the number of people on the Organ Donor Register to 16m by 2010. UK Transplant is playing a key role in fulfilling these pledges by forging a new partnership with designated trusts.

Father Christmas signs up for donation!

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Further copies of the Bulletin are available from the Information Executive at UK Transplant on 0117 975 7574

Funding for Transplants - The First Phase

UK Transplant is poised to begin delivering the real benefits of its new remit to support transplantation. For the first time UK Transplant will be able to provide direct funding to increase organ donation – 75 per cent of the approved Business Case money is for spending in the wider NHS.

The Department of Health has given approval to fund three pioneering initiatives:

- donor liaison schemes
- living donor schemes
- non-heart-beating donor schemes.

An additional pot of money will be used to increase staffing levels within existing donor transplant co-ordinator teams.

Donor Liaison Schemes

In the first phase, 21 trusts will be funded to employ a donor liaison sister/charge nurse, based in the ITU, to provide liaison between the clinical team and the donor transplant co-ordinators. They will be responsible – with Consultant support – for ensuring that ITU and other staff within their hospital are aware of the procedures for identifying possible donors and the appropriate steps to take so that relatives are approached and given the opportunity to decide for themselves. They will also give guidance to ITU staff on management of a potential donor and undertake an audit to check that opportunities for donation have not been missed. UK Transplant is planning to fund a further 14 donor liaison schemes in 2003/4.

Living Donor Schemes

Last year saw the first increase in the number of organ transplants carried out in the UK for five years – mainly due to the increase in living donation. Eleven trusts have been awarded funding for a three-year period to support existing and new living donor schemes. UK Transplant will be seeking applications for the second phase of funding next year.

Non-heart-beating Donor Schemes

Funding is also available for a small number of specialist schemes to support non-heart-beating donation. Applications have been sought, and these will be approved by a multi-professional panel on Monday 3 December. Details of the successful bids will be given in the next Bulletin.

Support for Donor Transplant Co-ordinators

Donor transplant co-ordinators are experts on who can be a donor and are skilled at approaching and counselling donor families. Their role is crucial for increasing organ donation. However, the findings of Task Group 1 of the Transplant Co-ordinators Advisory Group identified serious gaps in staffing numbers for donor transplant co-ordinator teams throughout the UK. Funding has therefore been allocated to ten teams to provide additional support.

For further details on the next phase of funding contact:

Kate Wyatt, Performance Manager
on 0117 975 7554.

Details of the Trusts and donor transplant co-ordinator teams which will receive funding can be found below.

Donor Liaison Schemes

Gloucestershire Royal and East Gloucestershire NHS Trust

North Bristol NHS Trust

Royal Berkshire and Battle Hospitals NHS Trust, Reading

Salisbury Health Care NHS Trust

Royal Cornwall Hospital NHS Trust, Truro

Plymouth Hospitals NHS Trust

East Kent Hospital NHS Trust, Canterbury

Great Ormond Street Hospital for Children NHS Trust, London

Oxford Radcliffe Hospitals NHS Trust, Oxford

University College London Hospitals NHS Trust, London

North Glamorgan NHS Trust, Merthyr Tydfil

The Ulster Community and Hospitals Trust, Belfast

The Royal Group of Hospitals and Dental Hospital Health and Social Services Trust, Belfast

Hull and East Yorkshire Hospitals NHS Trust

Sheffield Teaching Hospitals NHS Trust

Bolton Hospitals NHS Trust, Farnworth, Bolton

South Manchester University Hospitals NHS Trust

South Tees Hospitals NHS Trust, Middlesbrough

North Staffordshire Hospital NHS Trust, Stoke-on-Trent

South Glasgow University
Hospitals Trust

Lothian University Hospitals
NHS Trust, Edinburgh

Living Donor Schemes

Royal Liverpool and Broadgreen
University Hospitals NHS Trust

North Bristol NHS Trust

Oxford Radcliffe Hospitals NHS Trust

Lothian University Hospitals
NHS Trust, Edinburgh

St Mary's NHS Trust, London

Sheffield Teaching Hospitals NHS Trust

Guy's and St Thomas' Hospital
NHS Trust, London

Cardiff and Vale NHS Trust

Newcastle Upon Tyne Hospitals
NHS Trust

Addenbrooke's Hospital NHS Trust,
Cambridge

St James's University Hospital NHS Trust

Donor Transplant Co-ordinator Funding

Belfast City Hospital, Belfast

Walsgrave Hospital, Coventry

Royal Liverpool University Hospital,
Liverpool

Manchester Royal Infirmary,
Manchester

Freeman Hospital,
Newcastle Upon Tyne

North Thames Regional Transplant
Co-ordinators Office, London

Nottingham City Hospital, Nottingham

St Mary's Hospital, Portsmouth

Northern General Hospital, Sheffield

South Thames Transplant Co-ordination
Service, London

SOUTH ASIAN ORGAN DONATION CAMPAIGN

Comedienne Nina Wadia wept as she told of the heartache of losing her mother to kidney failure.

Nina, who stars in the TV comedy "Goodness, Gracious Me" is among a team of celebrities who have joined forces with the Department of Health to raise awareness of the desperate need for organ donors in the South Asian Community.

Television adverts featuring the stars – news presenters Lisa Aziz and Krishnan Guru-Murthy, pop star Bally Jagpal and actors Art Malik and Mina Anwar – highlight the need for more members of the community to carry donor cards.

Speaking at the launch of the third phase of the South Asian Organ Donation Campaign, in London, Nina said: "People don't know, unless something happens in your own family, just how big a deal this is."

Health Minister Jacqui Smith has warned that within a few years time, half the people on kidney dialysis in areas with large ethnic communities may be black, or Asian.

"Currently more than 13 per cent of those on the kidney transplant waiting list are from the South Asian community. Overall the rates for South Asian people suffering from kidney failure and so needing dialysis are nearly four times higher than the white population," she told community and business leaders from the South Asian community.

Speaking at the launch in September Mrs Smith said: "By the time they are 60, as many as a third of people of Asian origin living in the UK have diabetes and high blood pressure which often leads to kidney failure. This is reflected in the death rate from kidney failure in the Asian community, which is three times higher than the national rate.

"There is only one solution if people with organ failure are to live as near an ordinary life as possible – an organ transplant. But during 2000 only around 1.1 per cent of organ donors were from the South Asian community. To give everyone a chance we have to get more donors from all ethnic groups."

The third phase of the campaign, which began in 1999, will focus on encouraging people to become organ donors and bring in the message, "tell someone", as well as encouraging health authorities and local health workers to adopt the campaign and promote organ donation through community events and local health authorities.

The earlier phases of the campaign focused on increasing the level of understanding about key health matters and reducing fears about organ donation followed by the "caring and giving" aspect of organ donation.

Neerja Jain, a renal transplant co-ordinator, who is based at Queen Elizabeth Hospital, Birmingham, said benefits of the campaign were already emerging with raised awareness and increased knowledge which was leading people to re-evaluate their views.

The South Asian Campaign, which is being run by Media Moguls, is the first campaign that the Department of Health has staged that is specifically designed for, and aimed at, an ethnic minority community.

Penny Hallett
Director of Communications
UK Transplant

FROM THE ADVISORY GROUP

A recommendation of the UK Transplant Quinquennial Review had been that the Authority's Advisory Group mechanism should be reviewed. The Medical Director issued a consultation document in October; the main recommendation being that Cardiothoracic, Liver, Kidney/Pancreas and Ocular Tissue Advisory Groups should continue but with revised terms of reference and membership. In addition, the establishment of three new Groups was proposed:

- i) a UK Transplant Advisory Group: an over-arching group with a wide-ranging membership, to address issues relevant to all Advisory Groups and to provide the primary source of advice on transplantation matters to UK Transplant and to the UK Health Departments
- ii) a Patients' Forum, in line with Department of Health guidance
- iii) an Audit, Analysis and Research Group to support UK Transplant's commitment to clinical governance.

Of general interest at both the Cardiothoracic and Transplant Co-ordinators Advisory Group meetings were:

- a National Service Framework for Older People: the need to ensure that donor organ sharing schemes do not discriminate against age
- an Equality Scheme for Northern Ireland: the requirement for UK Transplant to promote equality of opportunity, regardless of religious belief, political opinion, race, age, gender or disability.

CARDIOTHORACIC ADVISORY GROUP

At the meeting on 25 September, the main topics of discussion were the Commission for Health Improvement (CHI) Report on the Investigation into Heart and Lung Transplantation at St George's Healthcare Trust and a discussion document from the

Department of Health on the proposed National Adult Heart and Lung Transplant Service.

CHI Report

In line with recommendations, CTAG will develop, in liaison with the National Specialist Commissioning Advisory Group (NSAG):

- a national protocol for recording the written and verbal information given to heart and lung transplant patients in patients' notes
- a national protocol for the assessment of patients for heart and lung transplantation: multidisciplinary assessment and recording processes
- clear national standards for retrieval processes for donor hearts and lungs including the staff mix required
- a national protocol for internal quality monitoring of adult heart and lung transplant programmes.

Commissioning Cardiothoracic Transplantation

NSCAG had proposed that the current six adult cardiothoracic transplant units in England should continue and operate within nationally agreed standards for heart and lung transplantation. Proposed standards would be developed in liaison with UK Transplant and members of the Advisory Group.

A quality framework for the National Adult Heart and Lung Transplant Service had included:

- National Standards and a National Service Specification
- self assessment by each transplant centre against each standard
- peer review by NSCAG and a Heart Team
- action plans for each centre to reach standards
- service agreements for each centre
- Clinical Audit and Clinical Governance monitoring by NSCAG
- inspections by CHI.

Cardiothoracic Zones

Zones would be reviewed by UK Transplant once the NSCAG proposals had been agreed by Ministers.

Paediatric Cardiothoracic Organ Allocation

The Harefield Paediatric cardiothoracic transplant waiting list had transferred to Great Ormond Street. Zonal teams would continue to carry out retrievals for donors over 10Kg and the Freeman and Great Ormond Street teams would retrieve from donors less than 10Kg.

As there were now only two units designated to carry out paediatric cardiothoracic transplantation, there would be no requirement for these centres to pay back adult hearts used for urgent paediatric recipients.

Urgent Heart Allocations

As an interim arrangement, the four registrations allocated to St George's had been placed in a pool for all other centres to draw upon as their own allocations for the year were used.

Speeding up Heart and Lung Offers

A protocol would be developed to notify all centres simultaneously of cardiothoracic organ offers: this would work in a similar way to the Fast Track Scheme.

Non-compliance with National Allocation Rules

As part of the Clinical Governance arrangements the infrequent instances of non-compliance would continue to be reported to the Group.

HIV positive recipients

Patients who are HIV positive would be registered on the Cardiothoracic Transplant Waiting List, following discussion with the Medical Director at UK Transplant.

TRANSPLANT CO-ORDINATORS ADVISORY GROUP

When they met on 26 September the Group agreed the following titles for key posts within the Organ Donor Co-ordination Structure:

- Director of Donor Care and Co-ordination
- Donor Transplant Co-ordinator Regional Manager
- Donor Transplant Co-ordinator Team Leader
- Donor Transplant Co-ordinator / Donor and Recipient Transplant Co-ordinator
- (Cardiac/Liver/Renal) Recipient Transplant Co-ordinator
- Donor Liaison Sister/Charge Nurse.

Dissemination of information

TCAG agenda papers and minutes are now transmitted to members by e-mail. Thus they are available for onward transmission to colleagues who wish to see them. All co-ordinators should ensure that their representatives know their views on topics to be discussed and that adequate feedback is provided on discussion and agreements reached by the Advisory Group.

Ten New Donor Transplant Co-ordinator Posts

Visits to Trusts were in hand to ensure that managers were able to fully sign up to Service Level Agreements with UK Transplant. Funding would follow when the posts were filled.

The Way Forward

The work of the TCAG Task Groups was ongoing to finalise management structures, job descriptions, training and education programmes, standards, audit and research requirements. A new Task Group would be established to take forward recipient issues.

Laraine Joy
Head of Advisory Group Executive
UK Transplant

Pam's new role

The news that Pam Buckley is leaving the tight little world of transplantation will come as a shock to many. For 16 years she has performed her role as transplant co-ordinator with drive and enthusiasm, taking great pride in placing Newcastle on the map at every opportunity. She has also made a significant contribution to shaping transplant policy and direction, as Secretary of the UKTCA for eight years, as member of various Advisory Committees and Working Parties and, more recently, as Task Group Chairman for the Transplant Co-ordinators Advisory Group and as Chair of the UKTCA.

But now Pam is moving on to new challenges. On 10 December she will leave all of this behind to become Specialty Manager for Renal and Urology Services at the Freeman Hospital, with no further responsibility for transplantation. According to Pam's long-term colleague and friend, Kim Russell, the new job is one she has always wanted to do. Managing budgets and allocating staff will suit her right down to the ground. "After all", as Kim said, "Pam's getting a bit old to be running around in the middle of the night. For this job you need a mature person's mind but the body of a 21-year-old." So Pam will relish being able to devote more time to her family and her main hobby – shopping.

But Pam will find it hard to let go of her co-ordinator role and will certainly miss all her transplant colleagues. She is leaving a good team behind, and Kim, Lynn, Sandra and Julie will keep up the high standards she set them. Pam has always been one of the movers and shakers, so watch this space.

We all wish Pam every success in her new role.

FROM FRONT PAGE...

Father Christmas signs up for donation

The Transplant Partnership have enlisted the help of Father Christmas to encourage people to "Sign one more card this Christmas". Unfortunately, the Bulletin cannot currently do justice to the brightly coloured image. Visit the Partnership's website – www.bma.org.uk/transplantpartnership – to download high-resolution versions of the image to use as a poster or copy onto labels for sticking inside Christmas cards or on envelopes.

As part of their campaign to promote the Organ Donor Register, the Partnership is encouraging as many organisations as possible to use a special franking stamp for all their mail during the month of December. UK Transplant will be doing this and also using the Father Christmas image on the corporate Christmas card.

Premier football clubs including Arsenal, Aston Villa, Everton, Leeds, Liverpool and various rugby clubs are including details of the campaign in their programmes and on their websites. An animated screensaver of Father Christmas signing a donor card (also downloadable from the website) has been created that will allow users to click directly onto the Organ Donor Register and sign on.

MPs will receive Christmas cards from the Transplant Partnership urging them to sign up to the register and encourage their family, friends and constituents to do the same. Members of the Scottish Parliament, National Assembly for Wales and the Northern Ireland Assembly will also receive cards.

So, take advice from Father Christmas and sign one very special card this year.

IN MEMORY

National Transplant Thanksgiving and Memorial Service

On a wet and windy Sunday nearly 200 people gathered in Ripon Cathedral for a very special service. They had travelled from as far afield as Kent, South Wales and Newcastle to remember loved ones and thank donors and their families for the gift of life.

The National Transplant Thanksgiving and Memorial Service on 7 October, organised by TIME (Transplants in Mind) was conducted by The Dean of Ripon the Right Rev. John Methuen. As a liver recipient he has great understanding of transplant issues.

The Candle Ceremony was very moving, with Ray Pearson (donor dad) and Paul Savage (recipient of Ray's son's kidney) lighting the main donor candle and the six recipient candles respectively. After this the congregation were invited to come forward to light their own candles in remembrance and thanksgiving. Kerry Morrison (recipient mum) read the poem *The Gift* and Jane Nix (donor mum) read *To Remember Me*. Other readings were given by the Mayors of Harrogate and Ripon.

Moving addresses on aspects of donation which had affected them and their families were given by the Dean, John Evans, Chair of BODY (British Organ Donor Society), and John Corps (recipient dad). The Cathedral organist and quartet provided a fitting musical accompaniment. We were also grateful to Mr Chris Rudge, Medical Director, UK Transplant, and his wife Mary for taking part in the service.

At the Dean's invitation, stands from TIME, BODY, York Kidney Patients, Donor Family Network and the transplant co-ordinator team at the Northern General Hospital, Sheffield had been set up to inform members of the public about organ donation and transplantation and the support networks available to help them and their families.

Sue Johnstone
Administrator
TIME

THE REAL MIRACLE OF TRANSPLANT SURGERY

Address given by Chris Rudge at the National Transplant Thanksgiving and Memorial Service in Ripon Cathedral on 7 October 2001

In September 1999, 11 of the pioneers from the early days of transplantation were invited to meet together in California to share their recollections. At this meeting, the development of transplantation was described as "one of the two or three most important advances in medicine to have been made in the twentieth century."

A "miracle of modern medicine" is another phrase that is frequently heard and read. This afternoon, I would like to explore just what it is that makes transplant surgery "a miracle of modern medicine".

I'm not, in these venerable surroundings, going to try to establish precisely what is meant by the word "miracle" – that's for philosophers or theologians or Cathedral Deans – but I am going to try to identify how something that was an impossible dream to those brought up in the first 60 years of the twentieth century has become, only a

generation later, an – almost literally – everyday event – that is, now it has become possible to save the lives of patients dying of heart failure or liver failure or kidney failure by giving them a new heart or liver or kidney.

To demonstrate the degree of scepticism and doubt about the possible eventual success of organ transplants, I can do no better than recount two stories about two of the great pioneers of transplantation in the UK. In 1950, when Roy Calne – now Professor Sir Roy – was a medical student at Guy's Hospital in London, he asked his very eminent consultant whether a young man dying of kidney failure could be saved by giving him a new kidney. He was told "No". Being Roy he persisted – "Why not?" he asked. "Because it can't be done" was the very final end to the discussion. A few years later, Sir Peter Medawar, who was without doubt the greatest scientist in the early days of transplant immunology, gave a lecture in Oxford about his extensive laboratory work. Afterwards a student asked Medawar whether it was possible to apply his experimental work to the treatment of human patients. The reply was blunt – "Absolutely not."

Even 15 years later when, like Roy Calne, I was a student at Guy's and had developed a fascination for transplantation, I asked one of the surgeons, who by then had started a programme of kidney transplants, whether it would ever "catch on" – whether it could become successful enough. He thought for a long time before saying that yes, perhaps, it might, one day, become part of routine surgical practice.



So what happened, and who made it happen?

Transplantation is almost unique in that it involves two apparently separate disciplines, science and surgery, each of which could only succeed with the help of the other – so much so that the boundaries are almost completely blurred. It is now not at all clear whether science has unravelled the hugely complex problems of rejection and tissue matching and so on, allowing surgeons to perform transplants with ever-increasing success, or whether surgeons – in their typically cavalier way – have persevered with their prime object of trying to make sick people well again and left it to the scientists to explain where they went wrong – or, occasionally, where they got it right. The truth is probably somewhere in the middle.

Undeniably, though, our understanding of the basic science of the immune system has been a fundamental part of the path towards success. The rate of progress has increased dramatically in the past 20 years, stimulated, at least in part, by the work of Jean Borel in Switzerland who first of all discovered that cyclosporin is a highly potent anti-rejection drug and then spent the next 20 years trying to find out how it worked. We owe a huge debt of gratitude to the thousands of research scientists all round the world for their contributions.

But let's go back to the surgeons because they, after all, deal with real people. They make real, sometimes very immediate, decisions and the consequences of their decisions and their actions are very apparent. What sort of person does it take to start the first programme of liver transplants, to see the first six patients all die during or immediately after the operation – and to carry on, as Tom Starzl in Denver did? I couldn't, and nor could most of us. And what sort of a person was Chris Barnard – who sadly died just over a month ago, who felt able, for the first time in history, to remove the heart of a living person, knowing that unless he could make the new heart work immediately, his patient was dead? It takes a quite remarkable degree of determination and confidence to do these things and to carry on doing them despite so many failures and so few successes and I take my hat off to all the early

transplant surgeons for their courage and their persistence.

And what of their patients? I find it difficult, now, to think how I would respond if I were told that my life depended on a heart or liver transplant, even though the odds are now so heavily in favour of success. What must it have felt like to be told – like Louis Washkansky, the first heart transplant recipient was – that your survival depended on an operation that had never been done before. Or Philip Blaiberg, the second heart recipient, who knew that Washkansky had died after only 18 days. Or Starzl's seventh patient, knowing the fate of the first six liver transplants. Not only did it take a very special man to carry out these early operations, it took a pretty special sort of patient to agree to them – something, perhaps, that is still true today.

To describe transplantation as unique because it involves brilliant scientists, courageous surgeons (and physicians) and brave patients, is, however, to miss the most remarkable part of the story. What *really* makes transplant surgery so extraordinary is that it involves not only the recipient of the transplant but also the donor. Kidney transplants may involve a living donor and that itself is a pretty special deal – to undergo major surgery and give up a kidney for someone else represents an act of courage and generosity way beyond the call of duty and I have never, ever, lost my respect and admiration for those who do this. But of course the majority of transplants in this country use organs from people who have died – almost invariably suddenly and tragically – and organ donation occurs because that is what they wanted or because their family and friends have felt that that is what they wanted. It is here that transplantation moves beyond a mere medical miracle and represents all that is good about human nature. All the work of all the scientists in all their laboratories, all the courage and skill of surgeons and physicians and their patients would count for nothing if organ donation didn't happen. This is the real miracle.

Chris Rudge
Medical Director
UK Transplant

TO AN UNKNOWN FRIEND

Reflections on receiving a corneal graft from an unknown donor...

We have been together almost a decade now, you and I – every moment of every day and every night – and yet we have never met. Intimately connected, and yet I will never know your name.

I don't know how tall you were, or the way you wore your hair, or what colour shone through the window we both know so well. I don't know what you liked to do, or whom you loved... who it is, apart from me, that thinks about you still, and misses you when others have long since forgotten.

All I know is where you used to be – certainly not where you are now, apart from the tiny, precious fragment that we share.

"Thank you" seems inadequate for such a gift – such a costly sharing.

What was the last thing you looked out on before the shutters fell on your world and rose on mine?

Do you see what I see now? Do you understand it better than I do? When my tears blur our vision, do you feel sad? Are you content that it was my world, and not some other that you happened to join?

"Thank you" seems inadequate, and so I offer it with a promise: I will look... and see... and when I catch a hint of a glimpse of a shadow out of the corner of our eye, I'll wink, and say "hello", and enjoy seeing my world through your eyes, my dear, unknown friend.

Rev Dr J Mary Henderson
St Andrews
Fife

BETWEEN THE IDEA AND REALITY –

***Our Child Needs a Heart* was an impressively moving Real Life documentary shown on ITV on 4 September. Producer/director Julian Hendy describes how he told the stories of two 12-year-old girls awaiting a transplant and Pauline Whitmore gives an insight into the benefits of co-operation between transplant professionals and programme makers.**

It was gone midnight when the phone rang. I groaned. I'd just gone to bed and put the light out, but I knew who it was. It was "The Call" – the fourth one that we'd had so far. I knew that I was going to have to gear myself up for action, find a film crew, organise a vehicle and drive 100 miles to Newcastle to film an intricate and potentially difficult operation on a very poorly girl. And I also knew that that operation might not happen.

The call was from my friend, Alexis, the associate producer of the film that so far had taken eight months to make – and every day on standby. It was a good insight into the daily experience of all families on the transplant list.

That night Alexis was at a party in Manchester and having had a couple of G&Ts thought it better not to try and drive herself. There were no trains and in the end she took a taxi to Newcastle.

We'd received the first call back in June, when we learned that a donor had been found for Jessie Gould, a 12-year-old transplant patient at Great Ormond Street. I remember our first reaction then was – mildly – to panic.



Jessie Gould

We worried whether Jessie would be all right, whether we'd make it down to London to film on time, could we find a crew, would our camera batteries last, would we just get in the way? And a hundred more other worries and problems to think about.

During the initial planning of our film we had visited both the Freeman and Great Ormond Street hospitals to discuss our proposal in some detail and to learn what would and would not be possible to film.

From previous experience on similar films I knew that we would have to be as clear as possible about what we hoped to achieve and to try and answer as honestly as possible any concerns that any member of the hospital team might have.

We wanted to paint as accurate a picture of transplants as possible from the viewpoint of the children and their families themselves. Unlike some of the recent TV coverage, we didn't want to suggest that transplants are always a success and always trouble free. We wanted, as far as possible, to paint a realistic picture of the issues around transplants.

We knew that there were no guarantees with transplants and we obviously had no way of knowing how well the children we featured would do. We hoped our film would turn out to be positive and would encourage people to register as donors.

We were very aware of patient confidentiality issues and knew that we would need the hospitals' help in forwarding introductory letters, telling patients and their families about our project and asking them to contact us if they'd like to talk to us about possible involvement in our film.

We didn't expect or get too many replies to our letter. We knew (also from previous experience) that some people who would put themselves forward "to be on the telly" might not have thought their involvement through and turn out not to be suitable for us. We were also aware that some people who would agree to be filmed just might change their minds, particularly if things started going wrong.

Jessie Gould chose us herself. At the time her life was very restricted. I'm not sure whether she wanted some diversion from being stuck at home and confined to a wheelchair, or whether the fact that we were from Yorkshire Television (and make *Emmerdale*), would allow her to feed her insatiable desire for Soap gossip. We filmed Jessie and her family one week in July last year, and got the call the following week.

It was an anxious time. We always asked the families and staff for permission, each and every time we filmed them. We tried to be as sensitive as we could because I knew that this was the only way that we would be able to gain trust. I've always tried to think what it would be like for me if it were my son going into an operating theatre, and how I would like to be treated. The more we could build up trust with the families and the hospitals, the better and more accurate film we would achieve.

It is a wondrous sight to see a new heart start beating again after being frozen in ice. I know some of the surgical staff may have got used to it by now, but having seen this twice now it still appears miraculous to me.

Jessie made a remarkable recovery. A week after the operation she was going up and down stairs like nobody's business, something that was previously well beyond her.

We got to know Hannah Pudsey, from Driffield, after Jessie's operation. Hannah was on the transplant list at



Hannah Pudsey

THE MAKING OF A DOCUMENTARY

the Freeman Hospital, and unlike Jessie, had some previous experience of the media. As a fan of *Big Brother* she knew exactly what a 'radio mic' was, and where to put it!

Hannah had a much longer wait for her operation and she'd already had one call before we got to know her. We were called out on two further occasions when donor hearts became available, but unfortunately turned out to be unsuitable. On the night of her final call, nobody was certain whether she'd be disappointed again.

We tried to be well organised for filming. We arranged a number of crews to be on standby should the call come. At the Freeman, they needed everybody who was going into a sterile area to be swabbed and tested for MRSA. But on the night, no swabbed crew was available – and I ended up taking a small digital camera into the theatre and filming the operation myself.

We could not have had better help from either hospital. We tried to understand their needs and let them know ours as far as practicable. They supported our aims and often went out of their way to try and make our job easier.

Once Jessie and Hannah were on the mend, we had to try and put together a film which would try and tell their stories in a popular and engaging way. I've always believed that the best documentaries are those which move people, either to anger, or fear, or sympathy, but in the end leave the audience thinking that they have experienced something. And that was something we consciously tried to do to make the message of our film more effective.

We were helped enormously by the courage of Julie Stevens, whose daughter Toni, a cystic fibrosis patient, donated her heart to Jessie Gould in a domino operation at Great Ormond Street.

We had met Julie Stevens during our filming on the night of the operation and over the following days as we attempted to film Jessie Gould's recovery. It was a very difficult time for her. Toni survived the operation but died two weeks later.

We waited for six months before we considered approaching Julie, and initially asked the transplant team at Great Ormond Street to gauge whether it would be appropriate to speak to her. Julie thought long and hard about whether she would take part in our film, and finally decided that Toni herself would have wanted her to do it.

She spoke with amazing clarity and strength about her daughter and her terrible illness and about her experience as a mum around the time of the transplant. Although she was very aware of Jessie's remarkable

recovery, she was without rancour. "The best thing Jessie could do for Toni would be to give her Mum and Dad hell, and live life to the full, because that was what Toni was all about."

It was certainly a moving experience for us as film-makers to be allowed to accompany the families for part of their emotional and often difficult journey. We met some remarkable people during the making of this film. We won't forget them.

Julian Hendy
Producer/Director
Granada Media

THE MAKING OF *OUR CHILD NEEDS A HEART*

When the press office rang the Transplant Office to say Yorkshire Television wanted to make a documentary on children waiting for heart transplants, eyebrows were raised. Concerns ranged from "Would it be handled sensitively?" to "Will they get in the way?"

We met with the production team, namely Julian and Alexis, and felt comfortable with the way they saw the programme developing. All the heart transplant patients on the waiting list were written to telling them about the programme and giving them the opportunity to talk to the production team if they wished to.

Jessie Gould and her family agreed that they would like to take part in the programme and met with Julian and Alexis. The transplant team were kept informed that the production team would like to follow Jessie as part of the programme.

With that agreed the only thing to do was wait! A domino donor became available on 26 July 2000. Jessie and her family were informed and brought to Great Ormond Street. The production team were telephoned and made a hasty trip to London from Leeds. The time leading up to the operation is always very emotional for any family, but the television crew were sensitive to the needs of both the family and the medical staff.

Jessie's operation went well and she was free from all her lines fairly quickly. Unfortunately, Jessie's donor, who had received a heart/lung block, died. With both the recipient and the donor in the same hospital emotions were running high. The television crew were excellent – they were kind, sympathetic and supportive to both sets of parents whilst trying to deal with their own emotions at such a time.

On the whole, this was a positive experience for both the television crew and the transplant staff. The programme showed how the media and hospital staff worked together to produce an honest and balanced view of cardiac transplantation.

Pauline Whitmore
Transplant Co-ordinator, Cardio-Thoracic Unit
Great Ormond Street Hospital

The documentary received praise from many quarters of the transplant community for its sensitivity and honesty. UK Transplant is very grateful to Yorkshire Television for providing 38 free video copies of the programme for educational and training use by transplant co-ordinator teams.

CLINICAL SCIENTIST TO BE NEXT BTS PRESIDENT

This article is reproduced with kind permission from
BSHI Newsletter, vol 44, page 13.

The BTS was established in 1972, with Sir Peter Medawar as its first chairman, and is the representative body for clinical and scientific transplantation affairs in the UK and Ireland.

BTS Members include transplant surgeons, co-ordinators, nurses and clinical and basic scientists with membership open to any professional active in clinical or experimental transplantation of any organ or tissue. At the Fourth Annual British Transplantation Society Congress held in Oxford at the end of March, the current President of the Society, Professor J Andrew Bradley, announced the results of the recent elections. He declared that Dr Philip Dyer would assume the office of BTS President Elect, taking over as the next President from the 2002 to the 2005 Annual Congress.

Philip Dyer is a Consultant Clinical Scientist in the Transplantation Laboratory at Manchester Royal Infirmary. He has recently been awarded academic status as Honorary Reader in Transplantation Science in the Faculty of Medicine, Dentistry, Nursing and Pharmacy at the University of Manchester. Philip achieved his PhD at Birmingham University in 1978 in the field of immunogenetics and reproductive biology. Following a move into H&I at the Blood Transfusion Centre in Birmingham he took up post-doctoral research in Manchester in 1979 and became director of that laboratory in 1981. He achieved Membership of the Royal College of Pathologists in 1989 and subsequently Fellowship.

Philip is well known to members of the British Society for Histocompatibility and Immunogenetics as being the founding chairman of that society in 1990. He is currently



Chairman of the College Sub-committee for Histocompatibility and Immunogenetics and is a member of the College Standing Committee for Clinical Science. He is also currently Chairman of the Manchester Royal Infirmary Consultant Clinical Scientists' Group.

Philip has held office previously in the BTS as a Member of Council, as General Secretary and as a member of the Ethics Committee. He was a member of the

Unrelated Live Transplant Regulatory Authority until 1999 and has served on Department of Health working groups.

Away from work, Philip is married to Elizabeth and has two boys aged 15 and 18. He enjoys the tranquility of walking and gardening and often visits the Pembrokeshire Coast National Park where he is reported to spend fruitless hours standing by a fishing rod.

As a non-clinician entrusted by the BTS Members with guiding the Society into the future, Philip has spoken of experiencing the emotions of trepidation and excitement. His objective is to maintain the position of the BTS as the voice of all transplantation professionals and to enhance its multi-disciplinary constitution. It is an honour not just for Philip personally but also for scientists working in H&I that a clinical scientist has been elected as President of the BTS. This should encourage BSHI members working in the field of transplantation not only to attend the BTS Annual Congress but also to become actively involved in that society as well as BSHI.

Susan Martin
Transplantation Laboratory
Manchester Royal Infirmary

13th World Transplant Games Japan 2001

An Athlete's Report

After competing in the British Transplant Games in Gateshead in July 2000 and earning a bronze medal in the 1500 metres, 5000 metres and the 5000 metres walk, veterans class, I was selected by the Transplant Sports Association of Great Britain to represent my country in the World Games in August in Japan.

As the veteran's class started at 45 years and I was already 52 I knew that this was probably my one and only opportunity of going to a World Games since they are only held every two years. As it was already the beginning of April, I realised that my usual training methods that had held me in good stead over the years were not nearly enough to compete against 48 nations of the world.

I decided to join a gym. As I work in Mill Street, Leominster I chose the Bridge Street Park gym just round the corner, where I was introduced to the Personal Fitness Trainer Ged Musto. After talking for a while about what I wanted to do and my fitness level, Ged wrote out a comprehensive programme aimed to get me in the best possible shape for Japan. So began my training, one and a half hours a night, three nights a week plus my usual runs, for the next four months, with Ged keeping an eye on me.

Thinking realistically before leaving for Japan, I hoped I might sneak a bronze in the walk. The two Brits who had beaten me in Gateshead in the British team had been in the medals in Hungary last time out and I hoped I might be inspired by them.

So to Japan. For my first event – the 5000 metres – all the runners went together, the adults (18-30 years), seniors (30-45) and veterans (over 45), and because of the large field only the last 1600 metres were run in the stadium. I came in a very creditable fifth in my class beating the times of a number of adults and seniors.

After a break of four days spent light training and watching other events came the day of the walk. Looking round at the start at about 50 veteran walkers from all over the world I thought that this was my only chance of a medal. Soon we were under way and I found myself seventh or eighth after the initial 10 minutes or so. I could see one of my fellow Brits leading, but where was the other one? As the race progressed I had worked my way up to second position. With only one lap of the track left, although still in second position and hurting, I was expecting a couple behind me to draw closer and go past, not least the other Brit. With 100 metres left I had to turn and look. He was fully 10 metres behind me and, barring a tragedy, I knew that I had got a silver medal. Great Britain gained a first, second and third in the same event, the first time any nation had achieved it.

Standing on the rostrum later that day to collect my silver medal was the proudest moment of my life. I had won gold and silver medals in previous British games but nothing could compare with this.

My final event, my favourite of all, was the 1500 metres, the so-called Blue Ribbon event. This was held on the last

day. It was hot and the stadium held a lot more people than on previous days. It really was a wonderful setting, and as I took to the line I felt good in the knowledge that whatever happened in the next few minutes I was going home with my silver medal. I counted 18 runners all jockeying for position and I remember thinking that some of them did not look old enough for this event, particularly a lean looking Finn. As the race progressed I found myself in seventh place, tight on the heels of an Italian and Mexican with only 200 metres left.

It was at this point that I believe I benefited from Ged's training, the race tips, the preparation, even down to the diet whilst out there. Summoning up every last bit of energy, I went past the Italian and Mexican, but the race was not over yet. In the home straight they came back at me and we were almost shoulder-to-shoulder. With lungs almost bursting I managed to hold them off and crossed the line in fifth position.

In many ways this race gave me more satisfaction than the walk, not least for the way I kept going, and for that I have to thank Ged.

Very special thanks go to Mr Andy Stone and the pupils at the Chantry High School in Martley for the sponsored relay race that they organised on my behalf; to Dave Strangwood, Wayne Harris, and Ivor George for the disco at the British Legion, Leominster; to Fred Harris and Colin Strickland for the Quiz Night at the Bell Inn, Leominster; to my works, F H Dale Ltd; to Leominster Drylining; Sport Worcester for also getting involved; to the Kidney Patients Association at the Queen Elizabeth Hospital, Birmingham, and finally to my wife Doreen, my Mum, and sister Brenda. Without their help and sponsorship my trip to Japan would not have been possible and I thank them all from the bottom of my heart.

Tony Lewis
Kidney transplant recipient (QEH)

Transplant Statistics

1 January 2001 to
30 September 2001

Active = Active patients
Sus = Patients temporarily suspended

These statistics are provisional and subject to some modification (mainly due to belated notifications). Comparisons are given with activity during the same period (January to September) in 2000. Percentage changes are given when the activity rate is at least 10.

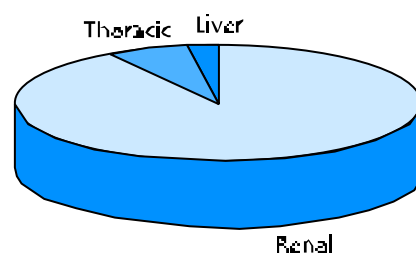
The number of donors reported in 2001 was 628 compared with 618 in 2000.

NB The same period in 2000 was one day longer.

National Transplant Waiting List at 30 September 2001

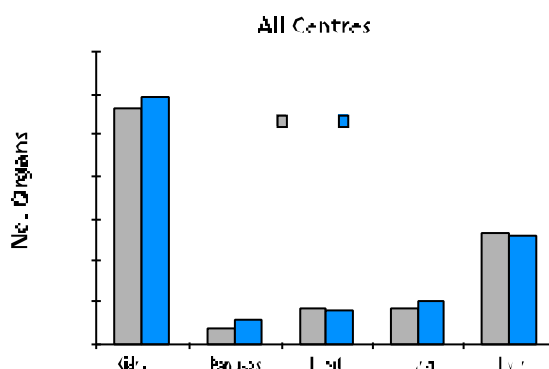
Organ	UK			Republic of Ireland			All Centres Total
	Active	Sus	Total	Active	Sus	Total	
Kidney	4796	1290	6086	0	175	175 *	6261
Kidney & Pancreas	109	30	139	0	13	13 *	152
Pancreas	10	22	32	0	2	2 *	34
Heart	114	7	121	22	0	22	143
Heart & Lung	78	2	80	0	2	2	82
Lung	232	0	232	0	0	0	232
Liver	159	1	160	20	1	21	181
Total Waiting	5498	1352	6850	42	193	235	7085

* Republic of Ireland operates its own Kidney allocation scheme



Cadaveric solid organ donors reported to UK Transplant, classified by organs donated

Organ	UK			Republic of Ireland		
	2000	2001	%change	2000	2001	%change
Kidney	1055	1097	4	90	91	1
Pancreas	74	119	61	7	6	-
Heart	162	155	-4	19	13	-32
Lungs	161	196	22	15	13	-13
Liver	492	489	-1	42	33	-21
Total Organs	1944	2056	6	173	156	-10
Total Donors	570	581	2	48	47	-2



Transplants performed in the UK and Republic of Ireland as reported to UK Transplant

Organ	UK			Republic of Ireland			Total		
	2000	2001	%change	2000	2001	%change	2000	2001	%change
Cadaveric Kidney	964	1004	4	81	79	-2	1045	1083	4
Live Kidney	255	261	2	0	1	-	255	262	3
Kidney & Pancreas	22	26	18	6	5	-	28	31	11
Pancreas	1	5	-	1	1	-	2	6	-
Cadaveric Heart	145	123	-15	9	8	-	154	131	-15
Domino Heart	10	9	-	0	0	-	10	9	-
Heart & Lung	24	26	8	0	0	-	24	26	8
Lung	68	74	9	0	0	-	68	74	9
Live Lung	2	2	-	0	0	-	2	2	-
Liver / Liver Lobe	486	502	3	31	24	-23	517	526	2
Live Liver / Liver Lobe	9	8	-	0	0	-	9	8	-
Total Solid Organ Tx	1986	2040	3	128	118	-8	2114	2158	2

Getting the business case into the House of Commons



Chief Executive Sue Sutherland outlined UK Transplant's plans to increase organ donation to MPs and Peers of all parties at the House of Commons.

She was invited to address the All Party Parliamentary Kidney Group on 28 November. But getting into the House of Commons was not easy, because of the increased security following the events of 11 September. "My advice for anyone else is to allow at least an extra 20 minutes for clearance", said Sue. "Fortunately I was not late for my appointment and I was very warmly welcomed by the Group."

Sue's address was aimed at increasing awareness about the role of UK Transplant and explaining the objectives of the business case and the progress to date in delivering them. She outlined the current initiatives to:

- fund 21 donor liaison schemes
- fund 11 centres to increase numbers of living donor transplants
- fund a small number of centres to develop non-heart-beating programmes
- provide a new structure, grades and job descriptions for organ donor co-ordinator teams.

Sue also told the Group that there are now more than nine million people on the Organ Donor Register and that organ donation campaign work would be transferred to UK Transplant from 1 April 2003.

The All Party Parliamentary Kidney Group, which is Chaired by Dr Evan Harris MP, Liberal Democrat Shadow Health Secretary, includes Peers and Members of Parliament and is supported by the National Kidney Federation.

To illustrate the public's support for donation and the obstacles to be

overcome, Sue read out to the Group a poignant letter she had received only a few days previously.

...continued overleaf

The letter Sue read:

"My husband died of a stroke on 11 April 2001 at Hospital X. He was 41 and in excellent health. He had chosen to donate all his organs on his death, he carried a donor card and had recently registered with the NHS Donor Registry through his employer. In order to comply with his specific request, I asked the nurse on duty for all his organs to be removed from his body and donated to save another person's life. He died at approximately 3 am and, believing that the process to comply with my request had been initiated, I went home.

The following day my sister returned to the hospital to register the death. She asked what progress was being made with the removal of his organs and was told that only his corneas could be used. The other organs have to be removed immediately upon the person's death, while the body is still warm. Since there were no surgeons around at 3 am to remove the organs they remained in the body and became useless.

If I had been aware of this procedure at the time I would have requested that his body be kept on a life support machine so that the organs could be preserved until a surgeon became available. I would have paid in full whatever the cost of the life support machine in order to comply with my husband's request.

People do not conveniently die between the hours of 9 to 5 on a Monday to Friday when surgeons are on duty. Unless they do, it seems from my experience that these vital organs will go to waste. My husband's heart, kidneys and liver had been functioning perfectly. Prior to the stroke he was in excellent health. His organs could have saved several lives. I am very disappointed that his death could not have saved the lives of others in the way he wanted.

I hope that the procedures can be changed to enable other potential donors to fulfil their wish in the way that I was not."

continued from overleaf ...

Sue explained that the letter was fairly typical of those she regularly receives from distressed relatives. Yet it was particularly poignant because the writer was still feeling so let down by the system more than six months after her husband's death. Sue told the Bulletin:

"It is always hard to find the right words to respond to such a letter. In my reply I explained that it is currently considered illegal in the UK to put a patient on a ventilator if it is not for the direct benefit of the patient and merely for the purpose of preserving their organs. Obviously staff in the NHS are required to abide by current legislation.

I went on to say, however, that the points she made were incredibly valid, not least because there is a shortage of organs and because her husband had made such a generous gesture to confirm his willingness to have his organs used after his death. I also told her that it was important that her views were heard by those in a position to influence national policy and the law in this area, and suggested that she might feel able to raise her concerns in the first instance with her local MP.

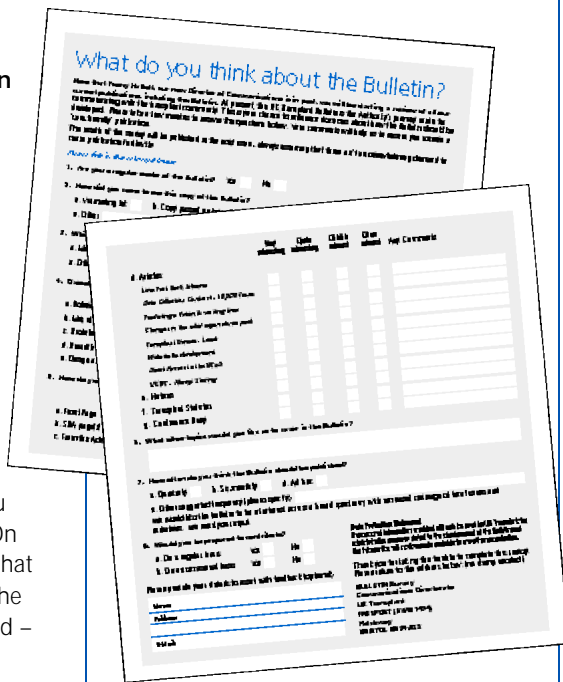
I feel extremely sorry that this particular woman was denied the comfort of knowing that she had carried out her husband's wishes to be an organ donor."

Keeping the Bulletin alive

In the last issue we printed a questionnaire to give readers an opportunity to influence decisions on how the Bulletin should be developed. We want to make the Bulletin more relevant to your needs and more "user friendly", but we need your help to make this happen.

The response rate for completed questionnaires was rather disappointing, and so we did some telephone interviews to gain more feedback. Thanks to all of you who took the trouble to respond. On the whole, the comments indicate that people are reasonably happy with the Bulletin – so its future seems assured – but there is certainly room for improvement.

We have a flavour of what people want to see in the Bulletin – more coverage of donor issues, articles on new initiatives in the UK and abroad, more human interest stories, ethical debates, articles on problems and how they are resolved and more conference reports. But we would like more of you to let us know what you think.



So if you still have a copy of the Autumn Bulletin, please take a few minutes to complete the survey questionnaire and send it back to us by FREEPOST.

Plans for the new design are well under way and the first new-look Bulletin, giving you more of what you want, will be published in March.

Welsh Organ Donation Website Launch

Potential donors in Wales can now register their wishes on-line thanks to a new Organ Donation website.

Police and Fire services in Wales have also given their support to a new campaign to increase registrations, by encouraging staff to register and making leaflets available to the public in their stations.

The National Assembly for Wales Health and Social Services minister, Jane Hutt, became the first person to register on-line at the launch in November. "On-line registration opens another route for potential donors to register their wishes on the Organ Donor Register", explained Ms Hutt. "The website will prove a valuable tool as more and more people use it to express their willingness to donate their organs after their death. We need to ensure the public are better informed and better able to give their consent."

Transplant co-ordinators, donors and recipients were among the guests at the launch in Cardiff. The publicity campaign, funded by The National Assembly for Wales, also includes adverts in bus shelters across Wales.

Information on how organ donation works is included on the website and the registration form also allows people to register as blood and bone marrow donors, as well as giving those already on the register the chance to amend their details.

The new site can be found at www.wales.gov.uk/organdonor

NOTICE

DATES FOR YOUR DIARY

National Transplant Week
7-14 July 2002

British Transplant Games
29 August - 2 September 2002
Loughborough

The Taunton Deane Formula

In the last two years over 226,000 people have registered their willingness to be organ donors, thanks to the efforts of one remarkable individual - Councillor John Meikle MBE. UK Transplant's Chief Executive Sue Sutherland has praised his magnificent achievement in promoting the importance of organ donation and pledged support for his future endeavours.

All of this success springs from a conversation at a Rotary Club luncheon, when Councillor Meikle asked eight colleagues if they were registered as organ donors. "No", they answered. When he asked them why not, they responded "Nobody ever asked us." But they were all willing to sign up. Councillor Meikle believed that many other people would also be prepared to join the NHS Organ Donor Register, if only they were asked. He arranged for the Mayor of Taunton Deane Borough Council, Somerset, to ask 80,000 electors the same question in a letter enclosed with the electoral registration mailing to save expense. Within three weeks in the autumn of 1999 11,500 electors had signed up.

In 2000, 12 councils followed the Taunton Deane formula, resulting in over 110,000 new registrations, and this September a further 11 councils have achieved an even higher total, and registrations are still being received. Councillor Meikle has written to 350 local authorities in England and Wales and received "significant" support for his scheme. Based on the evidence so far, he estimates that his formula for direct delivery of organ donation appeals with minimal expense and effort will definitely secure over 500,000 new names on the Register, with the potential to achieve many more.

Anyone wishing to find out more about Councillor Meikle's campaign or offer practical assistance can contact him as follows:

Tel: 01823 276041

Fax: 01823 259404

e-mail: jmeikle@hickleyvaltone.com

NOTICE

RENAL NATIONAL SERVICE FRAMEWORK: YOUR VIEWS ARE WANTED

The Department of Health is developing a National Service Framework (NSF) to improve renal services and has launched an interactive website on www.doh.gov.uk/nsf/renal.htm. You will find information there about the scope of the NSF, and who is on the External Reference Group. The Renal NSF is in four parts: the first, on the Effective Delivery of Dialysis, is expected next year; the second is on Transplantation, to be followed by Primary Prevention and Pre-Dialysis, and Alternative Models of Care.

The Department's Renal NSF team hope that you will use the website to give them your views, by contributing to the discussion area, or by suggesting a standard for inclusion in the NSF. They would like to hear all points of view, whether you provide the service, use it, or just feel strongly about some aspect of it.

To help promote the NSF, the Bulletins section of the website includes a printable poster/handout for display.

If you do not have access to the internet, you can still write to the Renal NSF team. Please address your letters to Ms Jane Verity, Renal NSF, Department of Health, Room 407 Wellington House, 133-155 Waterloo Road, London SE1 8UG.

Conference diary

2002

Nicholas Cup and the Ski Camp in Anzère

6-12 January, Anzère, Switzerland

Information: The Nicholas Cup is a ski race for any transplant recipient from 4 to 18 years of age, beginner or advanced skier. The camp has been organised to encourage participation from countries outside Switzerland and can accommodate up to 65 race participants. There will be 24-hour cover by a qualified nurse.

Contact: Nicholas Cup Committee 2002
Anzère Cp 12 CH-1972, Anzère, Switzerland

Tel: +41 7923 99047

Fax: +41 2739 92805

E-mail: info@nicholascup.com

Website: www.nicholascup.com

5th International Conference on New Trends in Clinical and Experimental Immunosuppression

7-10 February, Geneva, Switzerland

Information: The Secretariat,
Kenes International, 17 Rue de Cendrier,
PO Box 1726, CH-1211, Geneva 1,
Switzerland

Tel: +41 22 908 0488

Fax (international): +44 845 127 6008

E-mail: immuno5@kenes.com

Website: www.kenes.com/immuno

UKTCA National Symposium

6 March, The Albert Hall, Nottingham

Information: This is a symposium run by the United Kingdom Transplant Co-ordinators Association covering the issues surrounding organ donation and transplantation. The day includes the clinical aspects of organ donation, new innovations within the field of transplantation and a debate covering the ethics of both organ donation and transplantation. If interested in what promises to be a stimulating day please contact: Alex Allen, UKTCA Secretariat

Tel: 07071 223171

E-mail: alex@uktca.org.uk

What does the future hold for transplantation?

20 March, Barnes Hall, Royal Society of
Medicine, London

Information: Fleur Raggatt, Academic
Department, Royal Society of Medicine,
1 Wimpole Street, London W1G 0AE

Tel: 020 7290 2984

Fax: 020 7290 2989

E-mail: transplantation@rsm.ac.uk

continued overleaf

Conference diary

continued from overleaf

2002

Second Congress of the International Pediatric Transplant Association

7-10 April, Hotel Sofitel-Rio Palace, Rio de Janeiro, Brazil

Information: 17000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054 USA

Tel: +1 856 439 0500

Fax: +1 856 439 0525

Website: www.IPTA-Rio2002.com.br

Wessex Regional Transplant Co-ordinators 3rd Regional Symposium on Organ and Tissue Donation and Transplantation

13 May, the Holiday Inn, Eastleigh, Southampton

Information: Nickie Ashby/Jill Pallister, Renal Out Patients Department, St Mary's Hospital, Portsmouth

Tel: 023 9228 6000 ext 3110

Bleep: 576

XIX International Congress of The Transplantation Society

18-23 August, Buenos Aires, Argentina

Information: ana juan congresos, Sarmiento 1562 4o F (C1042ABD) Buenos Aires, Argentina

Tel: +54 11 4381 1777

Fax: +54 11 4382 6703

E-mail: info@transplantation2002.com

Website: www.transplantation2002.com

The 5th International symposium on Familial Amyloidotic Polyneuropathy and Other Transthyretin Related Disorders The 4th International Workshop on Liver Transplantation in Familial Myloidotic Polyneuropathy

24-27 September, Matsumoto, Japan

Practical Information: Takahiko Tokuda, Third Department of Medicine, Shinshu University School of Medicine, 3-1-1 Asahi, Matsumoto 390-8621, Japan

Tel: +81 263 372673

Fax: +81 263 340929

E-mail: tokuda@hsp.md.shinshu-u.ac.jp

Program information: Professor Shu-ichi Ikeda, Third Department of Internal Medicine, Shinshu University School of Medicine, 3-1-1 Asahi, Matsumoto 390-8621, Japan

Tel: +81 263 372671

Fax: +81 263 340929

E-mail: ikedasi@hsp.md.shinshu-u.ac.jp

NOTICE

ORGAN DONATION CONFERENCE STIRLING ROYAL INFIRMARY CONFERENCE CENTRE MONDAY 21 JANUARY 2002

The Scottish Executive Health Department set up the Scottish Transplant Group at the beginning of this year to provide it with advice on all aspects of organ donation and transplantation. Its membership is drawn from the public, the staff of each of the transplant units in Scotland, the Scottish Intensive Care Society and UK Transplant, the body responsible for the allocation of organs for transplantation on a UK basis. The most pressing issue facing transplantation is the severe shortage of donor organs and in an attempt to tackle this the Group is devising a strategy to promote organ donation in Scotland.

A major Conference has now been arranged to provide an opportunity to comment on the recommendations in this strategy. The Minister for Health and Community Care, who attaches great importance to the issues surrounding organ donation and transplantation, will be opening the Conference. Anyone interested in attending can obtain a booking form from:

Cheryl Paris
Scottish Executive Health
Department
2W, St Andrew's House
Regent Road
Edinburgh EH1 3DG
Tel: 0131 244 2946
Fax: 0131 244 2671

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UK Transplant Emergency Contact Telephone Number

In the event of the main UK Transplant system failing, there is an alternative telephone number that can be used - 0117 931 4777. During office hours this number will be answered by the UK Transplant Receptionist but out of hours the number is automatically directed to the Duty Office.

0117 931 4777 should only be used if you are unable to obtain a response from the 0117 975 7575 telephone number.

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TELEPHONE CALLS TO THE UK TRANSPLANT DUTY OFFICE

This notice is to inform users that all telephone calls to the Duty Office are recorded. OfTel have agreed that this statement is an appropriate safeguard permitting the recording warn tone to be suppressed.