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Roles of Religion and Geography in Organ Donation in the African-American Community

Having been skeptical about organ donation in the past, I was riveted by the original communication entitled "Many Facets of Reluctance: African Americans and the Decision (Not) to Donate Organs."¹ The study participants were 310 adult members of a New Jersey chapter of the NAACP. The results suggested that a decreased knowledge base about lung transplantation, a desire to maintain the integrity of the body, lack of trust of the medical community, and spirituality all played a role in the decision to donate organs.

Dr. Clive Callender, noted transplant surgeon and founder of the Minority Organ/Tissue Transplant Education Program, reported similar findings in 1991. Although I agree with the findings in this article, the sample size and geographic location of the study were limiting factors. Also, the study was limited because there were more female than male participants, and most participants had graduated from college.

Therefore, the sample was not representative of the general population. Finally, I believe that further emphasis needed to be placed on the significance of religion in making decisions about organ donation because it was a major hindrance in organ donation campaigns.

A study in the *Journal of Transcultural Nursing* addressed organ donation beliefs of African-American women in a southern community. The study stated that the women were most directly influenced by religious beliefs and kinship ties. Unfortunately, not found were stud-

ies with large sample sizes that compared beliefs based on geographic location. However, this small study covered a broader educational and age range than the *JNMA* article.

Susan Morgan addressed the significant role of religion in organ donation beliefs.¹ Specifically, study participants were concerned that organ donation conflicted with their religion. In a study by Deborah Wittig, some participants believed that organ donation was unnecessary for those who "live right."³ An article by Davis et al addressed organ donation beliefs among African-American clergy. This study concluded that African-American clergy believe organ donation is important and does not conflict with their religion. Again the sample size was small; however, the results were encouraging.

Compatible tissue typing is necessary for successful organ transplantation, and there is a critical shortage of African-American organ donors. Based on Organ Procurement and Transplantation Network (OPTN) data as of September 8, 2006, there were 25,605 African Americans waiting for organs and 400 African-American living organ donors.

What can be done to educate African Americans about organ donation? The medical community should seek out the religious community to help increase organ donation rates. This could be done through an educational program targeted to clergy. Instructors would teach the facts about organ donation and attempt to dispel myths. This method may help to increase the number of organs donated by African Americans and, in turn, decrease the number of African Americans in need of organ transplantation.

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If You Suspect It, You Can Avoid Thoracotomies

We read your article "Rare Cause of Pleural Nodularity: Splenosis," by Gezer et al with interest. We agree some cases of thoracic splenosis (TS) may require an invasive evaluation to diagnose, especially if there is not a high index of suspicion preoperatively. In the case presented by Gezer et al, however, there were sufficient historical data to consider the diagnosis of TS: multiple, left-sided pleural-based nodular lesions in a patient with a history of a gunshot wound leading to splenectomy.

When the diagnosis of TS is initially suspected, an extensive work-up, including surgical intervention or thoracotomy, as in the case presented here, can be avoided. Instead, this diagnosis can be made noninvasively with radionuclide imaging studies. Treatment, in most cases, is often conservative, especially in the asymptomatic patient. We also disagree with the author's statement that implanted splenic tissue offers protection against bacterial infection and that its removal may jeopardize this. The data supporting this is mostly anecdotal and has been disputed.¹⁻¹⁰

We therefore would like to emphasize the importance to all physicians and surgeons (especially those dealing with chest pathologies) that TS should be considered in the initial working differential diagnosis of multiple, asymptomatic, left-sided pleural-based lesions in patients with a history of thoracoabdominal injury and splenectomy. Once suspected, the diagnosis of TS can often be confirmed noninvasively. Awareness of this diagnosis may avoid unnecessary invasive diagnostic procedures, including thoracotomies.

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A R T I N M E D I C I N E

Before We Were Doctors

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Strange—those sounds—
churning, wailing and screeching
emanating from the ventilator you breathe from.

Before we were doctors
You and I were
the most loyal of friends.

“The most competent physician is sympathetic but unemotional,”
Your immortal words still ring in my ears
as I apprehensively walk towards ICU room 75 bed 2.
Once a lion of the wards, you sit motionless,
like a fawn slain,
face red as fire,
blankly staring towards heaven.
Here you lie,
drenched in a frigid blanket of tubes, wires, and lines,
frozen in a ponderous gaze.

Perhaps you ponder the weekend pick-up games
we lived for during our formative years.
Our first telescope in middle school,
Our first trip to Cooperstown,
Our first publication as interns.

The ventilator’s deafening cacophony muffles the
silent conversation between our interlocked eyes.
With every breath it vents our mutual silence
and our shared memories into oblivion.

Before we were doctors
You and I were
the most devoted of brothers.

I clear my throat
conscious of what you expect of me.
I step forward and stand at the foot of the bed, trembling.
“Can you wiggle your toes”? I ask you.
A tear rolls down your right cheek, followed by a muffled gasp.