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STRATEGIC COMMUNICATION AS A KEY FACTOR FOR INCRREASING ORGAN TRANSPLANTATION

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Abstract:
In the year 2011 61,500 people were waiting for a matching graft in the European Union. Thereof 5,500 patients passed away while waiting. Alone in Europe, an average of 12 people die each day as a result of the unavailability of matching organ transplants. Due to the permanent rising life expectancy, new technologies and chronic diseases like diabetes and hypertension the demand for organs, tissues and cells is worldwide continuously rising. The aim of this study is to show which indicators are decisive for closing the gap of the current demand and the availability of organs. From the methodological perspective three countries have been selected to underline the difference system and procedure in this sensible field. Spain occupies a pioneer role in organ donation and transplantation, whereas Germany and Austria are lacking behind. From the legal perspective Spain and Austria are quite similar with their presumed consent system (opting out) whereas Germany has an informed consent system (opting in). Hence, there must be other important factors leading to the following research question: *"What makes the Spanish Model so successful in comparison to the German and Austrian systems?* It can be shown that beside the respective legal framework a coordinated and integrated communication policy on the (inter)personal level (well-trained transplant coordinators) and on the organisational level (quality assurance and educational programme, national coordination agency) is crucial for succeeding in closing the gap between demands and realized organ transplantation.

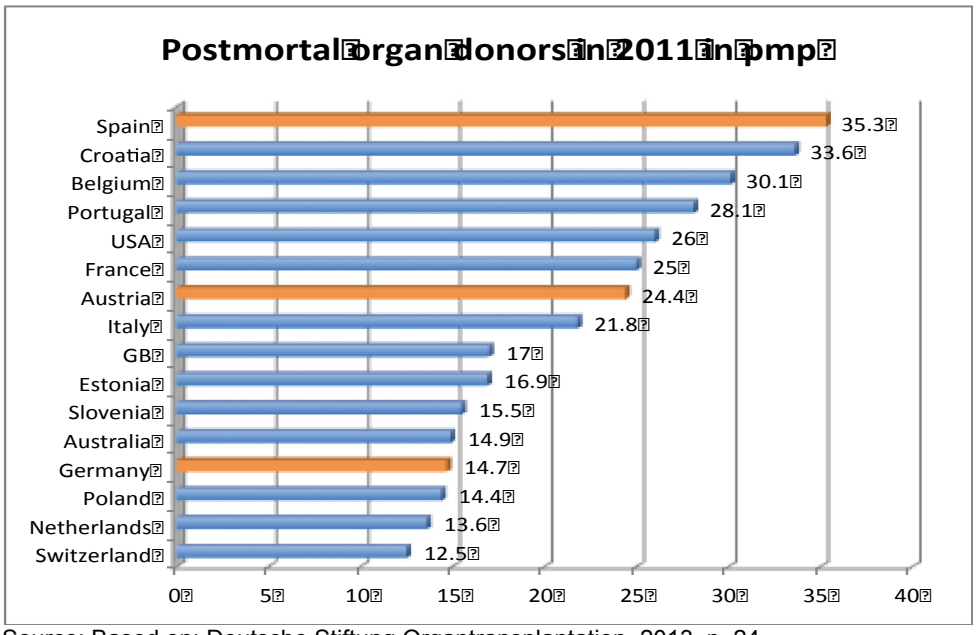
Keywords: organ transplantation, organ donations, integrated communication policy, consent system, Spanish model

1. PROBLEM STATEMENT

Organ transplantation can be viewed as one of the biggest achievements in the medicine of the 20th century. Especially for end-stage kidney failure it currently constitutes the best medical treatment. For other end-stage organ failures, it is even the only existing therapeutic alternative (Global Observatory on Donation and Transplantation, 2006c). In this way organ transplantation is a massive progress because it enables seriously ill people to live longer. 61,500 people in the European Union were waiting for a matching graft in the year 2011. Thereof 5,500 patients passed away while waiting (European Commission, 2012, p.1). Alone in Europe, an average of 12 people die each day as a result of the unavailability of matching organ transplants (Council of Europe, 2013). In comparison to the 61,500 patients on the waiting list, merely 30,290 organs have been transplanted in the year 2011 (Matesanz, 2012, p.14). These figures demonstrate that there are far too little organ donations in comparison to the people who are waiting for one and that "a worldwide shortage of suitable organs exists" (Irving et al., 2011, p.1). The scale of the demand for donor organs is even bigger in reality. Due to the permanent rising life expectancy, new technologies and chronic diseases like diabetes and hypertension, the demand for organs, tissues and cells is continuously rising (Council of Europe, 2013). Thus, the problem is that the organ supply is lower and not equal to or higher than the actual demand and that this gap is increasingly diverging. Such an undersupply of donor organs facilitates organ trafficking as well as transplant tourism (Matesanz et al., 2011, p.333-334). With an increase in transplantation, not only the quality of life of the patient would be improved massively, but also the health care systems could save expenditures due to less costly transplantations in the long run compared to permanent dialysis, for example (Lippincott, W., & Lippincott, W., 2011, p.30). Hence, one should examine possibilities in order to increase the supply side of organ donation by reducing common barriers to organ donation. It is a nations responsibility to cope with the needs of their population regarding organ donation and transplantation.

The organ donation and transplantation rates differ quite a lot between single countries (Delmonico et al., 2011, p.1414). With 35.3 postmortal organ donors per one million population (pmp), Spain is not only the country with the most organ donors in the European Union (EU) but also worldwide (Statista, 2011). The EU average is 18 (Lestrade, 2010). The World Health Organization (WHO) regards the Spanish Model as a measure at which other countries with lower organ donation rates can be adjusted to (Arte, 2011, online). Among such countries with lower organ donation rates are for Germany with 14.7 and Austria with 24.4 organ donors per million population in 2011 (pmp) (figure 1).

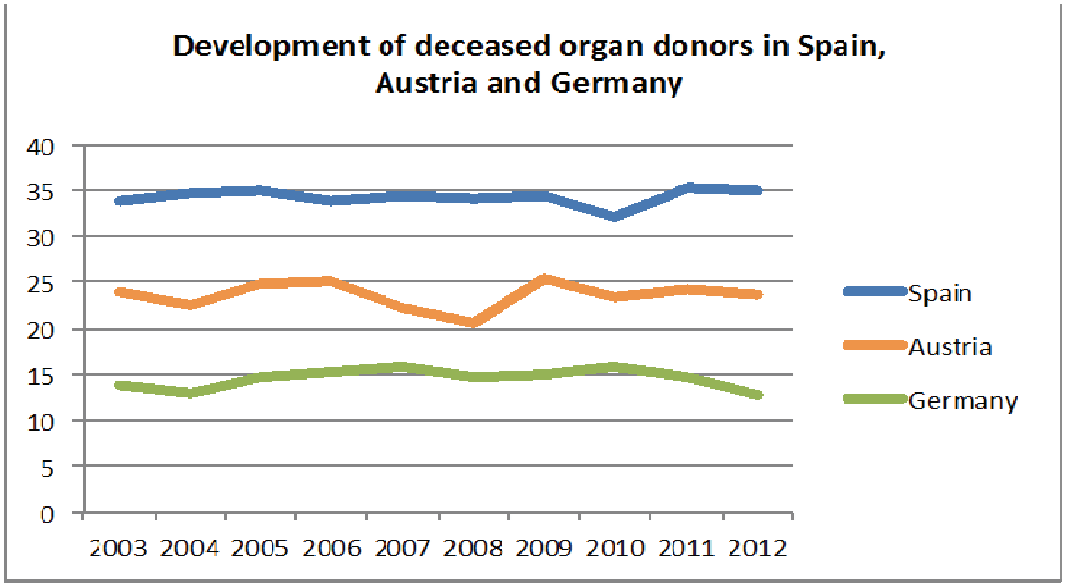
Figure 1: International comparison of postmortal organ donors in 2011



Source: Based on: Deutsche Stiftung Organtransplantation, 2013, p. 24

Figure 2 shows the development of deceased organ donors in Spain, Austria and Germany in a decade. Also here it can be seen that Spain keeps a considerable distance to Austria and Germany and stays at a relatively stable high level over the years.

Figure 2: Development of deceased organ donors in Spain, Austria and Germany (in per million population)



Source: Based on: Global Observatory on Donation and Transplantation (2006d, online)

"In the three countries, different regulatory frameworks prevail; Spain has a soft opt-out system and follows the example of the so-called presumed consent, where the family still has a say. Austria has with a strict opt-out system a quite similar regulatory framework as Spain. In this system everyone becomes automatically an organ donor provided that no objection exists. Only the objection of the deceased person is valid and the family has no right to object. Germany has an explicit or informed consent system and follows an opt-in approach (NHSBlood and Transplant, 2008). Informed consent requires that every citizen has to make, at least one time in life, an official statement with respect to their organ donation status (Ärzteblatt, 2011). According to the literature, there is no clear evidence that an opt-out system is the only factor which influences the amount of organ donations. Even within a country which has the same regulatory framework, there often exist huge, local differences regarding the organ donation rate. Hence, there must be other important and influential factors that have an impact on the number of organ donations (NHS Blood and Transplant, 2008).

Taking into consideration those differences, the overall goal of this paper is to examine the communication policy and process in the context of the respective organ donation and transplantation systems so as to achieve higher postmortal organ donation rates and thereby increase the availability of organs from deceased donors. Thus, the main question to be analysed is the following: “What makes the Spanish Model so successful in comparison to the German and Austrian systems?” In the following chapters the importance of strategic communication within the respective organizational surrounding is in the focus of the analysis. Communication is a basis for transferring information to the respective stakeholder in general and to donors and their families in special. The comparative analysis between Spain, Austria and Germany facilitates to highlight the differences and is the basis for general recommendations and conclusion.

2. STRATEGIC COMMUNICATION AS KEY INFLUENCING FACTORS

According to the World Health Organization, a donor is “a human being, living or deceased, who is a source of cells, tissues or organs for the purpose of transplantation” (World Health Organization, 2009, p.10). Generally, there are six major steps regarding the process of deceased organ donation (Schauenburg & Hildebrandt, 2006, p.1219):

1. Donor detection
2. Evaluation and checking for medical contraindications
3. Organ maintenance
4. Receipt of consent for organ donation

5. Organ allocation, explantation, preservation
6. Transplantation

Each individual step carries a risk of losing a potential donor given that something goes wrong. The greatest risk of loss is contained in the first step, namely during the donor detection and the referral of potential donors (DOPKI, 2009, p.6)he modality, how the whole organ donation and transplantation process is organised and structured, affects the organ quality and safety as well as the ascertainment and forwarding of organs. In this way, it has an impact on the number of transplantable organs. In many countries, there exists a national organisation that is in charge of the coordination of organ donation and transplantation within the respective country. Aside from a centralized headquarter a decentralized regional structure is also advantageous (DOPKI, 2007, p.7). According to WHO guidelines, the existence of a national institution is a crucial factor for the success of the whole organ donation and transplantation system because such a national institution is charged with the management of "oversight, maintenance of professional standards and ethics, regulation, policy setting, monitoring and evaluating of organ donation and transplantation programmes" (Lippincott & Lippincott, 2011, p.31). In this context strategic communication plays an important role: "Strategic communication uses multiple tools, drawing from all communication-related disciplines to talk with various groups of people…The strategy of choice in a competitive environment is proactive, two-way communication, in which organizations plan for and initiate relationships with the people important to their success. This approach emphasizes dialogue over monologue" (Smith, 2013).

3. THE ROLE OF PHYSICIANS, NURSES AND FAMILY MEMBERS

Physicians as well as nurses, who are working in the area of acute care, play an important role in the identification of possible donors and the generation of grafts (Lippincott & Lippincott, 2011, p.31). Approaching potential donor's relatives, which should be always ensured, is an especially crucial step in the acquirement of organ donors. According to the National Health Service of the United Kingdom (NHS) it is the most important influencing factor. The health care professionals who are responsible for this challenging conversation with the families have to be supported through suitable educational trainings in order to be able to talk competently and sensitively with the next of kin in order to generate as many organ donations as possible (NHS Blood and Transplant, 2008, online). It is a fact that "health care professionals with a higher education level […] feel more comfortable in approaching relatives of potential organ donors" (Schaeffner et al., 2004, p.1714). This is why health professionals should get educational training. Personal skills, experiences and style are very important components in this context (Gevers et al., 2004, p.184). If the conversation with a family runs smoothly, they are more willing to make one or more organs of their deceased family member available for donation (NHS Blood and Transplant, 2008).

A study analysis from Martínez et al. (2001, p.405-417) ascertained, which variables have a significant impact on family decisions concerning consent or refusal of organ donation. The researchers concluded that there are four variables which have a major impact on family decision-making. It is evident that clear communication on the interpersonal level helps to facilitate the difficult situation. *1. Knowledge*: The first variable is the knowledge of the family about the will of the deceased family member concerning organ donation. If the family is aware of the wish of the deceased, they normally tend to abide to that expressed wish. Especially in case of bereavement, which constitutes a very stressful situation, people tend to stick to easy and clear decisions. It is very useful and relieving for the relatives to know the deceased person's decision because it diminishes the dubiety of the whole situation and takes the pressure from the family to make a decision. In case of no knowledge about the will of the deceased, the family is in charge of making a decision instead, which is then mostly dependent on contextual and intrapersonal variables such as individual treatment and previous obtained medical attention in the hospital.

2. Family ties: The second determined factor is the intensity of family ties. A connection between the organ donation transplant co-ordinator's perception of the family tie and the family's decision was found. This connection can be easily explained by the following fact: An existing conflict within a family causes additional stress and hassle in this already difficult time of grief and complicates or perhaps hinders a smooth decision process. The possibility of organ donation refusal is higher if a conflict within a family exists.

3. Interaction between the family and the hospital / the healthcare institution: There is an association between the families' satisfaction with the degree of medical attention received in the hospital and the attitude towards organ donation. If the experience is a positive one, the decision-making of the family will be influenced in an equally positive manner. However, the same applies for the opposite case as well. A good communication between the hospital staff and the families concerning the patients' health status is essential in that context which more often leads to a pro organ decision. The treatment of families in an empathetic and supportive way, the thoughtful choice of a calm and private location for the donation enquiry, the prevention of pressure during the decision making process of the family, the respectful treatment of the family members before and after the death of the relative as well as the allowance of private time with the deceased tend to have a very positive impact as well.

4. THE SITUATION IN SPAIN

The steady increase of the organ donation and transplantation rate in Spain and therewith the overall success of the Spanish organ donation and transplantation system can be ascribed to the implementation of some measures which are largely of an organizational origin. The aggregate of these actions can be summarized under the term "Spanish Model" and have been approved after the establishment of the ONT, the Spanish National Transplant Organization in the year 1989. The decentralized structure with its different levels of coordination is the essential characteristic of the Spanish Model. The three various levels which coordinate the donation activities are interlinked with each other and are at the national (ONT), regional (17 regions) and hospital level (Martínez et al., 2001, p.406).

Transplantation coordinators are employed on all three levels; local, regional and national (Bouwman et al., 2013, p.117). The transplant coordinators constitute a crucial role in the Spanish Model because they are in charge of the identification, evaluation, maintenance and interlocution with families of possible organ donors. In Spain with the possibility of a soft opting out since 1999, the person automatically becomes an organ donor in case of no expressed refusal. However, family are usually contacted and consulted regarding the consent or refusal of donation. If the affiliated parties refuse the donation request, this decision will be respected (Gevers et al., 2004, p.180).

Each hospital, which has an Intensive Care Unit (ICU) or acute beds and the allowance to procure organs as well as tissues, has an in-house transplant coordination team. These transplant coordinators are not external coordinators but rather hospital internal physicians, in most cases intensive care physicians or anaesthesiologists, who work part-time as coordinators. This gives the advantage of pursuing the genuine profession while being present as transplant coordinator even in small hospitals (Matesanz, 2003, p.737). The coordinator is independent from transplant teams but interconnected with national and regional coordinators. This person is responsible for the creation of a donor detection program and for a transformation of potential donors into actual donors through an early identification process (Matesanz et al, 2011, p.335). In-house transplant coordinators have a major advantage in comparison to external ones in that they are familiar with the intensive care unit conditions, they have professional insight as well as authority, thereby reducing potential donor losses.

Those in-house transplant coordinators have the opportunity to follow an initial training and regular seminars (Bouwman et al., 2013, p.117). Other Spanish employees in the healthcare sector who are involved in the organ donation and transplantation process also have the possibility to take part in comprehensive educational training which aims at maximizing organ donations. This educational training includes also the communication with the respective stakeholders like "family approach, communication of bad news, grief management of refusals, cultural issues, organ allocation, approach to the media…" (Rodríguez-Arias et al., 2010, p.1109). The training programs comprise the improvement of the whole organ procurement process: Family approach, donor identification and management through highly qualified personnel, legal and organizational aspects as well as an adequate resource management (Martínez et al., 2001, p.406).

Intensive care physicians have a favourable impact on the families' decision because during the treatment of the patient, they can establish a good relationship (Rodríguez-Arias et al, 2010, p.1109). They talk to the affected families in an appropriate way and explain the whole organ donation and transplantation process to them. Through this approach, the families are made aware, how valuable their consent could be for donor recipients (Spooner, 2003, p.952). Trust in the physician as well as satisfaction with the received care in the hospital, makes a pro-organ decision more likely. This might

also be one of the reason why the donation refusal of Spanish families is in general quite low (Rodríguez-Arias et al., 2010, p.1109): In the year 2008 it has been 17.86%, in the year 2010 19.03% and in the year 2011 15.89% (Bouwman et al., 2013, p.116). Thus, the high family agreement can be attributed to the well-trained hospital coordinators who continually learn how to correctly communicate with and look after the families. The special Spanish communication training model for the transplant coordinators focuses on the following points: Identification of stress reactions of family members, emotional stabilization and informing family members as well as making an active contribution to agreement. These educational trainings enable the coordinators to better deal with bereaved families (Poepplein, 2012, p.524). A Spanish survey conducted with 200 families found that 78% of them have changed their mind and expressed consent for donation after they received an explanation regarding the organ donation process. This emphasizes the success of the communication trainings for health professionals (Spooner, 2003, p.952). Another reason for the low refusal rate could be the fact that Spain is using protocols, which try to ascertain the causes of refusal and the attempt to invert these refusal afterwards (Rodríguez-Arias et al., 2010, p.1109).

A study from Febrero et al. (2013) examined the knowledge of adolescents in Southeast Spain with respect to the concept of brain death. This concept is of great importance because the ignorance about brain death counts as a main psychosocial barrier to a positive attitude towards organ donation and transplantation. There exists an association between the lack of knowledge about brain death and the fear of being wrongly declared dead. Furthermore, adolescents are crucial for the future organ donation in our population and hence can be seen as a target group. The results of the study revealed that 38% of the surveyed adolescents knew about the brain death concept, whereas the majority with 54% did not know it and 8% thought that brain death is not considered to be the factual death of a person. Those teenager who had knowledge about the brain death concept, had in general a more positive attitude towards deceased organ donation compared to those who had no or a false knowledge about the brain death concept. So all in all one can state, that the knowledge and as a consequence the right communication of this knowledge holds the possibility to influence the attitude towards donation in a favourable way and therefore can have an impact on future organ donation rates (Febrero et al., 2013, p. 3586-3587).

This highlights also the development that even if the major focus lies upon deceased donation, In-house coordinators are also increasingly involved in areas like “promotion, training and education, relation with mass media, management of resources, research” (Matesanz et al., 2011, p.335). The so-called transplant procurement agencies information policies make a point of doing public communication about the issue of organ donation in an organized and caring way. In this way a positive attitude towards organ donation is communicated to the Spanish society (Martínez et al., 2001, p.406).

5. THE SITUATION IN AUSTRIA

The Austrian organ donation and transplantation system is a three-tier coordination system with a national, regional and local level (Bouwman et al., 2013, p.27). In Austria different institutions and organisational units exist that have a close cooperation with each other in order to manage the challenging task of organ donation and transplantation (Eisenmann et al., 2013, p.7). With the foundation of ÖBIGTransplant in the year 1991, Austria has a public institution, which coordinates the donation and transplantation activities on a nationwide scope (Global Observatory on Donation and Transplantation, 2006a). The institution is responsible for the statistical as well as administrative requirements, administers the waiting lists, records Austrian transplants is responsible for public relations and establishes guidelines. An important part of the ÖBIG-Transplant is the transplantation committee which consists of experts and lobbyists from the transplant and healthcare area (Eisenmann et al., 2013, p.8-10).

Austria’s nine federal states are combined into five care regions, namely region North, South, West and two times East (Eisenmann et al., 2013, p.25). For each of the five region there is a so-called regional transplantation advisor (TX advisor). The major task of this TX advisor is to support the donor hospitals with the announcement and the care of the possible donor and to help with the communication between donor hospital and transplantation centre. Furthermore, the TX advisor is in charge of the establishment of the so-called local transplantation representatives (LTXB) and of the communication and educational seminars for the coordinators. As of 2009 local transplantation representatives have been implemented, especially in those hospitals with a high possibility of caring

for possible organ donors respectively in specialised hospitals. The LTXB, who is usually working on the intensive care unit, is the responsible person for the process and all issues around the subject organ donation and transplantation in the hospital. He has to be involved in case of procedural problems. The LTXB is additionally in charge of training courses, motivation and quality assurance. At the end of year 2013 there have been 25 LTXBs (Eisenmann et al., 2013, p.7-8). So Austria has regional as well as local transplant coordinators, who receive educational trainings on a regular basis (Bouwman et al., 2013, p.27). Next to the LTXB and the TX advisor there is also the transplantation coordinator, who works in the coordination centre. The coordination centre is in charge of the organ coordination and is located in the respective transplantation centre. The transplantation coordinator often goes to the donor hospitals and informs Eurotransplant International Foundation (ET), about the possible organ donor (Eisenmann et al., 2013, p.8).

Like in Spain also in Austria, according to the legislation, relatives have in theory no authorisation to reject the organ donation of a family member and are not entitled to be informed in the event of a planned organ explantation. In practice however, it looks slightly different because the existing law is not strictly adhered to. Gevers, Janssen & Friele (2004, p.177-178) state that despite the strict presumed consent, family members are normally asked for their consent when there is no registration of the refusal of the deceased person. An explanation for this approach is that the government wants to sustain the social goodwill of its population as well as the maintenance of a good publicity.

Even if Austria offers various communication and knowledge seminars to its health care professionals including a communication seminar that considers cultural differences and the impact on the family interlocution (Gesundheit Österreich GmbH), the overall communication system seems quite complicated, involving different responsible person on different levels: The regional transplantation advisor (TX advisor), the local transplantation representative (LTXB) in the hospital and the transplantation coordinator in the transplantation centre.

In general, it can be stated that Austria has a lack of a strategic communication policy, that regulates and determines how to properly deal with the mass media in general, including the delivery of information to the public. On the family level, the only accessible data regarding family information is from 2008. In this year, 158 families had been contacted and asked for consent regarding organ donation of a deceased next of kin. 53 out of these 158 families have refused the request. Expressed in percentage, that is a refusal rate of about 33.54% (Bouwman et al., 2013, pp.26). This leads to the conclusion that on the knowledge base a coherent communication process does not really exist.

6. THE SITUATION IN GERMANY

Similar to Austria, Germany has an organisation that overviews and coordinates the deceased donation and transplantation issues on a nationwide scope. This private non-profit organisation was founded in 1983 and is called `Deutsche Stiftung Organtransplantation´ (DSO), the German foundation of organ transplantation, which has been assigned by the German Ministry of Health to manage donation and procurement activities (Global Observatory on Donation and Transplantation, 2006a). The DSO organises the necessary collaboration for the organ removal and all further activities that are necessary until the transplantation. The organ allocation is however not organised through the DSO but through Eurotransplant (Deutsche Stiftung Organtransplantation, n.d.e p.1). Germany is divided into seven local organ donation regions, which should facilitate a quick help to the single hospitals in terms of organ donation and transplantation (Deutsche Stiftung Organtransplantation, 2014).

In Germany exist the so-called transplant coordinators from the DSO (Deutsche Stiftung Organtransplantation, n.d.b), which are deployed at national, regional and local level. Hospitals, which remove organs are obliged to have at least one especially trained transplant coordinator. In practice, this transplant coordinator is often in charge of more hospitals which means that in reality there is often not one transplant coordinator for each hospital (Deutsche Stiftung Organtransplantation, n.d.e, p.1). Their major tasks include organizing organ donations, executing donor evaluations, interlocution with family members, conducting information events on the issue of organ donation and the support and guidance of hospitals within the scope of organ donation and the operating theatre management (Deutsche Stiftung Organtransplantation, n.d.b). It can be assumed that because of the dislocation of those coordinators from one single hospital (in contrast to the Spanish in-house transplant coordinators) the communication with the families as one important part for organ donation is

suffering: In the year 2013, the family refusal rate has been 31.53%. This means that from 1,275 asked next of kin 402 refused organ donation (Deutsche Stiftung Organtransplantation, 2014, p.47). Moreover, in Germany the percentage of approached families who agree to organ donation is considerably lower than in Spain. This could be explained by the fact that only 35% of the intensive care staff, who normally lead the interlocution with the family members have ever participated in a communication seminar (Poepplein, 2012, p.524). Another reason might be the fact, that individual can easily express consent or objection by filling in an organ donor card. It is legally allowed to remove organs from a deceased, if the potential donor has in writing stated consent (Gevers et al., 2004, p.179). If this is not the case, the next of kin will be consulted regarding an oral expression of the family member during lifetime. If there is no oral consent or refusal noted the relatives are in charge to decide in lieu of the deceased. Their decision should take the presumed will of the deceased into account. Additionally, it is required that the relatives who make the decision have been in contact with the deceased person for at least two years before the death occurred (BZgA, 2012, p.21). In comparison to the important communication role of the in-house transplant coordinators in Spain, it can be seen that there is an obvious deficit in the German strategic communication system so far.

But it might be that this changes in the future. As of first November 2012, the so-called informed consent [Entscheidungslösung] is legally binding (Gevers et al., 2004, p.179) one can assume that the informed consent is an advancement of the explicit consent system and leads at gaining more organ donors. This shall be also reached through neutral, comprehensive and regular communication of information about organ and tissue donation to the population through public and private health insurance companies. Furthermore, health insurance agencies and companies are requested to actively support their insured to make an active statement in respect of organ donation during their lifetime, however this will look like. Thereby, citizens are encouraged to think about the important topic of organ donation and with their recorded decision they take pressure from their family members (BZgA, 2012, p.16-21). There is also a free of charge telephone hotline, which answers any kind of question regarding organ donation and transplantation for the general public but also for health professionals (Deutsche Stiftung Organtransplantation, 2014, p.19).

7. RECOMMENDATIONS

Spain and Germany deploy their transplant coordinators on a local, regional and national level, whereas Austria deploys them only on a regional as well as local level (Bouwman et al., 2013, p.57,117; Eisenmann et al., 2013, p.7-8), which might be a disadvantage. In contrast to Spain, there is no holistic approach in communication policy. Measures to be taken could be the development of communication guidelines, the establishment of a 24 hours telephone helpline for the general public, the introduction of a jour fixe meeting with journalists and respected medical professionals or press spokesman of the hospital in order to inform the community in a suitable way. Thus a direct communication is guaranteed and there is no intermediary who can bias the communication of news. In addition to improving communication, seminars for local and regional coordinators should be designed and available to enhance the skills required for communication loss, dealing with grief and next of kin in the organ donor process. Adequate communication measures could decrease the high family refusal rate in Austria (more than one third).

In comparison to Spain, Germany does not have as many health care professionals in the hospitals, which can support the organ donation and transplantation process. In Spain, there are much more in-house transplant coordinators, who unburden the normal hospital staff and can dedicate their work to organ donation in the clinics (Fürs Leben, n.d.a.). Furthermore, with a percentage of more than one third Germany had a comparatively high family refusal rate. So, similar to Austria, also Germany should consider the development and implementation of an holistic, strategic communication policy like Spain has established. The adoption of the Spanish communication policy can be seen as a powerful influence in improving donor rates. Even if German health care professionals already receive a training, which aims at improving their communication skills, in the area of informing the public community nothing sustainable has been undertaken so far. One first, important step here could be the introduction of specific communication guidelines. Moreover, the inclusion of mass media like television or newspaper in order to sensitise the general publics' awareness about the issue of organ donation would be worth taking into consideration. Appropriate enlightenment of society together with the elimination of prejudices are crucial points for an increase in the organ donation rate. Periodic meetings with journalists and health professionals should also be taken into account when implementing a communication policy. Next to pure communication skill enhancement seminars for

health care professionals, Germany could also offer educational seminars that enhance knowledge and skills appropriate for dealing with negative and harmful incidences. It would be beneficial for Germany to establish an international cooperation arrangement with Spain in order to gain insight into Spain's successful programmes, and obtain support and advice in respect of Spain's communication policy (Council of Europe, 2012, p.4).

8. CONCLUSION

Unlike Austria and Germany, Spain has established an elaborate, holistic strategic communication policy on different organizational levels so as to generate a positive attitude towards organ donation within the society, which as derived from the figures of the organ donation rate is actually successful. This is one of the biggest differences that can be registered between the countries. With regards to the family refusal rate it is obvious that Spain has the lowest of all three countries. The communication policy within the so called `Spanish Model´ consists of more measures than the solely the implementation of transplant coordinators and it is a challenging task to successfully interconnect the different measures with each other. So, the initial stated main research question "What makes the Spanish Model so successful in comparison to the German and Austrian systems? has been answered: Certain aspects like the strategic communication policy on the individual, family and society level supported by a well-trained (in-house) transplant coordinator would be suitable measures for adoption and implementation.

If a country would like to adopt the Spanish Model, it is not certain that there will be the same success, because there exist structural and demographic differences between nations. Some countries have already adopted either the complete Spanish Model or just parts of it and some of them have been more fruitful, some less. To these countries belong Italy, South American countries and even Australia. For a successful adaption of the Spanish Model, a few factors have to be given in the respective country such as: An established public national health system with equal access for everyone, a certain amount of economic health care resources and a sufficient funding, which includes the reimbursement of the local hospital expenses for organ procurement, transplantation and political support (Matesanz, 2003, p.738-740). Most of these requirements are already existent in Austria as well as in Germany. But also a coordinated quality assessment program and a holistic strategic communication policy taking into consideration the respective stakeholders like in Spain are important as we have seen in this paper. Hence, one can safely assert that in general a complete or partial adoption of the Spanish Model is possible.

It is evident that with regards to the determination of influencing factors of the organ donor rate, this study is not exhaustive. Furthermore, collecting data in one country and in addition in the context of a cross-country analysis is difficult because of sparse (comparable) data. There can also be other direct or indirect influencing factors, which might still not have been taken into consideration or analysed into depth, while analysing the three countries. So, this study has to be seen above all as a first step in a comparative analysis of a complex field of organ transplantation, involving different stakeholder on a national, regional and local level. It would be interesting to conduct a survey on the basis of the attitude of the European Citizen vis-à-vis personal donation on a European level. Also the role of new technologies as an important information tool for more personal and interactive communication in the sense of a two-way dialogue would be fruitful to analyse in further studies.

REFERENCE LIST

1. Ärzteblatt. (2011). *Organspende: Medizinstudenten für erweiterte Widerspruchsregelung [Organ donation: Medical students for presumed consent]*. Retrieved November 29, 2013, from http://www.aerzteblatt.de/nachrichten/48246/Organspende-Medizinstudierende-fuer-erweiterte-Widerspruchsregelung
2. Arte. (2011). *Beispiel Spanien [Example Spain*]. Retrieved October 10, 2013, from http://www.arte.tv/de/beispiel-spanien/4110212,CmC=4120164.html
3. Bouwman, R., Lie, J., Bomhoff, M., & Friele, R.D. (2013). *Study on the set-up of organ donation and transplantation in the EU member states, uptake and impact of the EU action plan on organ donation and transplantation (2009-2015)*. Utrecht: Nivel. Retrieved April 30, 2014, from http://ec.europa.eu/health/blood_tissues_organs/docs/organs_actor_study_2013_en.pdf

4. BzgA. (2012). *Wie ein zweites Leben. Informationen der Bundeszentrale für gesundheitliche Aufklärung (BZgA) zur Organ- und Gewebespende [Like a second life. Information from the BZgA]*. Köln: BZgA.
5. Council of Europe. (2012). *Organs, tissues and cells – Safety, quality and ethical matters concerning procurement, storage and transplantation* (2nd edition). Strasbourg: European Directorate for the Quality of Medicines & Health Care. Retrieved November 15, 2013, from http://www.edqm.eu/site/organ_tissue_and_cells_free_publicationpdf-en-31112-2.html
6. Council of Europe. (2013). *Background & Mission*. Retrieved October 06, 2013, from http://www.edqm.eu/en/organ-transplantation-mission-67.html
7. Delmonico, F.L., Domínguez-Gil, B., Matesanz, R., Noel, L. (2011). Organ transplantation 1. A call for government accountability to achieve national self-sufficiency in organ donation and transplantation. *The Lancet, 378*, 1414-1418. Retrieved February 21, 2014, from http://www.who.int/transplantation/publications/LancetSelfSufficiency.pdf
8. Deutsche Stiftung Organtransplantation. (n.d.b). *Tätigkeitsprofil: Organspende-Koordination [Job profile: Organ donation coordination].* Retrieved April 24, 2014, from http://www.dso.de/dso/arbeitsplatz-dso/taetigkeitsprofil-organspende-koordination.html
9. Deutsche Stiftung Organtransplantation. (n.d.e). *Hintergrundinformation. Novellierung des Transplantationsgesetzes im Jahr 2012. [Background information. Amendment of the Transplantation Act in the year 2012]*. Frankfurt am Main: DSO. Retrieved May 11, 2014, from http://www.dso.de/fileadmin/templates/media/Uploads/PDFs/Hintergrundinformationen/Hintergrund_Novellierung_TPG.pdf
10. Deutsche Stiftung Organtransplantation. (2013). *Organspende und Transplantation in Deutschland. Jahresbericht 2012 [Organ donation and transplantation in Germany. Annual report 2012].* Frankfurt: DSO. Retrieved February 11, 2014, from http://www.dso.de/uploads/tx_dsodl/DSO_JB12_d_Web.pdf
11. Deutsche Stiftung Organtransplantation. (2014). *Organspende und Transplantation in Deutschland. Jahresbericht 2013 [Organ donation and transplantation in Germany. Annual report 2013].* Frankfurt: DSO. Retrieved April 10,2014, from http://www.dso.de/uploads/tx_dsodl/JB_2013_Web_b.pdf
12. DOPKI, Improving the knowledge and practices in organ donation. (2007). DOPKI Newsletter 2007. *A quick view on DOPKI project and shots of information on the state of the art in donation and transplantation in European countries.* Retrieved April 10, 2014, from http://www.transplant-observatory.org/SiteCollectionDocuments/eurnldopki.pdf
13. DOPKI, *Improving the knowledge and practices in organ donation*. (2009). DOPKI Newsletter 2009. Retrieved April 11, 2014, from http://www.transplant-observatory.org/SiteCollectionDocuments/eurnldopki1.pdf
14. Eisenmann, A., Fischer, U., Kozyga, K., Nepp, B., Priebe, B., Schleicher, B., Unger, T., & Willinger, M. (Eds.). (2013). *Transplant - Jahresbericht 2012 [Transplantation – Annual report 2012]*. Wien, Österreich: Bundesministerium für Gesundheit. Retrieved February 22, 2014, from http://bmg.gv.at/cms/home/attachments/5/3/1/CH1221/CMS1359973128743/transplantjahresbericht2012.pdf
15. European Commission. (2012). *Organ donation and transplantation. Facts and figures*. Brussels: European Commission. Retrieved April 15, 2014, from http://ec.europa.eu/health/blood_tissues_organs/docs/ev_20121009_facts_figures.pdf
16. Febrero, B., Ríos A., Martínez-Alarcón, L., López-Navas, A., Sánchez, J., Ramis, G., Ramírez, P., & Parrilla, P. (2013). Knowledge of the brain death concept among adolescents in Southeast Spain. *Transplantation Proceedings, 45,* 3586-3588. Retrieved January 24, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/24314966
17. Fürs Leben. (n.d.a). *Gesetzliche Regelung und Finanzierung [Statutory rule and funding].* Retrieved March 30, 2014, from http://www.fuers-leben.de/informieren/faqs/gesetzliche-regelung-und-finanzierung.html
18. Gevers, S., Janssen, A., & Friele, R. (2004). Consent systems for post mortem organ donation in Europe. *European Journal of Health Law, 11*, 175-186, from http://www.ncbi.nlm.nih.gov/pubmed/15387424?dopt=Abstract
19. Global Observatory on Donation and Transplantation. (2006a). *Global Observatory on Donation and Transplantation.* Retrieved April 10, 2014, from http://www.transplant-observatory.org/Pages/home.aspx
20. Global Observatory on Donation and Transplantation. (2006c). *Facts*. Retrieved April 10, 2014, from http://www.transplant-observatory.org/Pages/Facts.aspx

21. Global Observatory on Donation and Transplantation. (2006d). *Legal documents, guidelines and other documents.* Retrieved April 02,2014, from http://www.transplant-observatory.org/Pages/Documents-and-Guidelines.aspx
22. Irving, M.J., Tong, A., Jan, S., Cass, A., Rose, J., Chadban, S., Allen, R.D., Craig, J.C., Wong, G., & Howard, K. (2011). Factors that influence the decision to be an organ donor: a systematic review of the qualitative literature. *Nephrol Dial Transplant*, 1-8.
23. Lestrade, E. (2010). *Das effektivste Organspende-System Europas [The most effective organ donation system in Europe]*. Retrieved October 10, 2013, from http://www.arte.tv/de/das-effektivste-organspende-system-europas/3235152,CmC=3235236.html
24. Lippincott, W., & Lippincott, W. (2011). The Madrid resolution on organ donation and transplantation. National responsibility in meeting the needs of patients, guided by the WHO principles. *Transplantation, 91,* S29-S31. Retrieved April 25, 2014, from http://journals.lww.com/transplantjournal/Fulltext/2011/06151/The_Madrid_Resolution_on_Organ_Donation_and.4.aspx
25. Martínez, J.M., López, J.S., Martín, A., Martín, M.J., Scandroglio, B., & Martín, J.M. (2001). Organ donation and family decision-making within the Spanish donation system [PII: S0277-9536 (00)00345-2]. *Social Science & Medicine, 53*, 405-421. Retrieved February 02, 2014, from http://www.ncbi.nlm.nih.gov/pubmed/11459393
26. Matesanz, R. (2003). Factors influencing the adaption of the Spanish Model of organ donation. *Transplant International, 16* (10), 736-741. Retrieved April 29, 2014, from http://onlinelibrary.wiley.com/store/10.1111/j.1432-2277.2003.tb00233.x/asset/j.1432-2277.2003.tb00233.x.pdf?v=1&t=hukx0nrw&s=0b08190ecefb61d2db6f5c2017c0cc1e9746297b
27. Matesanz, R. (Ed.). (2012). *International figures on donation and transplantation -2011*. Newsletter Transplant, 17. Retrieved March 18, 2014, from http://www.ont.es/publicaciones/Documents/Newsletter%202012.pdf
28. Matesanz, R., Domínguez-Gil, B., Coll, E., De la Rosa, G., & Marazuela, R. (2011). Spanish experience as a leading country: What kind of measures were taken? *Transplant International, 24,* 333-343. Retrieved March 15, 2014, from http://onlinelibrary.wiley.com/doi/10.1111/j.1432-2277.2010.01204.x/full
29. NHS Blood and Transplant. (2008). *Organ donation. Opt in or opt out*. Retrieved November 29, 2013, from http://www.organdonation.nhs.uk/newsroom/statements_and_stances/statements/opt_in_or_out.asp
30. Peopplein, A. A. (2012). The Spanish Model of family interviewing on organ donation: An option for Germany to decrease rejection rates? *Transplantation, 94* (10S), 524. Retrieved April 02, 2014, from http://journals.lww.com/transplantjournal/Citation/2012/11271/The_Spanish_Model_of_Family_Interviewing_on_Organ.1009.aspx
31. Rodríguez-Arias, D., Wright, L., & Paredes, D. (2010). Success factors and ethical challenges of the Spanish Model of organ donation. *The Lancet, 376*, 1109-1112. Retrieved February 11, 2014, from http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61342-6/fulltext
32. Schaeffner, E., S., Windisch, W., Freidel, K., Breitenfeldt, K., Winkelmayer, W., C. (2004). Knowledge and attitude regarding organ donation among medical students and physicians. *Transplantation, 77,* 1714-1718.
33. Schauenburg H., & Hildebrandt, A. (2006). Public knowledge and attitudes on organ donation do not differ in Germany and Spain. *Transplantation Proceedings, 38*, 1218-1220.
34. Spooner, M. H. (2003). More countries hoping to copy Spain's organ-donation success. *Canadian Medical Association Journal, 169*, 952. Retrieved February 22, 2014, from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC219643/
35. Smith R.D. (2013). *Strategic Planning for Public Relations*, 4/ed. 2013. Routledge. 2013, Retrieved March 2015, 12 from http://www.ron-smith.com/#!strategic-communication/ckdd
36. Statista. (2011). *Anzahl der postmortalen Organspender pro eine Million Einwohner in Europa 2011 [Number of deceased organ donors per million population in Europe 2011].* Retrieved October 09, 2013, from http://de.statista.com/statistik/daten/studie/164246/umfrage/postmortale-organspneder-im-internationalen-vergleich/
37. World Health Organization. (2009). *Global Glossary of Terms and Definitions on Donation and Transplantation. Geneva: WHO.* Retrieved April 12, 2014, from http://www.who.int/transplantation/activities/GlobalGlossaryonDonationTransplantation.pdf?ua=1