

Myths and Facts About Organ Donation

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Myths About Organ Donation

MYTH: If I am in an accident and the hospital knows that I want to be a donor, the doctors will let me die.

FACT: Donation is not considered until all efforts to save a person have failed. Additionally, transplant surgeons and their staffs are, by law, forbidden from taking part in a patient's care prior to organ donation. They only become involved after the person is declared dead and permission has been given by the family for organ donation.

MYTH: Whites are helped more than blacks.

FACT: Absolutely not. In fact, nine out of ten African-Americans who undergo organ transplant surgery receive an organ from a Caucasian donor. In addition, a computer system fairly matches organs with recipients' based on the recipients' time on an organ waiting list, the severity of the recipients' condition, blood type, size of the donated organ and, in some cases, the donor's genetic make-up.



MYTH: Wealthy and famous people are able to buy their way to a higher spot on waiting lists.

FACT: Anyone who needs an organ transplant is eligible for one, but you cannot buy a higher spot on waiting lists.

MYTH: As African-American organ donors, your organs will go to white people and never other African-Americans.

FACT: If you donate an organ, such as a kidney, for which genetic make-up is a critical factor in transplantation, then it is possible, though not guaranteed, that your organ will go to another African-American. Therefore, even if you don't donate an organ that needs to be genetically matched, the recipient may still be an African-American.

MYTH: African-American organ donors aren't necessarily needed.

FACT: Everyone on the waiting lists can benefit from more organ donors. However, African-Americans on waiting lists for kidneys will most likely benefit from African-American donors, because transplantation often is enhanced by matching organs between members of the same ethnic and racial groups.

FACTS:

A shortage of organs donated by African-Americans contributes to longer waits for transplants for African-Americans. The longer the wait, the greater the risk of death.

Matching organs between members of the same ethnic and racial groups often enhances successful transplantation.

African-Americans are 17 times more likely than Caucasians to develop high blood pressure, that can lead to end-stage renal disease and eventual kidney failure.

African-Americans are four times more likely than Caucasians to be on dialysis because of kidney failure, which can best be treated by kidney transplantation.

One person of any creed or ethnic origin can donate organs and tissues that can potentially benefit as many as 50 people.

Remember to sign an organ donor card or your drivers license

