Struggles to maintain an eye bank

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Corneal transplantation in Mexico

- 1933 first corneal transplant in Mexico
- 1975 first eye bank
- 2012 Universal coverage for corneal transplant

- Mexico is currently ranked number 42 in organ donation, there is still a long way to go

- Donation rates: 10-15/1000, 000
The problem

- Multicultural, multi-government, multilingual
- Healthcare infrastructure
  - Complex array of healthcare systems
  - 500,000 hospital deaths per year
- Centralization of transplant and registry programs
- Lack of effective-coverage of the health system in corneal transplant programs
- Short staffed in tissue procurement
  - Hired and trained
Patients waiting for corneal transplantation in Mexico

Source: Registro Informático Nacional de Registro de Trasplantes
Patients who received corneal transplant in Mexico

Source: Registro Informático Nacional de Registro de Trasplantes
Origin of corneal tissue

- National = 20,280
- Imported = 22,886

Source: Registro Informático Nacional de Registro de Trasplantes
Centralization of corneal transplant programs

Source: Registro Informático Nacional de Registro de Trasplantes
Programs of corneal transplantation

- Public health services
- Social security
- Private health services
Public opinion

• 75% of Mexicans are in favor of organ donation

• However 57.1% of family interviews negate donation
  • Religion
  • Culture
  • Dissapointment with health system
  • Ignorance
  • Family arguments

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Reasons to refuse donation

- Expect a miracle
- Family arguments
- Indecision
- Death denial
- Social concern
- Burial process
- Religion
- Unknown donation wishes
- Disappointment with health workers
- Inadequate information about death
- Donation refusal

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These results contradict the public opinion interviews.

The main reason for refusal was “Unknown donation wishes”
  • Campaigns in favor of organ donation

The second cause was “the body must be buried complete”
  • Raising awareness about the procedures for corneal tissue retrieval
  • Respect and dignification
Inadequate access to possible donors

- Eye care facilities and eye banks isolated from general hospitals
- Poor networking
- Few full-time coordinators (mostly pro-bono)
  - Social workers: other tasks assigned
- Staff with poor training in corneal tissue retrieval
Mantaining an eye bank in Mexico and LA

3 main factors (struggles / opportunities)

• Human resources
• Economic
• Social
Human resources: Create demand for CT

DEMAND

- Physicians
  - Qualified, ethic, motivated clinicians and surgeons
  - Patient confidence and satisfaction is key

- Increase patient pool
  - Physician and ophthalmologist referrals
  - Patient to patient recommendation
  - Media
  - Networking with other community centers, clinics and hospitals
Human resources: Internal

- **Ophthalmologists (Medical Director)**
  - Motivated
  - Knowledgable in National laws and regulations
  - Administration principles
  - ETHICS

- Service to all using corneal surgeons
- Willingness to represent eye bank in media
- Willingness to advocate for eye banking with the government
Human resources: Internal

• Technicians
  • Understand the relevance of adequate and careful retrieval
  • Skilled (re-certification process)

• Counselors
  • Empathize at all educational, cultural and social levels

• Administrator
  • Meticulous
  • Socially oriented (eye banking is not a business)
Economic struggles:

**Self - sustainability vs profit**
- Salaries
- Equipment
- Reimbursement
  - Private and Government
- Partner with Eye care facilities
- Become a second surgeon

“Team effort”: Eye bank + surgeons + patients + community

Funding & donations ➔ Corneal transplantation
Social struggles: misconceptions

- Religion
- Politics
  - Multiple governments
  - Different languages
  - Heterogeneous economies
  - Short track record for organized eye banking

- Economic cost of corneal blindness
- Advocacy

National donation campaigns, religious leaders, community
Social struggles: misconceptions

- Language & cultural barriers
  - Understand the death and grieving process
  - Blind or visually impaired leaders
  - Gift of giving sight
- Misconceptions ("organ black market")

National campaigns, religious leaders, community
Our goal

- **Self-determination:**
  - Standards of practice
  - Inspection and regulation
  - Patient and physician priorities

- **Government control**
  - Funding
  - Beaurocratic priorities
  - SUPERVISION
Our goal

- Physician based (vs institution and physician based)
- Collective
- Regional needs
- Equitable distribution