

TITLE : Perception and Practice of Doctors toward Kidney Donation and Transplantation in UBTH

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BACKGROUND

- ▶ Therapeutic strategies for patients with ESRD are dialysis and kidney transplantation.
 - ▶ Haemodialysis is more readily available for Nigerian patients but cannot be sustained by most patients because it is expensive.
 - ▶ Thus HD is sub-optimal with resultant poor quality of life (QOL) and premature death. Kidney transplantation although also expensive offers better QOL.
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- ▶ However a major drawback for kidney transplantation is unavailability of kidney donors.
 - ▶ A poor knowledge about kidney donation in itself may partly be responsible for low donation rates and who better than the doctor to educate and convince individuals including patients and relatives on kidney donation
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AIMS OF STUDY

- ▶ 1. To determine the knowledge and attitude of doctors towards kidney donation and transplantation.
 - ▶ 2. To determine factors that motivate or dissuade individuals from kidney donation.
 - ▶ 3. To determine the association if any between knowledge and attitude toward kidney donation and transplantation and individual specialties, religious beliefs and increasing levels of medical education.
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MATERIALS AND METHOD

- ▶ A cross sectional study
 - ▶ Respondents – physicians, surgeons, family physicians.
 - ▶ Data collection was done using questionnaire.
 - ▶ Total of 112 retrieved
 - ▶ The questionnaire had three sections – I,II,III.
 - ▶ I – socio-demographic status of respondents.
 - ▶ II – knowledge about kidney donation and transplantation
 - ▶ III – Attitude toward kidney donation and transplantation
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- ▶ Section II had 25 correct options in all, each allotted a point.
 - ▶ Scores <13 – poor knowledge
 - ▶ 13 – 17 – fair knowledge
 - ▶ ≥ 18 – good knowledge
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- ▶ Data Analysis : The responses were entered into the SPSS version 16 and analyzed using same package. The results are expressed as proportions for discrete variables and means \pm S.D for continuous variables. Chi-square test was used to determine association. $p \leq 0.05$ was considered significant

DEFINITION OF TERMS

- ▶ **KIDNEY DONATION** : the removal of the human kidney from a cadaver or from a living donor, for the purpose of transplanting or grafting it into other persons.

RESULTS

Table 1 : sociodemographics of respondents

Variable	Mean \pm SD/Frequency n(%)
Age	32.81 \pm 5.87
Sex	
Male	76 (67.9%)
Female	36 (32.1%)
Total	112 (100%)
Specialty	
physicians	42 (37.5%)
surgeons	43 (38.4%)
family physicians	27 (24.1%)
Total	112 (100%)
Religion	
Christianity	108 (96.4%)
Islam	2 (1.8%)
African Traditional Religion	1(0.9%)
No religion	1(0.9%)
Total	112(100%)

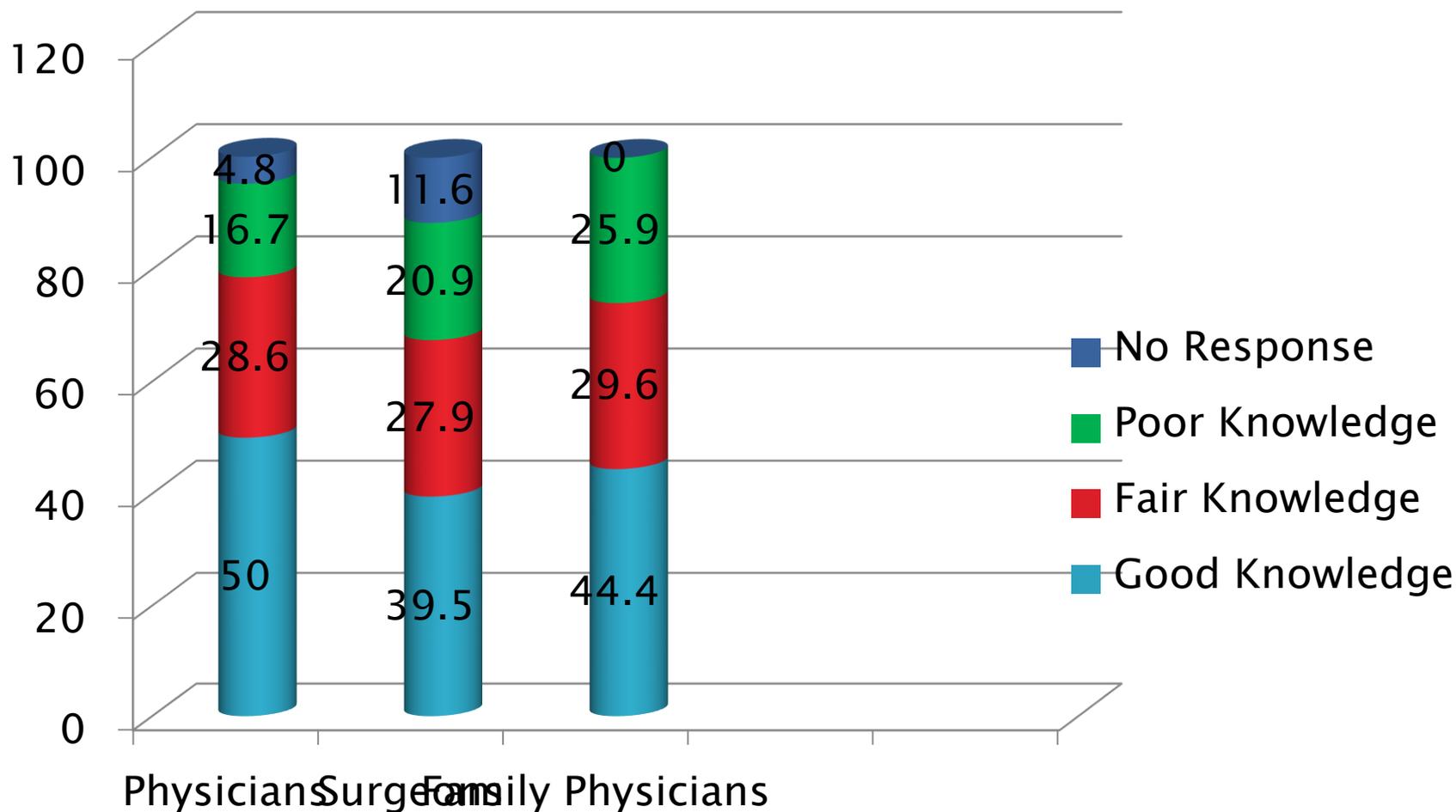
Table II: sociodemographics of respondents

Variable	Frequency n(%)
Marital status	
single	44(39.3%)
married	67(59.8%)
separated	1 (0.9%)
total	112(100%)
Tribe	
Bini	34(30.4%)
Esan	21(18.8%)
Ibo	14(12.5%)
Urhobo	8(7.1%)
Etsako	7(6.3%)
Owan	6(5.4%)
Yoruba	6(5.4%)
Others	16(14.2%)
Total	112(100%)

RESULTS

- ▶ One hundred and ten (98.2%) had heard of kidney donation, 2 (1.8%) had never heard.
- ▶ Of those that had heard 50 (44.6%) had good knowledge of the meaning of the term kidney donation, 32 (28.6%) had fair knowledge, 23 (20.5%) had poor knowledge and 7 (6.2%) gave no response

FIG. 1: Knowledge on meaning of the term "kidney donation"



RESULTS : General knowledge of kidney donation and transplantation

- ▶ Sixty-nine (61.6%) had good knowledge while 43 (38.4%) had fair knowledge. None had poor knowledge.
- ▶ 69(61.6%) would be willing to donate a kidney for transplantation, 47 males, 22 females of which 29 (42%)were physicians,26 (37.7%)were surgeons and 14 (20.3%), family physicians.
- ▶ Sixty one (54.5%) were willing to be cadaveric donors while 51 (45.5%)were unwilling .

TABLE III : General knowledge of kidney donation and transplantation

SPECIALTY	GOOD KNOWLEDGE	FAIR KNOWLEDGE	POOR KNOWLEDGE
PHYSICIANS	27 (64.3%)	15 (35.7%)	–
SURGEONS	28 (65.1%)	15 (34.9%)	–
FAMILY PHYSICIANS	14 (51.9%)	13 (48.1%)	–

FIG 2 : General knowledge of kidney donation and transplantation

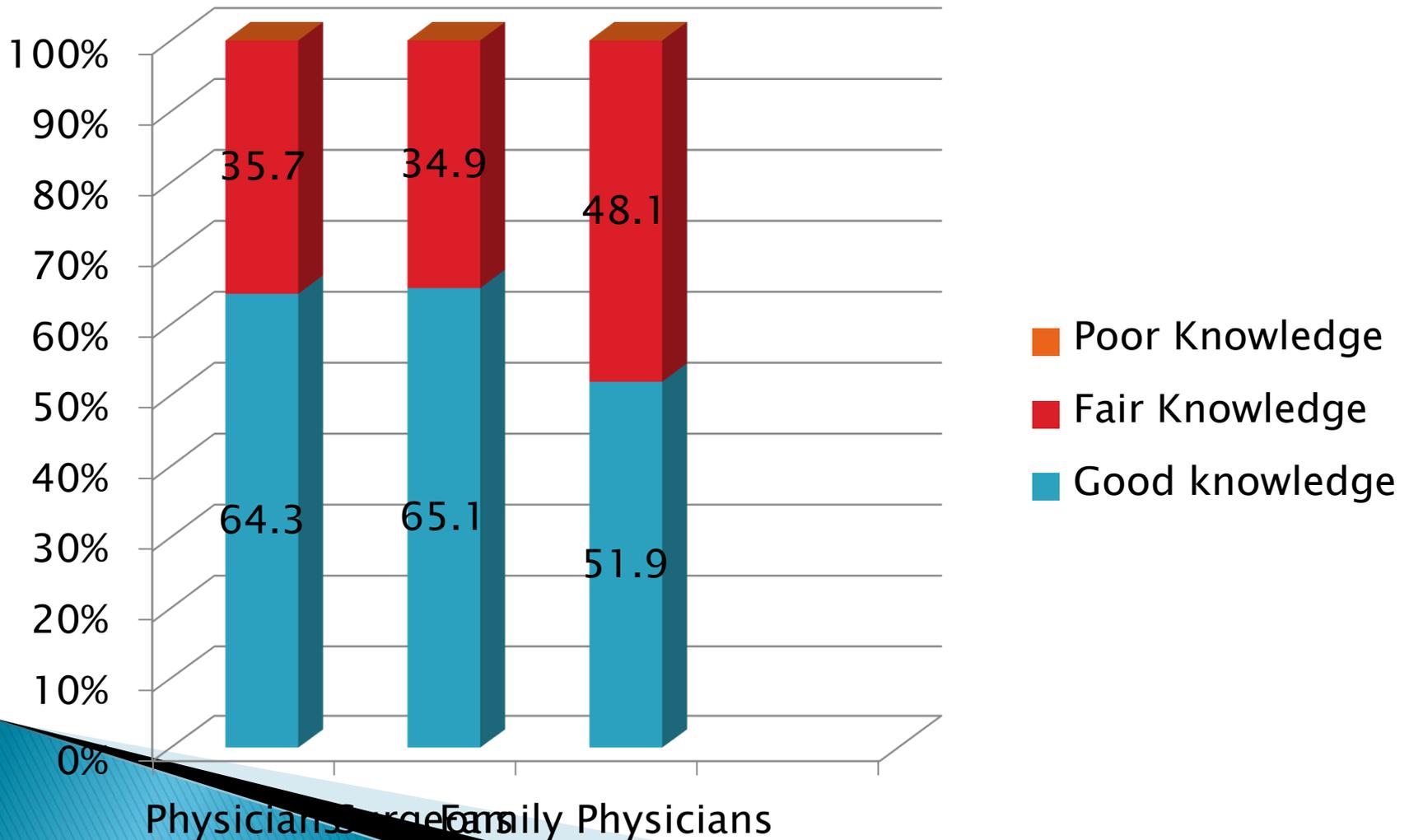


FIG. 3 Willingness to be live donors

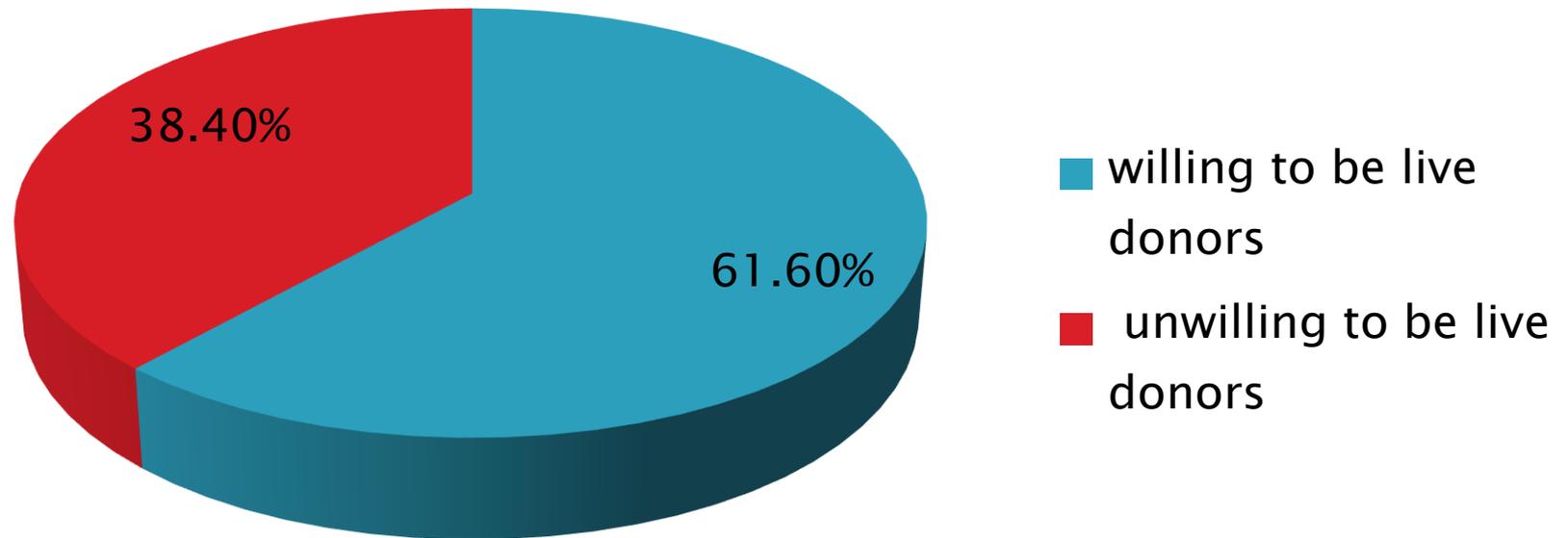


FIG 4 : Distribution of willing live donors

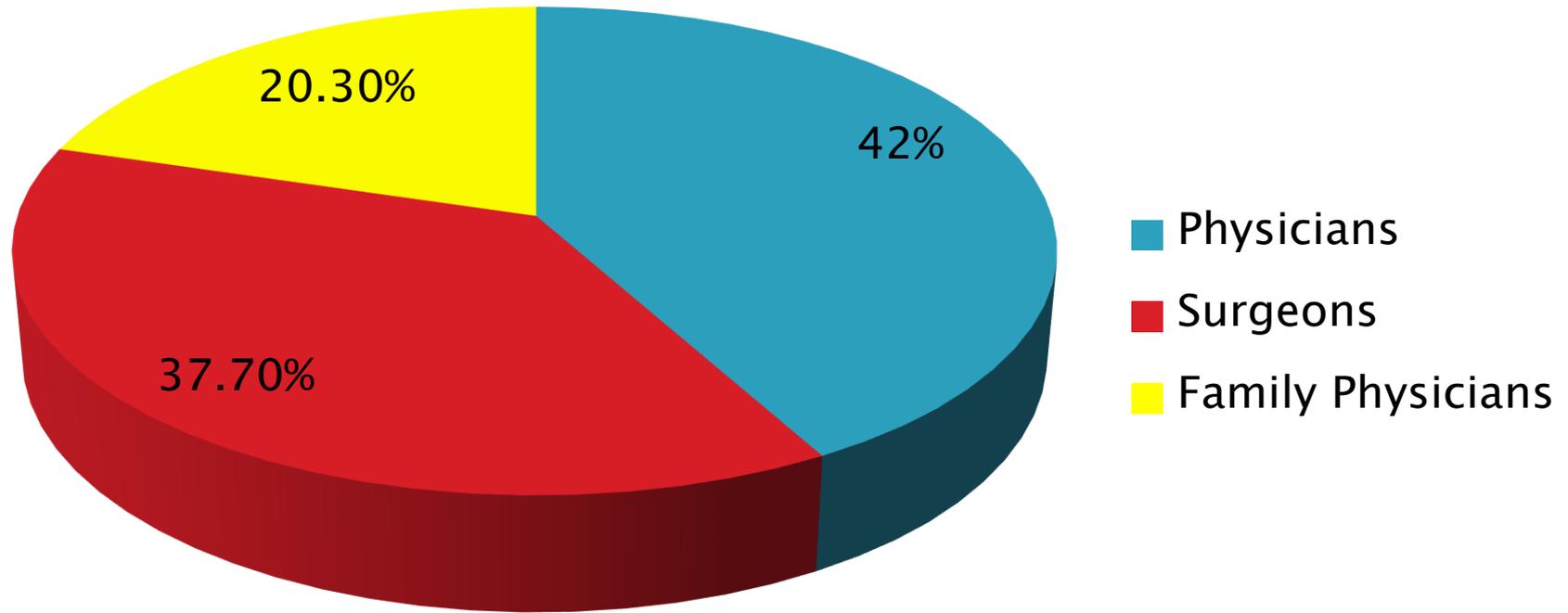


FIG 5 : Willingness to be cadaveric donors

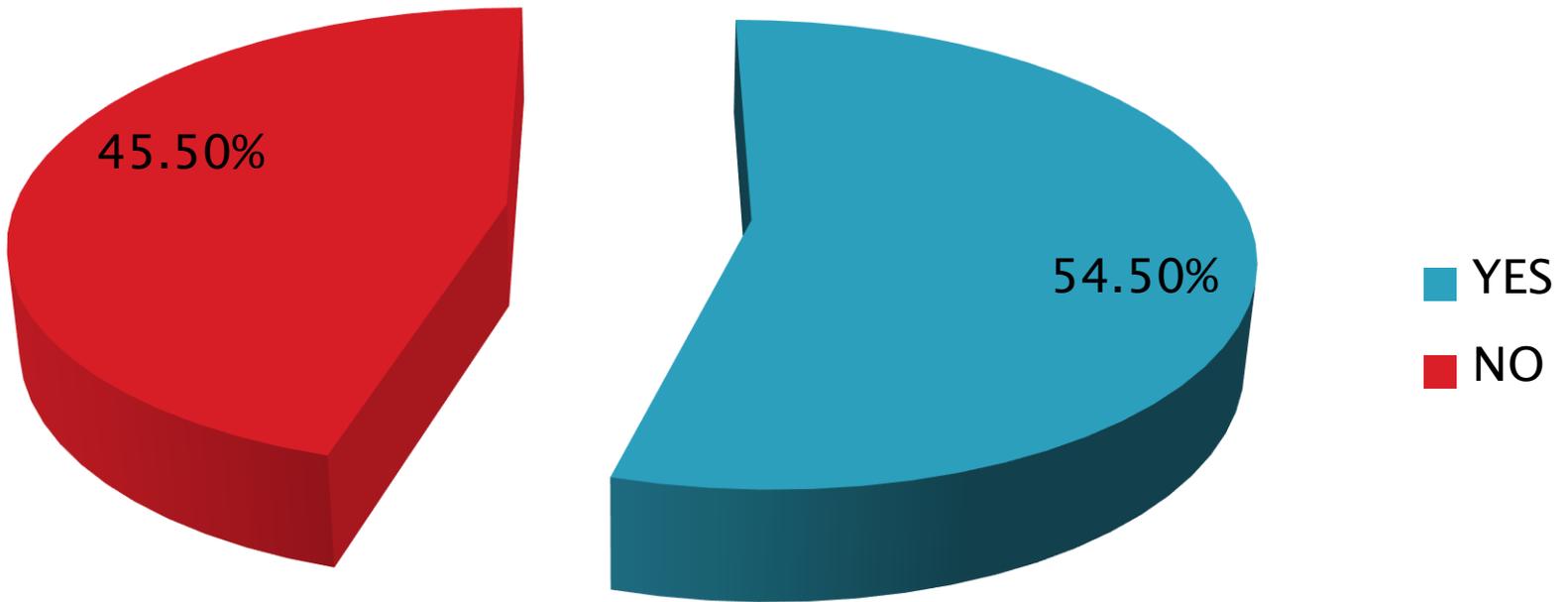


FIG 6 : Promotion of Kidney donation and transplantation

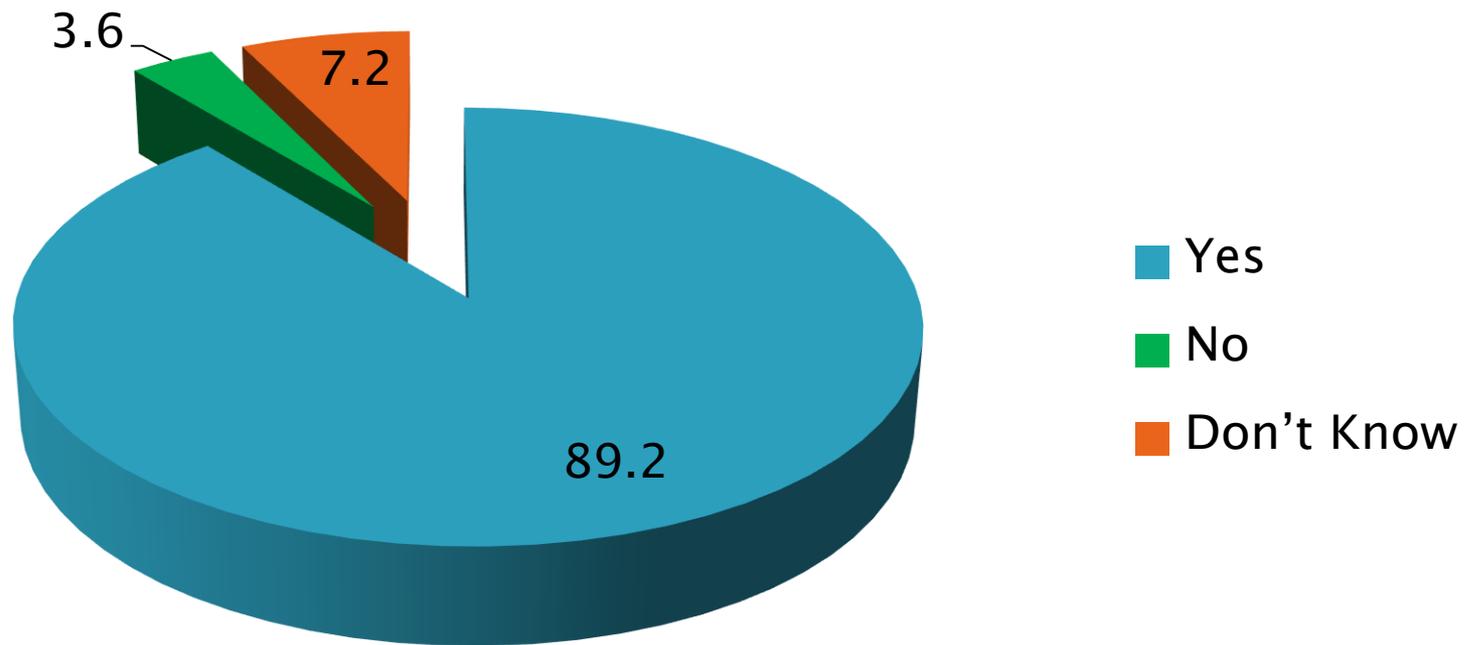


FIG 7 : Factors motivating kidney donation

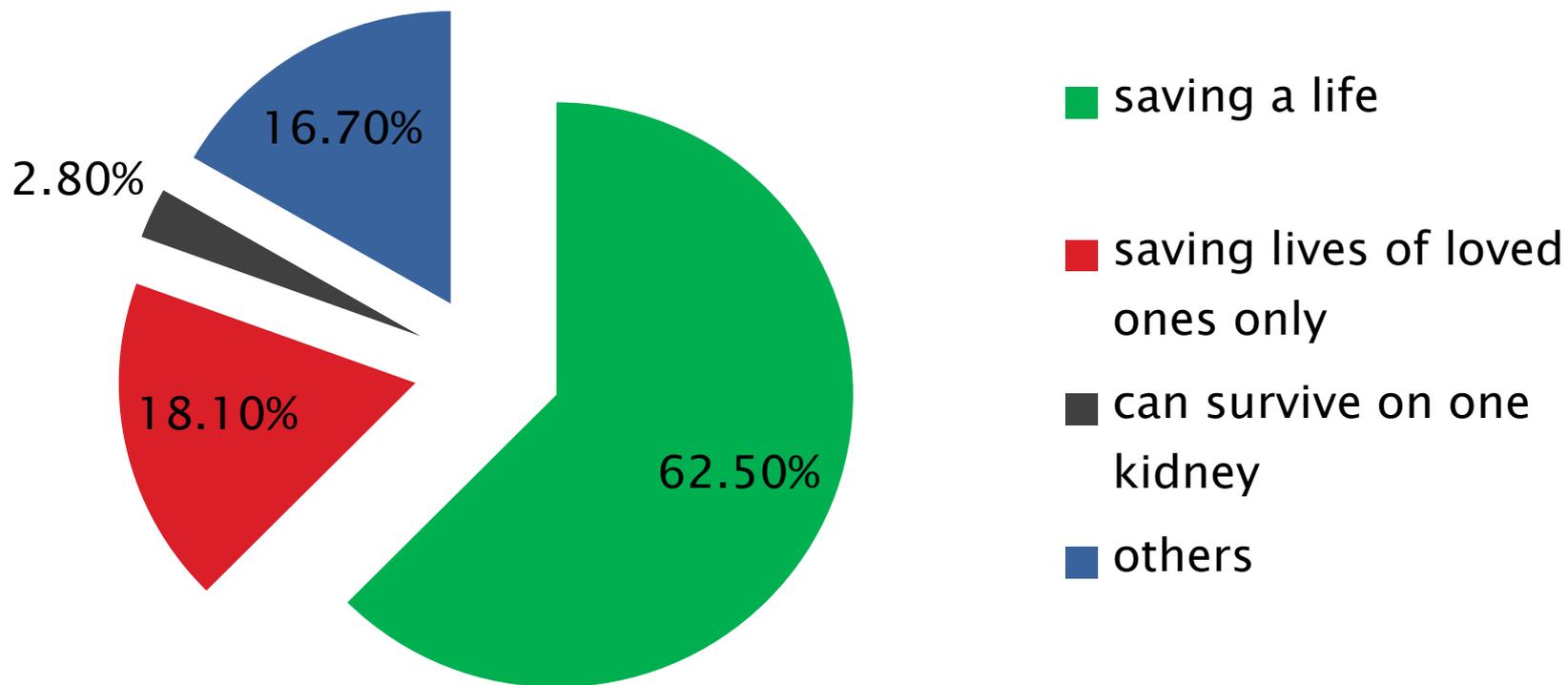


FIG 8 : Factors dissuading kidney donation

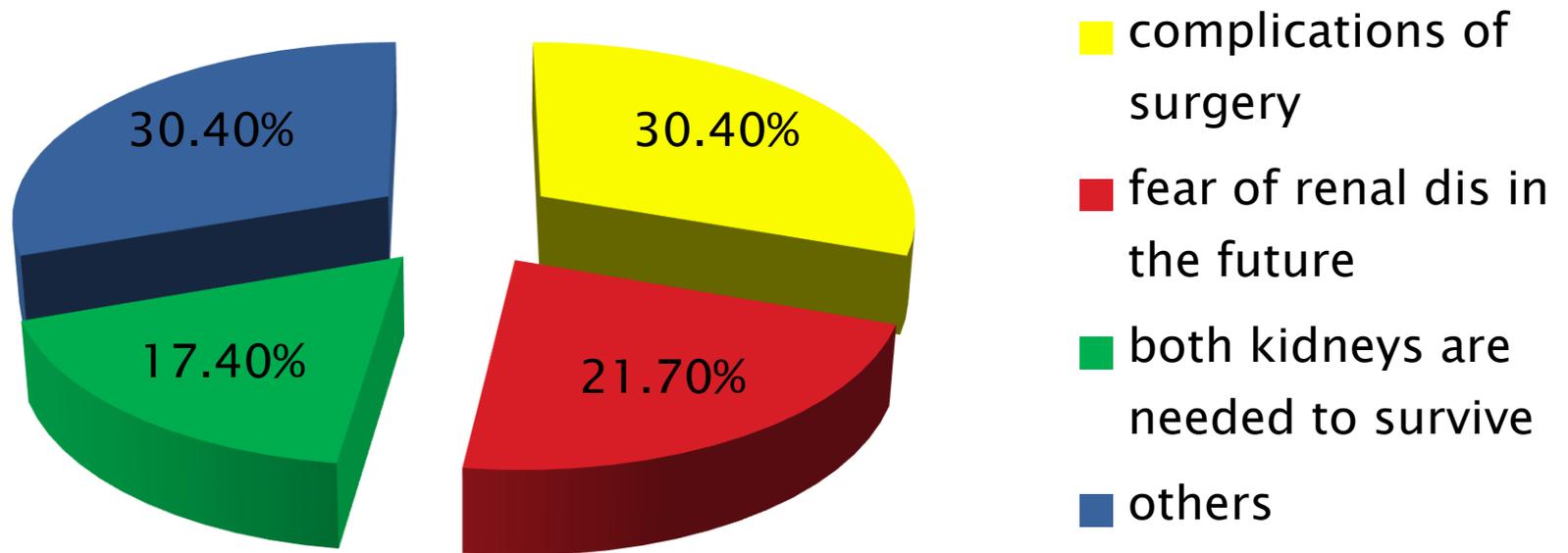


TABLE III : ASSOCIATIONS

	χ^2	P value
Specialty vs Knowledge	1.438	0.487
Designation vs Knowledge	5.874	0.209
Knowledge vs Attitude	5.237	0.073
Specialty vs Attitude	8.651	0.070
Religion vs Attitude	11.628	0.076(Fisher's exact)
Designation vs Attitude	14.855	0.62
Marital status vs Attitude	1.302	0.816

DISCUSSION

- ▶ This study showed that 61.6% were willing to donate a kidney for transplantation while 38.4% declined with reasons being fear of complications of surgery, fear of developing renal disease in future, and others believing that both kidneys were necessary for survival.
- ▶ Aghanwa *et al*/ in Ile – Ife found that 62% of health workers were willing to donate a kidney with the most important reason for refusal being fear of adverse health consequences
- ▶ A study carried out in Ilorin by Chijioke *et al*/ revealed that 55% were willing to donate a kidney while 45% declined with some reasons being similar to that of doctors in this study – fear of surgical pain, death, uncertainty of donors outcome, showing relatively no difference in perception of kidney donation between doctors and the general population.

CONCLUSION

- ▶ Knowledge amongst doctors on kidney donation and transplantation is relatively good; however same cannot be said for their attitude. The specialty, designation and religion had no influence on the knowledge ;neither did their knowledge or religion influence their attitude to kidney donation. The findings, although they give cause for hope, suggest that there is much work yet to be done before kidney donation and transplantation can become fully accepted by doctors.
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RECOMMENDATION

- ▶ Education and enlightenment programs are still needed amongst doctors to help improve the knowledge and attitude toward kidney donation and hence help increase number of kidney donors amongst relatives and loved ones.

**THANKS
FOR
LISTENING**

