

Enforcement of Amended Organ Transplantation Law

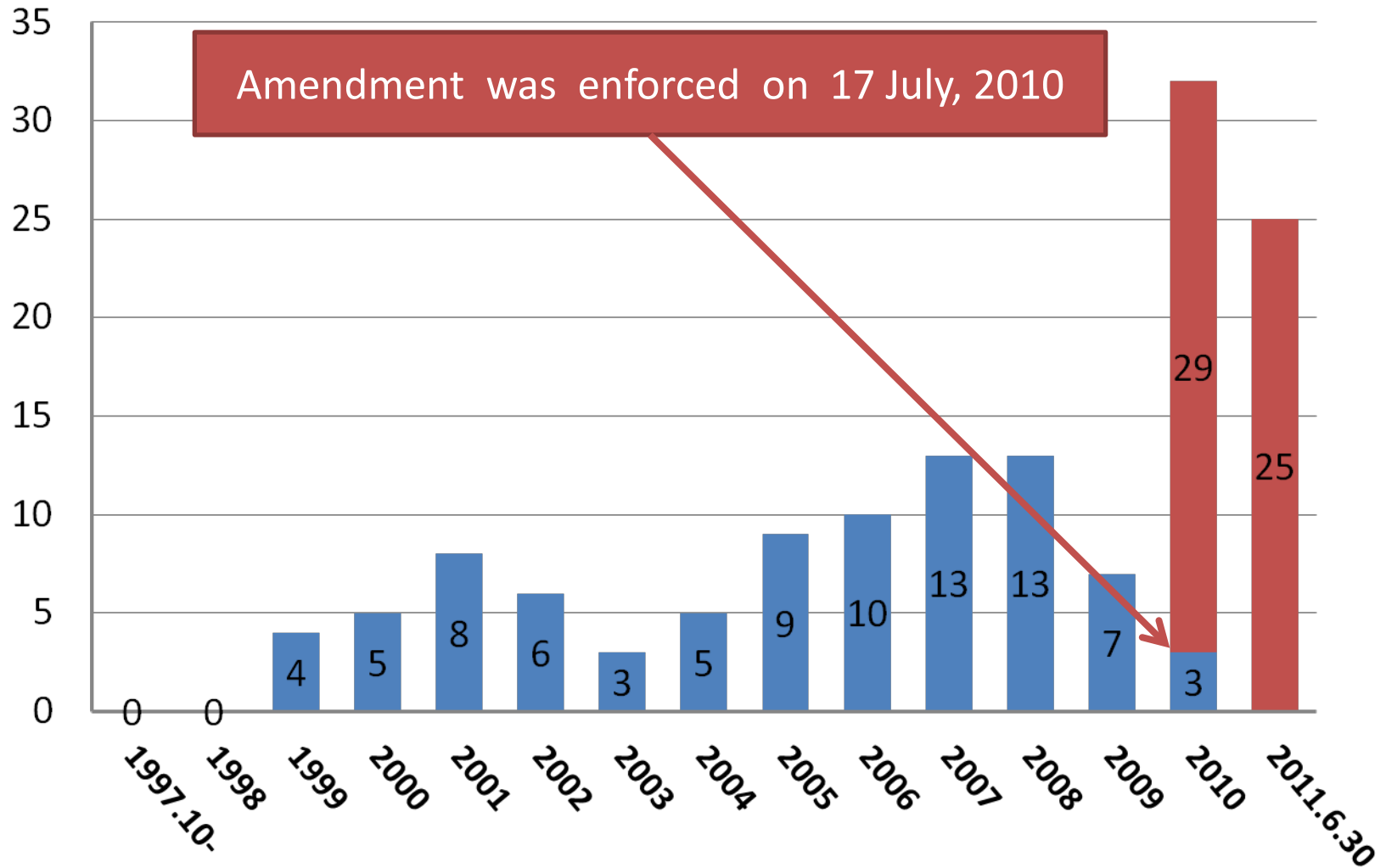
June, 2011

Office for Organ transplantation

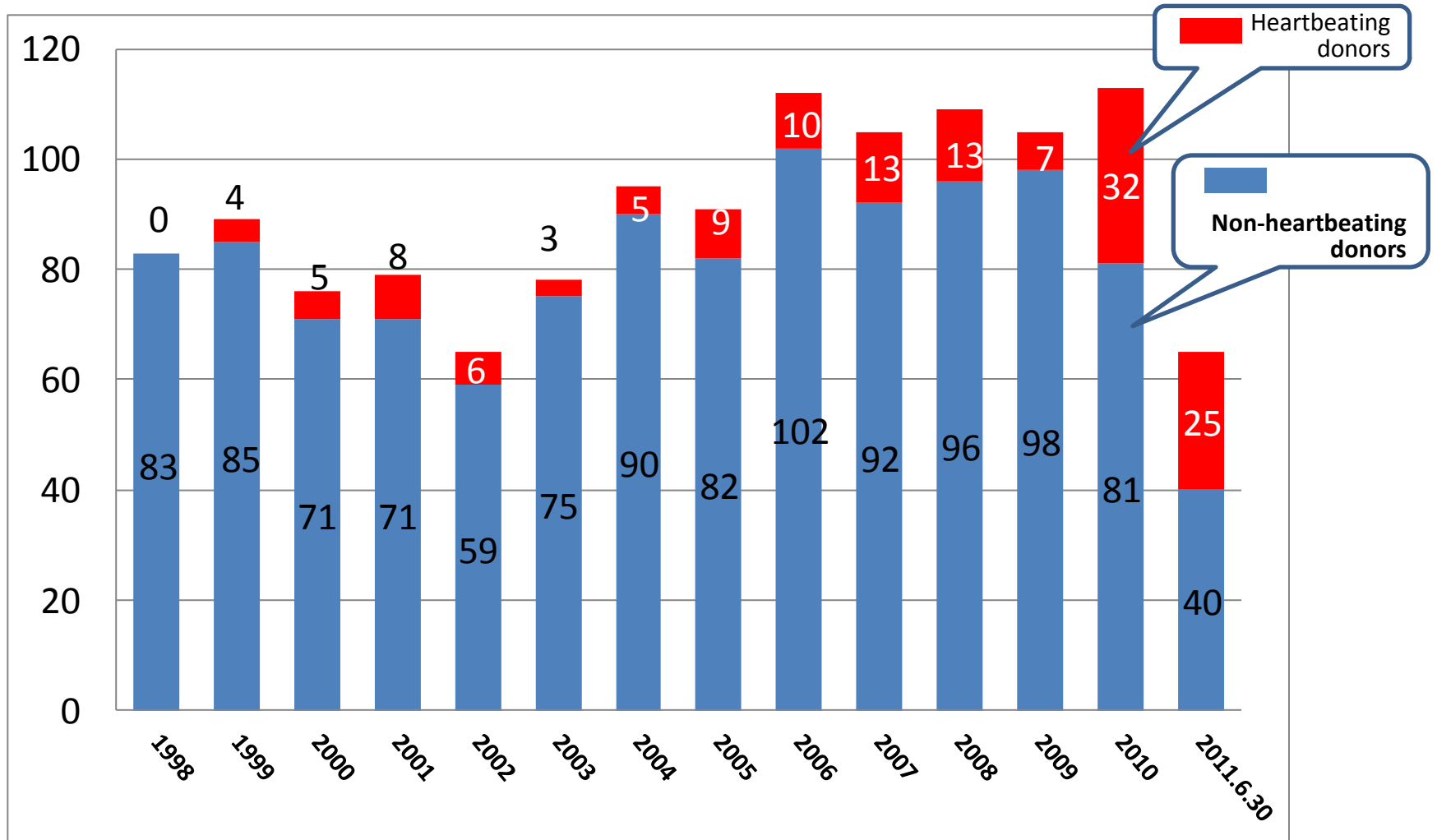
Health Service Bureau

Ministry of Health, Labor and Welfare

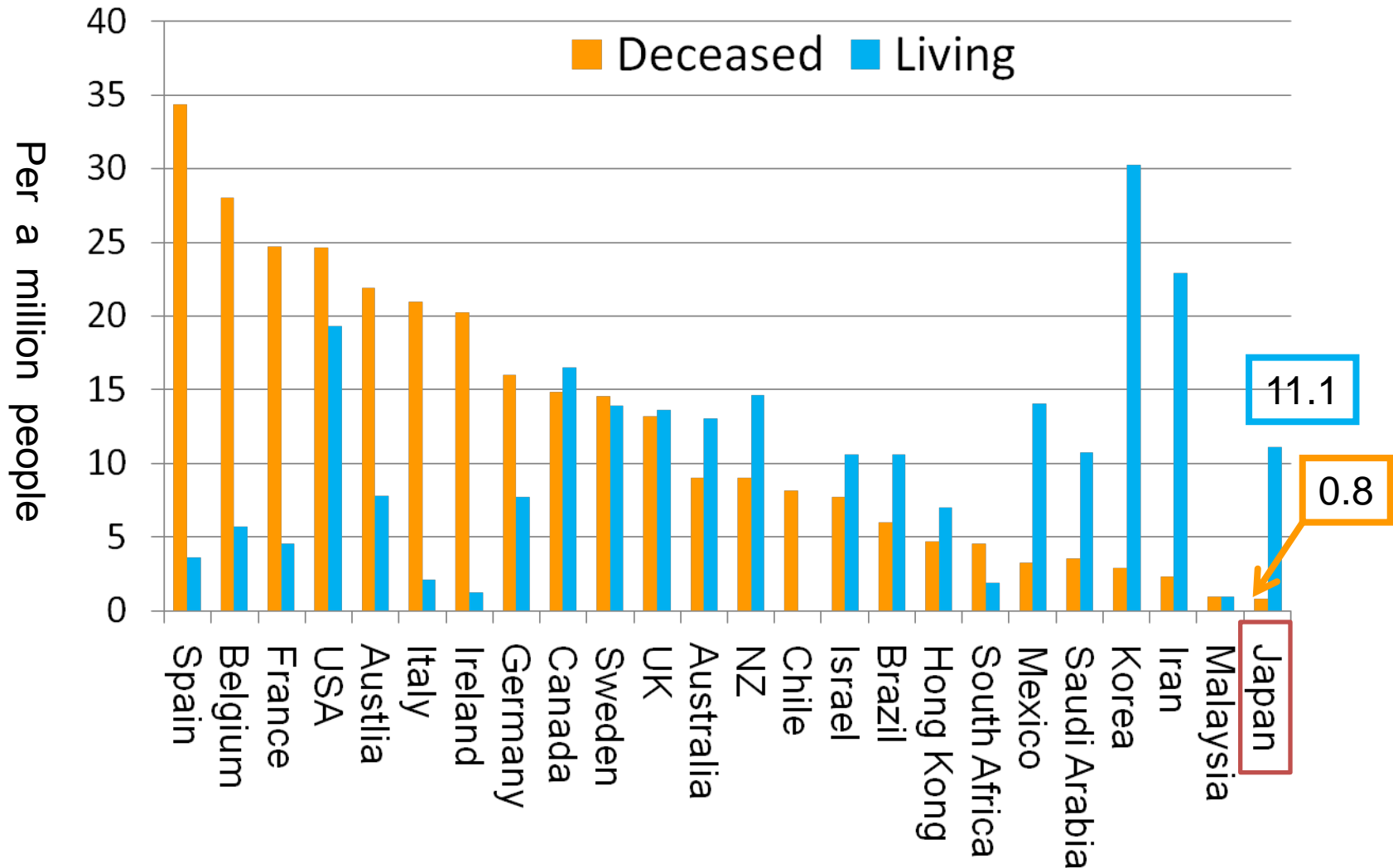
Number of heart-beating cadaveric Donors (Oct,1997~30 June, 2011)



Number of Cadaveric Donors (Oct,1997~30 June, 2011)



Number of Deceased and Living Donors per a million people (2007)



Reference: Transplantation Procurement Management(TPM)
 International Registry Organ Donation and Transplantation

Outline of Organ Transplantation Law

1. Philosophy

Respect for one's own will of organ donation

Security for voluntary donation

Fairness about the chance of transplantation

2. Organs

Heart, Lung, Liver, Kidney, Pancreas, Intestine, Eye

3. Organ retrieval

(Please see the next slide.)

4. Others

- Prohibition of trafficking
- Authorization of organ procurement and allocation organization

Requirements for Organ Procurement in the Law

—July 17, 2010

Patient \ Family	Consent	Decline	Unknown or not existence
Consent	○	×	○
Decline	×	×	×
unknown	×	×	×

July 17, 2010—
(After revise)

Patient \ Family	Consent	Decline	Unknown or not existence
Consent	○	×	○
Decline	×	×	×
unknown	○	×	×

○: Procurement is permitted ×: Procurement is prohibited

Comparison of the former and current law

		Former Law	Current Law	Enforcement Date
1	Donation to Relatives	Remain to be considered	Permitted, if the wish was presented in writing	17.Jan. 2010
2	Requirement for Determining Brain Death and Organ Procurement	Patient's writing consent and no denial of family or no existence of family	○ Same condition as shown in left box or ○ No denial of patient and Writing consent of family	17.July. 2010
	About Children (under 15)	Writing consent by children under 15 is not valid (Children under 15 cannot be donors)	Donation from the aged 15 or under is permitted if their family consent in writing	
3	Promotion and Enlightenment	(None)	Donation decision format will be printed on the back of driver's license or health insurance card. Etc.	
4	About Abused Child	(None)	Appropriate screening in the hospital should be taken to avoid donation from the abused Children	

Organ donation decision card



《 1. 2. 3. いずれかの番号を○で囲んでください。》

1. 私は、脳死後及び心臓が停止した死後のいずれでも、移植の為に臓器を提供します。
2. 私は、心臓が停止した死後に限り、移植の為に臓器を提供します。
3. 私は、臓器を提供しません。

《 1 又は 2 を選んだ方で、提供したくない臓器があれば、×をつけてください。》

【 心臓・肺・肝臓・腎臓・膵臓・小腸・眼球 】

〔特記欄： 〕

署名年月日： _____ 年 _____ 月 _____ 日

本人署名(自筆)： _____

家族署名(自筆)： _____



1. Either in the case of brain death or cardiac arrest, I will donate my organs for Transplant

2. Only in the case of cardiac arrest, I will donate my organs for Transplant

3. I will not donate my organs

Choose organs if you have some organs you would not like to donate
Heart / Lung / Liver / Kidney / Pancreas / Intestine / Eye

Date

Signature

Family signature

Criteria for Brain Death in Japan①

【Prerequisite】

1. Patient who are in deep coma by structural brain injury and placed ventilator
2. An etiology has been established.(Imaging (CT, MRI etc.) is mandatory.)
3. There is no possibility of functional recovery with all currently available interventions in all aspects

【Exclusion】

1. Patient considered to be unable to express one's own will (eg. mental retardate)
2. Newborn under 12 wks
3. Children(<18yrs) suspicious to be abused
4. States that can mimic brain death:

Locked-in syndrome, Drug intoxication, Poisoning of sedatives, hypnotics or anticonvulsants, Neuromuscular blocking agents , Sever hypothermia(core Temp < 32°C), Endocrine and metabolic diseases

Criteria for Brain Death in Japan②

【Neurological Examination】

1. Deep coma: Japan coma scale 300, Glasgow coma scale 3
2. Absence of papillary responses to light and pupils at mid position with respect to dilatation(greater than 4mm diameter)
3. Absence of brainstem reflex (corneal, ciliospinal, oculocephalic, vestibular, pharyngeal, cough)

【Flat EEG: Electrocerebral inactivity】

Recordings for at least 30 minutes.

No EEG reactivity to intense somatosensory or auditory stimuli.

ECI at levels higher than $2\mu\text{V}$ with the instrument set at a sensitivity of $2\mu\text{V}/\text{mm}$.

【Apnea test】 Absence of respiratory drive at a PaCO_2 level greater than 60 mmHg

【Obsevation period】

Re-evaluation is essential. The interval between exams is 6 hours or longer

(for children < 6 yrs, 24 hours)