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An empirical study on awareness and perception towards live organ donation with special to erode district

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ABSTRACT

New procedures for segmented organ transplantation of the lung and liver have again brought to public attention the issue of live organ donation. To provide a context for understanding the dilemmas faced by potential donors, the body of literature over the last 40 years regarding living-related organ donation with kidneys was reviewed. Results indicated that while psychological side effects have been reported including depression and family conflict these risks are generally under-emphasized. Risk factors for negative psychological consequences include high age, lack of social support, and organ rejection in the recipient. Instantaneous decision-making in favor of donation is generally described. However, researchers have neglected to consider social desirability factors when assessing donor motives. Furthermore, lack of awareness has been shown concerning the coercive processes involved in moral decision-making. Health professionals should be aware that merely raising the issue of live organ donation may instigate powerful psychological processes beyond the potential donor's voluntary control and leave little room for refusal without psychological cost. Implications for treatment are discussed with these circumstances in mind.

I.INTRODUCTION

Organ donation is where a person offers their organs for transplant. Their organs are given to someone who has damaged organs that need to be replaced. An organ transplant may save a person's life, or it may significantly improve their health and quality of life.

The need for donors

In 2010, 151 organ transplants were carried out in Ireland. However, there are always significantly more people waiting to have an organ transplant than there are suitable donors. Most people who are waiting for a donated organ need to have a kidney, heart, lung or liver transplant. One donor can help several people. This is because a single donor is able to donate a number of organs, including:

- Kidneys
- Liver
- Heart
- Lungs
- Small bowel
- Pancreas

Tissues that can be donated include:

- The cornea (the transparent layer at the front of the eye)
- Bone
- Skin
- Heart valves
- Tendons
- Cartilage

Transplantation has gradually become the accepted treatment for a number of conditions where organs like the kidneys, heart and liver have irreversibly failed. Patients with kidney failure who have dialysis several times a week are then able to return to a completely normal life. For patients waiting for liver and heart transplants it is the only chance of continuing life. Corneal transplants are another important procedure, restoring sight to many people.

The techniques of transplantation and the treatment that follows have now been refined to the point of being fairly straightforward. The big problem is a critical shortage of available organs. The current Australian organ donor rate is 12 per million population, the lowest in the western world. The Victorian organ donor rate in 1992 was an even more disappointing 9 per million.

Currently in Australia there are about 1500 patients waiting for kidney transplants. The average waiting time on dialysis before receiving a kidney has now extended to three years. There are also about 200 patients waiting for heart, lung and liver transplants; most of these patients spend a lot of their time in hospital and at least 20% will die before their operation comes up.

Review of literature

In a context of the trust game, trustors can display an aversion to betrayal. The idea of betrayal aversion has been addressed by Bohnet and Zeckhauser (2004). They experiment with subjects' decision making in paired trust games played either with another person or a computer. They find that individuals are less willing to "trust" when the outcome is determined by another person than when it is determined by random draw by a computer. This result indicates an aversion to being betrayed by another human being, which is referred to as "betrayal aversion" by Bohnet and Zeckhauser. Bohnet et al. (2008) follow the same design to examine whether betrayal aversion is a robust feature beyond the United States. Their results support betrayal aversion as a broad based phenomenon across countries.

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II.OBJECTIVE OF THE STUDY

To study about the factors which influence the individual perception towards organ donation

III. PROBLEM STATEMENT

When an organ becomes available for donation, it is checked to make sure that it is healthy. The blood and tissue type of both donor and recipient are also checked to ensure that they are compatible. The better the match, the greater the chance of a successful outcome. People from the same ethnic group are more likely to be a close match. Those with rare tissue types may only be able to accept an organ from someone of the same ethnic origin.

IV. RESEARCH METHODOLOGY

Henry Garret Ranking Technique

Garrett's ranking technique was adopted to analyse the views of the employees. The order of merit thus given by the employees for each statement under each head was converted into ranks by using the following formula.

$$\text{Per cent Position} = \frac{100 (R_{ij} - 0.50)}{N_j}$$

Where ,

R_{ij} = Rank given for the i th statement by j th respondent

N_j = Number of statements ranked by j th respondent

The per cent position of each rank thus obtained was converted into scores by referring to the table given by Garrett. Then for each statement, the scores of individual respondent were added together and divided by the total number of respondents. The mean scores for all the statements were arranged in an ascending order, ranks were assigned and the important statements identified.

Critical reasons behind of not being an live organ donor.

SNO	STATEMENT	MEAN SCORE	TOTAL SCORE	RANK
1	Reduce self confidence	785	1570	3
2	Getting medical problems	594	2376	1
3	Fear to getting physical changes	781	2343	2
4	Fear to face family members	831	831	4

It is inferred from the above table, that "getting medical problems" was ranked as first problem with a total score 2376, "fear to getting physical changes" was ranked as second problem with total score of 2343, "reduce self confidence" was ranked as third problem with total score of 1570, "fear to face medical problem" was ranked as fourth problem with total score of 831.

FINDINGS

That "getting medical problems" was ranked as first problem with a total score 2376, "fear to getting physical changes" was ranked as second problem with total score of 2343, "reduce self confidence" was ranked as third problem with total score of 1570, "fear to face medical problem" was ranked as fourth problem with total score of 831.

SUGGESTIONS

- Getting medical problem was ranked as first problem hence the hospitals has to take the necessary steps to create awareness.
- Fear to getting physical changes was ranked as second problem hence the hospitals has to educate an individuals about by being an live organ donor.
- Reduce self confidence was ranked as third problem hence the individuals has to believe that donation of one organ can save the life of another one.
- Face to fear family members was ranked as fourth problem hence the family members gas to support for saving the life of another one by donating their organs.

Experimental Test of the Consistency of Preferences for Altruism. Econometrica.

- *Bohnet, Iris and Richard Zeckhauser. 2004. Trust, Risk and Betrayal. Journal of Economic Behavior & Organization .*

CONCLUSION

The public is generally supportive of living related organ donation and articulated important equity and ethical considerations for protecting the health and safety of living donors. This supports increased public engagement and strengthening of a shared view among professionals and the public in the formation of living donation practice and policy. The deceased donor organ shortage has driven widespread adoption of living donor transplantation. Yet, public preferences for living donation are not well understood. This study aims to synthesize studies on public attitudes to living organ donation.

REFERENCE

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