

April is

National



Month

SPEAKERS GUIDE



BY THE NUMBERS



the number of people who die annually who are considered medically suitable to donate organs, tissue and corneas; only a fraction donate.



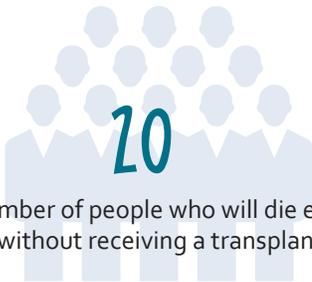
the rate at which someone new is added to the organ transplant waiting list.



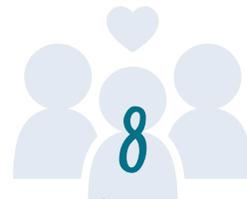
the number of people awaiting an organ transplant nationally.



the number of people awaiting tissue and cornea transplants each day.



the number of people who will die each day without receiving a transplant.



the number of lives one individual can save as an organ donor.



the approximate number of people awaiting transplantation in western Pennsylvania and West Virginia.



the number of lives one individual can heal through tissue donation.

USING THE RIGHT WORDS

Language is very powerful; it can perpetuate misconceptions or offer a space for awareness. Help CORE foster a better understanding of donation and save lives by using the correct donation terminology.

In 2005, the Association of Organ Procurement Organizations (AOPO) standardized appropriate donation terminology. AOPO reasoned that avoiding words and phrases that cause concern among donor families and the general public would increase both understanding and acceptance of the donation process. This terminology is unanimously supported and used by the American Society of Transplantation (AST) and American Society of Transplant Surgeons (ASTS), and has been adopted by the American Journal of Transplantation.

To show respect and sensitivity to those who give the gift of life and their loved ones, we request that only appropriate terms be used when referring to organ, tissue and cornea donation.

APPROPRIATE TERMS | **INAPPROPRIATE TERMS**

"Recover" organs	"Harvest" organs
"Recovery" of organs	"Harvesting" of organs
"Donation" of organs	"To harvest" organs
"Deceased" donation	"Cadaver" donation
"Deceased" donor	"Cadaveric" donor
"Mechanical" support or "Ventilated" support	"Life" support
Organs, tissue and corneas	"Body parts"
"Brain Death"	"Coma"
"Enhanced" risk	"High" risk



SPEECH OUTLINES

TRANSPLANT RECIPIENT

- I. Personal Introduction
 - II. Story
 - a. Life Before Transplant
 - b. Realizing the Need for Transplant
 - c. The Wait
 - d. Impact on Family and Friends
 - e. The Transplant
 - f. Life After Transplant
 - g. Reflection on Donor and Donor Family
 - III. Questions (if appropriate and with time permitting)
-

WAITING LIST CANDIDATE

- I. Personal Introduction
- II. Story
 - a. Life Before Need for Transplant
 - b. Realizing the Need for Transplant
 - c. The Wait
 - i. Limitations
 - ii. Fears
 - iii. Reflection on Potential Donor and Donor Family
 - iv. Impact on Family and Friends
- III. Questions (if appropriate and with time permitting)

WATCH A TRAINING VIDEO NOW



DONOR FAMILY

- I. Personal Introduction
 - II. Story
 - a. Reflecting on the Life of Loved One
 - b. Prognosis / Accident
 - c. Hospital – Donation Process
 - d. Impact on Family and Friends
 - e. Honoring Loved One
 - f. Donation / Transplantation Reflection
 - g. Contact With Recipients
 - III. Questions (if appropriate and with time permitting)
-

LIVING DONOR

- I. Personal Introduction
- II. Story
 - a. Life Before Donation
 - b. Deciding to Become a Living Donor
 - c. Testing
 - d. Impact on Family and Friends
 - e. Life After Transplant
 - g. Reflection on Recipient and Recipient Family
- III. Questions (if appropriate and with time permitting)

MESSAGING TIPS

DONATION IS A TRIBUTE TO LIFE

Share your personal experiences with donation and transplantation, while keeping in mind that today's life is a tribute to donors and donor families.

CALL TO ACTION

The purpose of telling your story is to inspire others to register as organ, tissue and cornea donors. Our goal is that each person leaves informed of their opportunity to donate and empowered to save and improve the lives of countless donors through the decision to register. Please end all speeches with a call to action by encouraging everyone in the audience to register to be a donor on their driver's license, state ID or online at [core.org/register](https://www.core.org/register).

DISPEL THE MYTHS

There are many misconceptions about donation, and they are a major barrier to the donation process. Time permitting, the audience should understand the facts on donation. You can read more about those myths and misconceptions on the following page.

DOs

- Keep to the allotted time.
- Use the words "recovery" and "brain death."
- Talk in simple terms.
- Please remember to speak about how your transplant or donation experience has positively affected you.
- Speak slowly, and remember to look up and make eye contact with the audience.

DON'Ts

- Use the word "harvest." It's harsh on the public ear.
- Say "they're kept on life support." Individuals being evaluated for donation have died. There is no need for life support. They simply are on a ventilator that is providing oxygen.
- Rely on note cards or papers. If you lose your place, you and your audience will be distracted. It is better to speak from the heart.
- Use clinical jargon or try to impress the audience with your knowledge of healthcare terminology.
- Think you must be an expert or professional speaker. You're sharing your story, which no one can do better than you.



MYTHS VS. FACTS

MYTH

FACT

My body will be mutilated and disfigured if I would donate.

Organ and tissue donation will not interfere with traditional funeral arrangements such as an open casket. Doctors maintain the utmost respect for the donor and organs are removed in a routine operation similar to other types of surgeries.

Organs go to people who didn't take care of theirs.

Organs go to people who were born with or developed diseases that have caused organ failure. Less than 5 percent of those waiting need a transplant because of their own behaviors or choices. For those people, they must achieve and sustain sobriety before they can be listed for a transplant.

I am too old to become an organ donor.

No one is ever too old or too young to give the gift of life. Every potential donor is evaluated on a case-by-case basis at the time of their death to determine which organs and tissue are suitable for donation.

I am too sick to donate.

Few illnesses or conditions prevent someone from being a donor. People with diabetes, heart disease, cancer, hepatitis and even HIV have saved lives through organ and tissue donation. At the time of death, CORE reviews medical and social histories to determine suitability for donation. Although someone may not be able to donate blood, it does not always prevent the individual from donating organs and/or tissue.

My family will have to pay for costs related to my donation.

Donors and their families are not responsible for any costs related to donation. All costs are incurred by the organ procurement organization.

My religion does not support donation.

All major religions consider organ donation to be an individual decision, or support it and see it as the final act of love and generosity toward others.

Wealthy people are the only people who receive transplants.

Financial and celebrity status do not determine who receives a transplant. A national computer network, maintained by the United Network for Organ Sharing (UNOS), matches organs according to height, weight and blood type, followed by medical urgency and then time accrued on the waiting list. Age, race, gender, religious affiliation or financial status are not factors that determine who receives a transplant.

EMTs and hospital staff members don't work as hard to save your life if you're a

When you go to the hospital for treatment, all staff members are focused on saving your life, not somebody else's. You'll be seen by a medical team whose specialty most closely matches your particular emergency.



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