Reviewer’s report

Title: Attitudes to kidney donation among primary care users in rural Crete, Greece

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Reviewer: Joseph Verheijde

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Attitudes to kidney donation among primary care users in rural Crete, Greece.
Symvoulakis et al.

Symvoulakis et al present the outcome data of a questionnaire survey among 242 primary care patients measuring knowledge and attitudes to kidney donation after death.

Authors report a response rate of 92.5% or 224 consenting survey participants. Only 5 persons had a donor card signed. More than 84% did not feel informed enough to register as a donor, but 54.3% refused registering as a donor. Over a third of respondents had doubts about the medical team's effort to possibly save their life once consent for organ donation has been given.

Authors conclude that (1) The willingness to donate organs in this study population is comparable to the findings of the Special Eurobarometer survey which identified that Greek citizens are less likely to donate organs after death; (2) that information campaigns and knowledge dissemination are believed to be of great importance to improve donation rates; and (3) that “distorted beliefs, negative or ambivalent attitudes, indifference and lack of knowledge and trust in health care systems often are more harmful than chronic diseases and potentially cost lives.”

The manuscript raises some concerns:

Major Compulsory Revisions:

Authors come to their conclusions based on a statistical analysis in which the attitudes of 5 persons willing to donate organs are compared to the attitudes of 219 non-donors. Statistical analysis to determine independent predictors of those 5 registered donors may have introduced a type I error. This may obviously have affected the validity of the statistical analysis and should be reviewed by a statistician. At a minimum, the risk of a Type I error in this study should be discussed in the study limitation section.

Minor essential revisions

The phrasing of the questionnaire questions, although used in the past by other researchers, generates some concerns as well. For instance, “Donation after death” is not a truthful descriptor of either heart-beating or non-heart beating
organ donation. If distorted beliefs and negative attitudes need correction, it should certainly be done on the basis of open dialogue, full disclosure of facts, and without the use of any biased terminology. This is particularly important, as the authors postulate, when people with lower levels of education are to be targeted.

The study by Symvoulakis et al conveys that 2 subsets of primary care patients visiting their PCP during March and May 2007 have similar levels of negative attitudes toward organ donation as the rest of the European community; an issue that must be addressed using the same corrective strategies to shape beliefs and general opinions on organ donation: increased marketing, education and information campaigns. This study claims that the level of knowledge is one determinant in attitude about organ donation. The study confirms that higher educated persons are less likely to have a negative attitude toward organ donation.

One interesting finding that the authors did not expand on is that despite the prevalence of a negative attitude toward organ donation, 66.1% of study participants would not oppose presumed consent. These appear to be contradictory positions in this particular study population.

Some editorial comments:
Page 1: The authors may want to consider changing the title and delete the term “primary care users.” I would suggest replacing it with “primary care patients.”
Page 2: Two rural primary care units on the island……..Replace with: Two rural primary care centers on the island of Crete. (use “centers” throughout the manuscript).
Negative attitudes to registration as a donor involve much more……..Consider changing to: Changing negative attitudes to registration as a donor involves much more than overcoming one barrier……..
Page 6: Rephrase or clarify “urgent medical conditions patients with cognitive or mood disorders.” Do the authors mean: emergent care patients and patients with cognitive and mood disorders?
Page 8: immigrants permanently resident in Greece…………replace with: immigrants permanently residing in Greece.
Page 11: This reviewer is not sure what is meant by “reliability of consent and donation procedures.” Do authors mean the “integrity” of consent and donation authorization procedures?
Page 12: Correct typo: “desirable” instead of “desiderable”
Page 13: ……..type of donation, live or cadaveric. Change into: type of donation, i.e. living or cadaveric organ donation.
Page 15: Policy developers……………by increasing donation consent rates in the future. This conclusive sentence is unclear. Do authors mean: ……..can be reversed for the purpose of increasing organ donation consent rates in the future.
This manuscript can be accepted for publication after authors have addressed the statistical concern raised by this reviewer.

An article of importance in its field.

Manuscript needs some language corrections before being published.

Competing interests: I declare that I have no competing interests.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.