

REVIEW

# Independent Living Donor Advocate in Organ Transplantation: An Ethical and Application Guide

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## ABSTRACT

Protection of Living Donor Rights was first legally recognised in Türkiye with the Regulation on Organ Transplantation Services published in 2022. This role aims to ensure that prospective living donors are evaluated in decision-making processes in line with voluntariness, informed consent, and ethical principles. This review study addresses the concept of Living Donor Rights Protector in terms of theoretical and legal aspects; the definition of this role, the appointment process, duties and responsibilities, and the qualifications that the role should have are examined in the light of the existing literature. As a result of the comprehensive literature review conducted by making use of international databases such as PubMed, Scopus, and Google Scholar, as well as Turkish legal and professional sources, it has been observed that academic studies in this field are limited and the need for guiding resources for practitioners continues. In this framework, the study aims to both contribute to the relevant literature and to provide a structural perspective for professionals who will take part in practice.

**Keywords** Living Donor Rights Protector. Living Donor Ethical Principles. Living Donor Rights. Psychosocial Interview.

## Canlı Verici Hakları Koruyucusu Rolüne Dair Tanımlayıcı Bir Derleme

## ÖZET

Canlı Verici Hakları Koruyuculuğu, Türkiye’de ilk kez 2022 yılında yayımlanan Organ Nakli Hizmetleri Yönetmeliği ile yasal bir çerçeveye kavuşturulmuştur. Bu rolün amacı, canlı verici adaylarının karar verme süreçlerinde gönüllülük, bilgilendirilmiş onam ve etik ilkeler doğrultusunda değerlendirilmesini sağlamaktır. Bu derleme çalışması, Canlı Verici Hakları Koruyucusu kavramını teorik ve yasal yönleriyle ele almakta; söz konusu rolün tanımı, görevlendirme süreci, görev ve sorumlulukları ile sahip olması gereken nitelikler bağlamında mevcut literatür ışığında incelenmektedir. PubMed, Scopus ve Google Scholar gibi uluslararası veri tabanlarının yanı sıra, Türkçe yasal ve mesleki kaynaklardan yararlanılarak yürütülen kapsamlı literatür taraması sonucunda, bu alandaki akademik çalışmaların sınırlı olduğu, uygulayıcılar açısından ise rehber niteliğinde kaynaklara duyulan gereksinimin devam ettiği gözlemlenmiştir. Bu çerçevede, çalışma hem ilgili literatüre katkı sunmayı hem de uygulamada görev alacak profesyonellere yapısal bir bakış açısı kazandırmayı amaçlamaktadır.

**Anahtar Kelimeler:** Canlı Donör Etik İlkeleri. Canlı Verici Hakları Savunucusu. Donör Hakları. Psikososyal Görüşme.

Living donor transplantation refers to the transfer of a healthy organ or part thereof from a suitable donor to a patient with end-stage organ failure.<sup>1</sup> Although living donor transplantation is not typically regarded as the primary treatment option, its prevalence has increased due to a persistent shortage of organ

donations. This shortage can be attributed to various factors, including a lack of public awareness, insufficient training for healthcare professionals on the subject, diverse religious beliefs concerning organ transplantation, and varying levels of development across different countries.<sup>2-3</sup> Given the persistent shortage of organ donations, it can be inferred that this scarcity has contributed to the increasing reliance on living donors in recent years.

The growing number of potential living donors has highlighted the necessity for advocates dedicated to the rights of these individuals, ensuring their protection throughout the donation process. The 2022 Regulation on Organ Transplantation Services introduced the role of the Living Donor Rights Protector, defined as “personnel who work to protect and defend the rights of living donor candidates in

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*medical and ethical terms*” (author’s translation from the Turkish Regulation on Organ and Tissue Transplantation Services, 2022). From this point forward, this role will be referred to as “the Protector.”<sup>1</sup>

The role of the Protector was initially brought to the attention of the relevant ministry by the Transplant Advisory Committee following the death of a living liver donor in New York in 2002. Concurrently, the committee emphasized the necessity for the presence of the protector role at each transplant centre to facilitate the implementation of ethical principles in organ transplantation.<sup>4</sup>

The Protector is required to comply with the regulations and guidelines set by the Ministry in all transplant centres. Its primary purpose is to defend the rights of living organ donors. To fulfil this mandate effectively, the Protector should function autonomously from the recipient team, maintaining a level of independence that allows for unimpeded access to external authorities in instances of undue pressure.<sup>5</sup> This principle is explicitly articulated in Article 16 of the Regulation on Organ Transplantation Services, published in 2022.<sup>1</sup>

Protectors play a crucial role in safeguarding living donor candidates (hereinafter referred to as “candidates”). While the qualifications for this position are outlined in the 2022 Regulation on Organ Transplantation Services, the specific roles and responsibilities remain vaguely defined. Appointed with the approval of the Ministry, Protectors are in search of effective resources to enhance their function. This study aims to provide clarity on the relevant personnel and serve as a guiding reference.

## Material and Method

This article is a literature-based narrative review based on the author’s professional experience and institutional observations during her time working in an organ transplant centre in Türkiye. The aim of the study is to present the current state of the Protector role in the Turkish context, compare it with international approaches and propose a context-specific job description and workflow model.

In the literature review conducted for this purpose, international scientific databases such as PubMed, Scopus and Google Scholar, as well as relevant legal regulations and professional publications in Türkiye were examined. The keywords ‘independent living donor advocate’, ‘donor advocacy in transplantation’, ‘living donor ethics’ in English, and ‘donor rights in organ transplantation’, ‘independent donor advocacy’ in Turkish were used in the search process. Selected sources included international ethical guidelines, recommendations of the American and European

transplant societies, professional publications, case studies, health legislation and ethical commentaries. Explanatory translations of Turkish legal texts were made by the author when necessary. In particular, the Regulation on Organ and Tissue Transplantation Services dated 2022 has been one of the main legal references of the study.

In addition, the author’s professional observations on the institutional functioning of various transplant centres during his duty as a Protector formed the basis for the evaluations in the article. These observations do not contain personal data, are aimed at understanding organisational approaches and interpret general trends in practices. No systematic data collection, recording or direct interviews with individuals were conducted. Therefore, this study does not qualify as experimental or observational research and does not require ethics committee approval as it does not include human participant data.

This narrative review aims to provide a conceptual basis on the functionality of the Protector role and its applicability in Türkiye by integrating literature and organisational context.

### Selecting a Living Donor Rights Protector

In Article 16 of the Regulation on Organ Transplantation Services, the training standards of the personnel that can be assigned are determined as follows:<sup>1</sup>

- a) Mental Health and Diseases Specialist
- b) Psychologist
- c) Social Service Specialist
- d) Organ and tissue transplant coordinator with a master’s degree and certification in organ and tissue transplant coordinatorship

Article 16 of the Regulation on Organ Transplantation Services states that the appointment and dismissal of the Protector requires the approval of the Ministry.<sup>1</sup>

### The Importance of a Living Donor Rights Protector

The Protector may gather additional information about the candidates to conduct an independent evaluation. This may include details such as alcohol consumption, substance use, aspects of personal life, irregular habits, and past psychiatric history.

In addition to these responsibilities, the Protector plays a vital role in combating organ trafficking and transplant tourism. By rigorously assessing each candidate’s voluntariness and ensuring no financial or coercive incentives are involved, the Protector helps safeguard against exploitation of vulnerable individuals. This function aligns with the Istanbul Declaration on Organ Trafficking and Transplant Tourism (2008), which calls for a comprehensive ban on all forms of commercial organ trade and emphasizes the protection of at-risk populations.<sup>6</sup>

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### *Core Values of the Living Donor Rights Protector*

The core values of the Protector include independence, transparency, teamwork, advocacy, knowledge, and confidentiality. The Protector is required to think independently from the recipient and assist the candidate in understanding the donation process. It is important to assess the prospective candidate's voluntariness, and understanding of the procedure. Additionally, effective communication with the transplant team is essential to relay relevant information. While independence is crucial for the smooth functioning of the process, the Protector must also possess a thorough understanding of the transplant procedure. Being well-informed and maintaining meticulous and confidential records of interviews are fundamental components of the Protector role.<sup>7-8</sup>

### *Personality Traits of the Living Donor Rights Protector*

Expected Personality Traits of the Protector:

- The Protector should have strong relationship-building skills and be able to share the collected data with the transplant team competently, within the framework of confidentiality.
- The Protector must respect professional ethical standards.
- The Protector should be able to empathize and remain unbiased.
- During interviews, the Protector should remain neutral and not express emotions or opinions to the candidates.
- The Protector should be accessible to candidates.
- The Protector must understand that their role is not an individual task and should be adaptable to teamwork.
- Due to the interdisciplinary nature of the Protector role (involving areas such as Religion, Medical Processes, Psychology, etc.), personnel in this position should possess a basic knowledge in these relevant fields.<sup>9</sup>

### *Overview of the Living Donor Rights Protector's Duties*

- The Protector who meets with candidates should provide information regarding the psychosocial interview process and structure the informed consent procedure accordingly. For candidates who complete the consent process, the evaluation phase should be explained in detail, emphasizing the significance of psychosocial interviews in identifying potential coercion or undue influence. Moreover, it should be clearly communicated to the candidates that these interviews are conducted with strict confidentiality.

- During the evaluation process, candidates and their families should be assessed, and the families' level of vulnerability should be carefully measured. Ethical principles related to the transplantation process must be explicitly emphasized, and it should be clearly conveyed that the primary purpose of these interviews is to safeguard the candidates' autonomy in the decision-making process.
- Candidates should be explicitly informed that organ trafficking constitutes a criminal offense, and their comprehension of this legal and ethical issue should be carefully assessed. Furthermore, candidates must be informed that the procedure is intended to serve the recipient's medical benefit, that the donated organ cannot be reclaimed under any circumstances, and that if the medical evaluation results are unfavourable, they will be deemed unsuitable for donation.
- Prioritizing candidates' well-being, information should be provided about alternatives to living transplantation.
- Throughout the pre- and post-operative processes, the Protector acts as an advocate for the rights of candidates. For candidates who consent to donation, the Protector conducts adjustment and motivational interviews if any difficulties arise during the process. Additionally, when necessary, the Protector refers candidates to appropriate mental health services to ensure they receive adequate psychological support.<sup>10</sup>
- To enhance process awareness among candidates who consent to donation, the Protector conducts additional interviews, observes post-operative life standards, and takes early preventive measures in order to minimize the risk of potential victimization. After discharge, the Protector maintains regular follow-up meetings with donors at specified intervals and evaluates their psychosocial adaptation to post-donation life.
- If the candidate's complaints cannot be addressed by the transplant programs, the Ministry should be contacted to report the issue.
- The Protector should conduct individual interviews, record the sessions, prepare consent forms, and ensure the confidentiality and archiving of these documents.<sup>11</sup>
- It is important to interview the spouses of candidates who have concerns regarding family dynamics to assess the voluntariness of the decision-making process. Their concerns should be addressed with empathy and understanding.<sup>12</sup>
- To prevent potential conflicts of interest, the Protector, who operates autonomously, is required to communicate with and inform the Ministry, as the overseeing authority, if he/she encounters any challenges with current or forthcoming activities.<sup>1-5-13</sup>

- It is important to acknowledge that the risks faced by the candidate extend beyond the potential for mortality. Candidate who experience the loss of their recipients may encounter significant feelings of guilt during the post-operative period. Moreover, such losses can disrupt familial dynamics and hinder the attainment of a satisfactory quality of life. Therefore, it is essential to prepare for these eventualities by continuing support meetings with candidates and seeking assistance from the Department of Psychiatry when necessary.
- Counselling services should be implemented to facilitate the candidate's adjustment to their new lifestyle, and motivational sessions should be organized as needed to support this transition.

#### *Living Donor Rights Protector's Right to Refuse*

The Protector should have the authority to reject a candidate for organ donation in specific situations. If the candidate is unwilling, feels pressured to make a decision, belongs to a group with high social vulnerability, or does not have sufficient information about the donation process, they should not provide consent to donate.<sup>5</sup> To identify these scenarios, psychiatrists should be consulted before proceeding with the psychiatry outpatient clinic, and their findings should be communicated in detail.

If a negative aspect is detected during evaluations and approval is denied, the transplant team is expected to respond sensitively.

#### *Selection of Interpreters for Living Donor Candidates*

Evaluating candidates can be challenging due to cultural and language differences. When such differences arise, it is essential to utilize a professional interpreter rather than relying on family members or friends of the candidate. Selecting an interpreter from within the candidate's family may compromise the candidate's autonomy and hinder open communication. Questions that are easily asked in one's own cultural context may cause discomfort for candidates from different backgrounds. Moreover, candidates may feel uneasy when sensitive questions are posed in the presence of third parties. Even when a professional interpreter is used, their personal biases or emotions may still affect the interview. Additionally, gender preferences should be taken into account, as some candidates may be reluctant to communicate with an interpreter of the opposite sex.<sup>12-14</sup>

#### *Living Donor Rights Protector's Psychosocial Interview Criteria*

Psychosocial assessments should be conducted by a licensed social worker, psychologist, or psychiatrist

who is knowledgeable about the transplantation process. The transplantation centre should establish a cooling-off period, which may range from 3 to 6 months. If surgery cannot be performed within this timeframe, the psychosocial interview should be repeated.<sup>10</sup>

Candidates are required to be individuals with decision-making capacity who can make their choices without external influences that would compromise the principle of voluntariness. In other words, the candidate must be independent throughout the donation process. Several criteria can be used to assess the candidate's ability to make free decisions regarding the following:<sup>15-18</sup>

- a) Whether he/she understands the risks involved,
- b) Whether he/she is under the influence of his/her household or anyone else,
- c) Whether he/she has clearly expressed his/her intention to be a candidate,
- d) Whether he/she understands the possible consequences of being a candidate, as well as the potential impacts on the recipient.

#### *Living Donor Rights Protector's Psychosocial Interview Goals*

The goals of a psychosocial interview initiated with the candidate can be listed as follows:<sup>9-10-12-19</sup>

- Evaluate the psychosocial risks of the candidate, including their psychiatric history and connection with their social environment.
- Ensure the candidate understands the risks, benefits, and outcomes of the donation process.
- Assess the candidate's decision-making capacity and ability to cope with stress before and after the decision.
- Determine if the candidate is making a decision free from feelings of guilt, external pressure, or impulsivity.
- Assess the candidate's potential life conditions after donation.
- Plan for any support interventions the candidate may require.
- Identify any gaps in pre-donation education and refer the donor to therapeutic intervention if necessary.
- Evaluate the relationship between the donor and the recipient.
- Plan for the candidate's potential post-operative care.
- Investigate any findings that may indicate the candidate is acting against their own best interests.

In summary, the psychosocial interviews conducted by the Protector assess financial, social, and medical risks, provide information about essential medical

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processes, and offer motivational support when necessary.<sup>9</sup>

If a thorough assessment cannot be completed in a single interview, a follow-up appointment should be scheduled. If any situations arise during the assessments that require social service intervention, appropriate counselling should be given, and the relevant unit should be consulted.

### *In Case the Candidate Changes Her/His Mind*

Candidates have the right to change their mind during the screening process. They may decide not to proceed as candidates, claim they were pressured into attending the screening, or express a lack of willingness to donate. If this happens, candidates can request that this information be kept confidential. To protect candidates' reputations and ensure their safety, recipients can be informed that candidates are not medically suitable matches.<sup>14-19</sup>

### *Challenges Facing the Living Donor Rights Protector*

Candidates were originally selected from family members. However, over time, advancements in medicine and the development of immunosuppressant regimens led to changes in transplantation guidelines. This shift allowed for a broader selection of candidates, enabling non-relatives to donate organs as well. Efforts to increase organ donation, such as organized events and advertisements aimed at large audiences on social media, have connected recipients with candidates who were previously unknown to each other. These changes have complicated the evaluation of a candidate's motivations.<sup>10</sup>

The biases of the transplant team could obstruct the role of the Protector. Instead of serving as a deterrent, evaluating the situation from an independent ethical perspective will contribute to a healthier implementation of the transplant program for both the individual and the institution.

Candidates who are giving to child recipients can present challenges for the Protector. In these situations, where the internal pressure on the candidate is greater than external pressure, it is essential to allow the donor time to come to a resolution. Additionally, psychosocial interviews should be conducted regularly to monitor the candidate's situation.

In situations where the recipient is their own child, candidates, such as mothers, may choose not to be included in the transplant queue. Some may even prefer to donate the organ themselves, regardless of how full the transplant queue is.<sup>11</sup> This scenario presents the Protector, who conducts the interview, with several internal dilemmas. How should this case be assessed? Should mothers with more than one child be encouraged to wait in the transplant queue? Should the mother be accepted as a candidate? These

questions are complex and challenging to navigate. Consequently, the content of the interview should focus on raising awareness.

The decision to become a candidate is challenging due to the rules imposed by the patriarchal structure within extended families and the pressure exerted by elders in positions of authority over younger members of the household. Consent is required from the spouses of married candidates. The pressure from an oppressive family can affect both the candidate and their spouse, leading to disruptions in family dynamics.<sup>19</sup> If these issues are identified, it is advisable to interview the spouses separately.

Religious belief is known to influence the decisions of many candidates profoundly. For some, the act of giving is motivated by the hope of divine reward, while others view their donations as a direct offering to the creator. It is vital to honour and respect the beliefs and choices of these candidates. However, alternative transplant methods, such as cadaveric organ transplantation, dialysis, and medical treatments, should be thoroughly explained during interviews conducted with the candidate.

Candidates who wish to become donors for recipients facing imminent death may experience significant pressure. There may not be sufficient time to thoroughly evaluate these candidates.

In response to this situation, teamwork should be employed, and the process should be completed by obtaining more realistic results through the data gathered by the transplant team and psychiatric specialists.<sup>12</sup>

Young people who live healthy lives and do not have any chronic illnesses may struggle to understand the importance of their follow-up appointments, which can lead them to skip these visits. It is important to provide counselling for individuals who do not attend their follow-ups to help them understand the value of regular check-ins.

The rising number of patients on waiting lists has led to a greater focus on cross-donor organ transplantation. Recipient candidates who are unable to receive an organ from a willing donor can find suitability for transplantation through donor exchanges, provided they have obtained approval from their families. It is crucial to evaluate the relationships between donors and recipients carefully throughout this process.

Changing the recipient can cause anxiety, stress, and pressure for the candidate. In order to alleviate such emotional pressures, motivational interviews may be needed even if no explicit problem is detected and the process is entirely based on voluntary consent. However, since motivational interviews tend to be time-consuming, the Protector may face time constraints.

In this context, enhancing the overall efficiency of organ transplantation processes and minimizing the associated psychosocial impacts necessitate the development and implementation of more effective and structured strategies for conducting motivational interviews.

In an inter-institutional cross-transplantation program, there is a high probability that a patient may meet a candidate who does not have a Protector at their originating institution. In such cases, the process will need to start over, and the psychosocial suitability of the candidate will be assessed. This situation can be particularly challenging for a candidate who has not previously encountered it at their institution. Additionally, due to variations in procedures among different institutions, there may be inconsistencies in the volunteer status of candidates. These differing perspectives can lead to misunderstandings between the patient and the organ transplant centre.

Finally, another potential issue in cross-transplantation programs arises from religious beliefs. The candidate may want to know to whom they are donating an organ. If the recipient is perceived as a sinner according to the candidate's values, or if the candidate believes the recipient might misuse the healthy organ after transplantation, this could lead the candidate to reconsider their decision.

Such situations highlight the need for additional psychosocial support during the decision-making process for candidates.<sup>21</sup>

## Discussion and Conclusion

There are varying perspectives on the responsibilities of the Protector, but a common theme in the studies is the importance of independence. While the Protector is expected to make independent decisions, they are also expected to demonstrate strength in teamwork. Challenges such as communication difficulties and a lack of knowledge are often viewed as personal obstacles for those in this role. A survey conducted by Steel et al. (2012) highlighted a significant lack of information regarding the Protector. It pointed out that there are no standardized criteria for their appointment, and each medical centre typically operates under different guidelines. Although postgraduate education is generally preferred for this role, individuals with less formal education may also take on these responsibilities. Unfortunately, many people assigned as Protectors often lack adequate training and tend to learn on the job by improvising with guidance from members of the transplant team.<sup>4</sup>

Eguchi et al. (2017) described an institutional initiative developed at Nagasaki University Hospital in Japan, known as the Donor Advocacy Team (DAT). This system was established to manage risks

associated with serious, permanent, or fatal complications that may occur in living organ, tissue, or cell donors. The DAT model outlines a detailed set of procedures to ensure rapid institutional response, provides psychological and physical support to donors and their families, and delivers timely and transparent public communication following adverse events. Additionally, it offers support to healthcare professionals involved in transplantation and aims to strengthen the overall reliability and ethical standards of the transplant system. Although the DAT is not directly equivalent to the Protector role, it reflects a structured institutional approach to donor advocacy and safety within a non-Western healthcare setting.<sup>22</sup>

Hays et al. (2016) argued that specific knowledge and skills are necessary for Protectors to be effective.<sup>9</sup> To address this, comprehensive training programs should be developed for Protectors, followed by independent examinations to ensure that only qualified individuals are placed in the field.

Rudow et al. (2015) emphasized that psychosocial interviews should be conducted by a social worker, psychologist, or psychiatrist due to their familiarity with both the transplant process and the interview format.<sup>10</sup>

Additionally, Rudow et al. (2015), Hays et al. (2016), and Steel et al. (2012) highlighted the importance of a uniform training and application guide, which would greatly benefit candidates.<sup>4-9-10</sup>

Didem (2022) highlighted the importance of the Social Worker's role in the field of organ transplantation, noting that the involvement of Mental Health Professionals in organ donation activities yields positive outcomes.<sup>23</sup> Fisher (2004) pointed out that while there is a substantial amount of literature focusing on the post-operative roles of Mental Health Professionals, there are relatively few studies addressing the psychosocial processes that occur before and during transplantation. Didem (2022) concluded her study by suggesting that sharing the knowledge and experiences of Mental Health Professionals in organ transplantation could contribute significantly to academic development in the field and provide support for new professionals entering this area.<sup>19-23</sup>

Moreover, Robbins (2014) noted that various interventions exist due to the absence of a comprehensive implementation guide for the Living Donor Rights Protector, emphasizing that the protector role within this context is quite profound.<sup>14</sup>

The protection of the candidate is not merely a clinical concern but an ethical obligation central to all transplant programs. The World Health Organization's Guiding Principles on Human Cell, Tissue and Organ Transplantation (2010) emphasize that donation must always be voluntary and informed, with adequate

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measures in place to prevent harm and exploitation. These principles call for transparency, equitable access, and the establishment of national oversight systems to ensure donor safety and dignity.<sup>24</sup>

Based on the issues discussed above and the findings from institutional experience and literature, the following recommendations have been made to support the development and institutionalization of the Protector role.

- I. Based on the principle *primum non nocere* (first, do no harm), which is believed to have been first used in the 19th century and is attributed to the *Corpus Hippocraticum*, and considering that the fundamental purpose of the Protector is to safeguard candidates, efforts should be made to participate in campaigns and organizations aimed at increasing cadaveric donations, drawing attention to the importance of organ donation.
- II. The Protector should not consist of a single individual; instead, it should be carried out by a team that includes professionals from various fields (such as a Psychiatrist, Psychologist, Social Worker, Nurse, Lawyer, and Religious Official).
- III. After completing the psychosocial interviews, the Protector should present the evaluation results in an interdisciplinary committee.
- IV. At least one post-surgical consultation should be conducted, followed by additional consultations at the third and sixth months after the procedure.
- V. In addition to official one-time training sessions, continuous education programs should be implemented to establish up-to-date approaches, and the information gathered from the field should be evaluated to ensure the development of the current practice.<sup>4</sup>
- VI. Candidates may not have sufficient paid leave rights for the post-operative period. To encourage organ donation, economic resources should be allocated by government channels, and cooperation should be established with employers to support candidates.
- VII. To safeguard the rights of candidates, an independent oversight body should be established, separate from transplant centres, also ensuring the safety and ethical standards of both candidates and relevant healthcare personnel. This body should provide a platform where candidates can report the pressures and challenges they face, upload interview forms, and report any ethical violations encountered throughout the process. The independent auditing mechanism will strengthen the protection of

donor rights, contributing to more transparent and reliable outcomes.

- VIII. To facilitate face-to-face meetings between the candidate and the Protector without third parties, a room equipped with standards that ensure autonomy and, if possible, video recording should be designed. This will enable the Protector to provide services more comfortably and allow the candidate to share their thoughts openly without concealing anything they wish to disclose.
- IX. The academic publication of protectors should be supported, and their participation in developmental activities such as conferences and educational events should be encouraged.
- X. Although it is still an emerging role with certain shortcomings, academic publications such as field-based studies and case presentations will guide the role and enhance its professionalism.

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## Limitations

This study has several limitations. First, it is based on field observations made by the author while officially serving as a Protector at an organ transplantation centre in Türkiye. These observations did not involve the collection of any personal data or direct interviews with individuals. Therefore, they were not systematically recorded, qualitative data analysis was not conducted, and ethical committee approval was not required. This situation may have limited the depth of information regarding some practices.

Second, there is a risk of social desirability bias in the external presentation of institutional processes. Observations and indirect institutional contacts indicate that some centers tend to portray their practices in a more idealized manner externally. Additionally, it has been understood that some healthcare workers hold reservations about the Protector role and that there are institutional concerns that this role might have a deterrent effect on donors. Such perceptions may have limited the transparency of institutions regarding their roles and operations.

Third, the literature used in this study is predominantly Western-centred. The limited availability of academic sources specific to the Turkish context reduces the generalizability of the findings in terms of cultural and structural diversity. However, this limitation is balanced by the study's original contribution of providing a field-based perspective on the current status of the Protector role in Türkiye.

Finally, the field observations are based on the practices of a limited number of centres. Therefore, the direct applicability of the proposed model to all

institutions may be limited. In the future, multi-centre, participatory, and regionally sensitive qualitative studies conducted with ethical committee approval could provide more in-depth contributions to this field.

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### Researcher Contribution Statement:

Idea and design: B.Ş., A.B.D.; Data collection and processing: B.Ş.; Analysis and interpretation of data: B.Ş., A.B.B., E.K.; Writing of significant parts of the article: B.Ş., A.B.D., E.K.

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### Conflict of Interest Statement:

The authors and their household members have no memberships, consultancies, expert roles, or company partnerships that could present a potential conflict of interest related to this study.

### Ethics Committee Approval Information:

Non-applicable

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