

Britain has some 70,000 at-risk workers in welding occupations. Other at-risk groups include a range of workers who share occupational exposure to metal fumes in common (eg moulders and core makers, and furnace men in foundries).<sup>2,3</sup>

In response to growing evidence on risk, the Joint Committee on Vaccination and Immunisations (JCVI), on behalf of the Department of Health in England, recommended in 2011 that all welders be offered a single dose of the pneumococcal polysaccharide vaccine PPV-23.<sup>7</sup> This advice was modified in 2012, extending recommended use to a broader range of workers with exposure to metal fumes. Further details and a discussion of the potential strengths and limitations of PPV-23 vaccination in at-risk occupations have been published elsewhere.<sup>1</sup>

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## Tissue and organ donation guidance

Editor – We read with interest the two articles relating to the BMA and NICE guidance around tissue and organ donation (*Clin Med* December 2012 pp 513–6 and pp 517–9) and the debate that they have generated. While the ethical and moral debate is undoubtedly of great importance, we would like to point out an omission from the NICE guidance surrounding opportune times to check a patient's wishes in this respect. Currently in the UK people can opt to join the National Organ Donor Register (ODR). People are also offered this opportunity when applying for a driving licence. Doctors, however, cannot easily check if a patient is on the register. We suggest that hospital admission offers an opportunity to check patient preference and that donation status be included or checked as part of initial hospital triage. We are not suggesting that doctors should ask patients with any coercive intention, but merely provide an opportunity for a patient to have their wishes recorded or for clinicians to provide more information if requested. To our knowledge only one UK hospital trust routinely asks if patients are on the ODR on admission to hospital.<sup>1</sup> We would suggest junior doctors do not spontaneously ask this question on admission, based on a recent survey that we performed in our trust.

We conducted a survey of junior doctors working in surgery, general medicine and emergency medicine in a large district general hospital to investigate the knowledge and beliefs around organ donation, and whether this may help to explain the trust's low organ donation rates. 53 doctors were asked five knowledge-based questions and three questions around their confidence in discussing tissue and organ donation on

five point Likert scales (1 = not confident at all, 5 = very confident). All questions were answered anonymously. Not a single junior doctor surveyed routinely asks if patients are on the ODR. While most were aware that some tissues can be donated post mortem, only 6% knew that some tissues are viable for up to 48 hours post mortem. Only 19% would describe themselves as quite or very confident (4 or 5) discussing donation with patients and families, although they would be more confident (32%) in asking if patients were on the ODR at admission.

It is estimated that about 52% of patients on the ODR have not informed their next of kin.<sup>2</sup> Surely in an era where patient choice is paramount, clinicians have a moral obligation to ensure that patient wishes are checked and recorded so that difficult discussions in traumatic circumstances can be avoided. Merely asking whether a patient is on the ODR at admission could potentially open a discussion about organ donation without placing undue pressure on a potentially vulnerable patient. We suggest that with training and education, doctors could help in not only raising awareness of this important issue, but ensure that the patient has been able to maintain their own choice in the situation where organ donation or tissue donation could occur.

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