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**Received on 23.05.2019, Accepted on 20.06.2019**

## Pivotal Role of Public Relation (PR) in Renal Transplant: Comprehensive Counselling and Legal Support in Indian Scenario

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**Abstract**

The intervention of public relations (PR) in transplant programs is an emerging field and varies across the country from centre to centre. The public relations counselling helps the patients in clinical decision making of patient and their relatives for renal transplant. The pre-transplant process involves legal procedures, regulatory aspects, ethical, psychological and other clinical formalities. The role of public relations into practice is discussed as a model for providing care throughout the process of renal transplantation. Public relations experts are in a unique position to expand the care for kidney transplant patients by assuming the role of clinician, educator, administrator, and coordinator.

**Keywords:** Public Relation; Counselling; Renal Transplant; Truth; Education; Evaluation.

**How to cite this article:**

Neeraj S. Dixit, Shridhar C. Ghagane, R.B. Nerli. Pivotal Role of Public Relation (PR) in Renal Transplant: Comprehensive Counselling and Legal Support in Indian Scenario. *Urology, Nephrology and Andrology International*. 2019;4(1):11-16.

**Introduction**

The perception of relations with public represents communication activity which basically is called public relations or (PR) for short. It is believed that this term was used first in the U.S., from where its use spread to other countries. PR today are exists in almost all areas of life [1]. One such area is the area of Renal Transplantation. Transplantation is today without doubt one of the most important areas of social activity. As such it is exposed to the numerous critics. The image of doctors and health institutions in the public is not even close to what health professionals wanted. Various health

sectors are shaken by the affairs associated with exploitation and payoffs. Doctors are linked to the stereotype that they are people who have extremely low ability for good and effective communication with its public [2]. To this should be added also the low awareness of management to recruit communication professionals in their respective institutions.

Investing on PR will help the organisation to achieve its objective effectively and smoothly. PR is not creating good image for a bad team. Since false image cannot be sustained for a long time [3]. Though the organisation product or services are good it need an effective Public Relations campaign

for attracting, motivating the public to the product or service or towards the purpose of the programme. It is not only encourage the involvement from the public and also resulting in better image [4]. An effective Public Relations can create and build up the image of an individual or an organisation or a nation. At the time of adverse publicity or when the organisation is under crisis an effective Public Relations can remove the “misunderstanding” and can create mutual understanding between the organisation and the public [5].

### **Functions & Elements of Public Relations**

Public Relations is establishing the relationship among the two groups (organisation and public). Art or Science of developing reciprocal understanding and goodwill. It analyses the public perception & attitude, identifies the organisation policy with public interest and then executes the programmes for communication with the public [3,4]. A planned effort or management function. The relationship between an organisation and its publics. Evaluation of public attitudes and opinions [6]. An organisation’s policies, procedures and actions as they relate to said organisation’s publics. Steps taken to ensure that said policies, procedures and actions are in the public interest and socially responsible. Execution of an action and or communication programme. Development of rapport, goodwill, understanding and acceptance as the chief end result sought by public relations activities [6]. Having introduced the role of PR with all the above mentioned capabilities involved within an individual, will help the transplantation program run smoothly and successfully.

### **Renal Transplant**

Renal transplantation is a well-established treatment for end-stage renal disease, allowing most patients to return to a satisfactory quality of life. Studies have identified many problems that may affect adaptation to the transplanted condition and postoperative compliance [4-7]. The psychological implications of transplantation have important consequences even on strictly physical aspects. Organ transplantation is very challenging for the patient and acts as an intense stressor stimulus to which the patient reacts with neurotransmitter and endocrine-metabolic changes [8]. Transplantation can result in a psychosomatic crisis that requires the patient to mobilize all bio-psychosocial resources during the process of adaptation to

the new foreign organ which may result in an alteration in self-representation and identity, with possible psychopathologic repercussions [7,9]. These reactions are feasible in mental disorders, e.g., posttraumatic stress disorder, adjustment disorder, and psychosomatic disorders. In organ transplantation, the fruitful collaboration between public relations with diverse scientific expertise, calls for both a guarantee for mental health and greater effectiveness in challenging treatments for a viable association between patients, family members and doctors. Integrated and multidisciplinary care should include uniform criteria and procedures for standard assessments, for patient autonomy, adherence to therapy, new coping strategies and the adoption of more appropriate lifestyles [10].

### **Fundamental for Renal Transplantation**

Kidney transplantation is now an established clinical technique, although the emotional experiences and the psychological and psychopathological complications related to organ donation and transplantation should not be underestimated [11]. Following transplantation, problems related to the physical integration of a foreign body can arise. On the one hand, the “Life-Extending” process creates a kind of symbolic rebirth with euphoric aspects, and on the other hand, the patient can develop a kind of emotional vulnerability with body image and self-representation disorders, or paranoid reactions to a panic crisis due to the presence of a foreign object (transplanted organ) [10]. In fact, the transplanted patient may experience a reactive psychopathologic process (depression, anxiety, dissociative disorder) both due to transplanted organ acceptance difficulties and immunosuppressive therapy complications [12]. The study of psychological aspects and their evaluation using a public relation counselling approach are important to avoid issues not adequately recognized, which can undermine the transplant success, and/or lead to psychological distress and psychological suffering in the patient. Transplanted patient re-employment and social and family reintegration requires psychotherapeutic support to implement new coping strategies and create a new horizon in his/her life.

### **Coordination of PR**

Within the multidisciplinary team involved in the transplant process, the public relation coordinator is highlighted for possessing the knowledge,

clinical experience and service management skill that help organize, collaborate and develop specific activities, acting as a facilitator of the process, and providing a link between staff and patients [11]. For this reason, they have also been considered essential to the success of renal transplant in children. This therapeutic modality has become even more complex since, as an aggravating factor, the child population needs life-long immune-suppression, leading to delayed growth and development of the organism and increased risk of heart disease and cancer [13]. In post-transplant, the focus of the public relation coordinator is to ensure people and resources to offer qualified care and organization and educational activities to patients and families. Thus, they should be familiar with the organizational structure of the transplantation process, and with the policies and procedures of their institution, so they can organize the time, attention and clinical aspects of care after the operation.

### **Role of Multidisciplinary Team on Adherence in Kidney Transplantation**

Transplantation results in a significant improvement in expectations and quality of life, even if possible adaptation difficulties may be present such as psychopathological disorders, problems with compliance and adherence to treatment protocols. Such non-adherence seems to predict morbidity and mortality [8,10]. After transplantation, regular immunosuppressive drug administration is crucial, and even small deviations from the prescribed regimen are associated with an increased risk of rejection. The eventual resumption of dialysis replacement therapy after transplantation affects not only patient physical function, but especially his personal, daily and social life. Strong feelings of discomfort, especially in females, with a "resignation to a life of eternal sick", a reduction in self-esteem due to the change in their role in the family have been reported in the literature [13]. A strong concern for the future of himself and of his family prevails, in addition to a strong psychological stress condition that leads to anger and depression. The sense of self-efficacy, coping with the disease and self-monitoring, fosters respect for prescriptions. Patients with a higher self-efficacy show a greater ability to self-manage their own health, with better physical health, a satisfactory quality of life and a decreased risk of complications [14].

Other studies have shown a positive correlation between self-efficacy and several indicators

of health: better control of diabetes, fewer depressive symptoms, and lower use of health care institutions and long-term adherence to prescribed drug therapy [9]. The beneficial effect of exercise on allograft function and its positive correlation with better health and quality of life were also demonstrated. Another problem observed concerning psychiatric disorders prior to transplantation is related to non-optimal post-transplant therapeutic compliance [10]. Depression pre-or post-transplantation is associated with an increased risk of non-adherence to medical prescriptions, as well as high levels of anxiety and hostility and the presence of unstable personality traits. An excessive perception of "restored health" can lead to promiscuity, abuse of various substances and non-adherence to prescribed treatment in transplant patients, which has a significant impact on post-transplant recovery [12].

The perceived consequences of living with a chronic medical condition (such as a renal transplant) likely affect adherence and psychological outcomes. Among investigations in adults with a chronic illness, more severe perceived consequences have been found to be associated with greater use of avoidance coping strategies, denial, and behavioural disengagement. Medication non-adherence is a common problem in organ transplantation patients with severe consequences for the patients' health [13].

A better understanding of the perceived adversity associated with different aspects of living with a chronic illness may clarify possible interventions to improve illness outcomes. According to recent literature, patients who receive a protocol of psychological support before transplantation and during post-transplant follow-up, this leads to improved treatment compliance and quality of life with modifications related to the physical, emotional and psychological aspects [11-14]. In this context, consultation and liaison psychiatry has played, and continues to play, a role in stimulating research and fostering the integration between psychiatry and other medical and surgical disciplines. In a hospital environment, there is a growing need for liaison between operators, and doctors and PR from different specialties. More use should be made of the Consultation-Liaison Psychiatry facilities, particularly where there is a strong emotional impact on the relationship between operator and patient, such as the intensive care unit, *etc.*, where psychiatrists and psychologists should encourage the involvement of the various stakeholders in patient management, and encourage the exchange of knowledge and experience in appropriate and

useful liaison activities to prevent burn-out [12-14]. It is also necessary to include discussions on clinical cases as part of the multidisciplinary team and to promote training sessions and supervision, which are useful in planning cognitive and psychosocial rehabilitation, and psychotherapy both for the patient and his family.

Assessment of quality of life is one of the key indicators for monitoring coping strategies acquired by the transplanted patient and/or the donor-recipient pair. In fact, although it constitutes a subjective variable, quality of life constantly changes in relation to the short- and long-term therapeutic results, and with recipient and donor expectations [13]. Integrated and multidisciplinary care should also include uniform criteria and procedures for standard assessments, patient autonomy studies, and adherence to therapy, new coping strategies and the adoption of more appropriate lifestyles. Only through a "working network" is it possible to monitor the re-employment, family and social reintegration of transplant patients, as health is the result of a number of social, environmental, psychological, economic and genetic determinants [14].

### **Counselling & Transplantation Education**

Another aspect directly linked to the success of transplantation is correct patient education so that, after leaving the hospital, they may be sufficiently educated to prevent, recognize and minimize the risk of complications and rejection, and have a better quality of life [10-12]. Thus, it is necessary that the professional has the ability of evaluation, knowledge of immunology, dietetics, pharmacology, infectious diseases and their prevention, and of the psychological implications these clients face, and the ability to transfer this knowledge to patients in an understandable form. The renal transplant patients face many challenges after discharge [13].

Despite evidence of improved quality of life, and free from the haemodialysis machine, they constantly live with the risk of rejection and adopt a new lifestyle in relation to food, medicine and healthcare. The educational process is of utmost importance for the positive progression of renal transplants in children, and should include the participation of other professionals, especially teachers, in order to facilitate a more holistic and deep insight, understanding the complex issues and processes involved in educational support for

transplanted children [14]. To ensure the success of transplantation in the long-term, it is important that the nursing staff works to educate these patients, ensuring that they return to their homes with enough knowledge to keep the graft and appropriate self-help skills and knowledge. This includes the proper use of medications and its side effects, addressing questions about adherence to the therapeutic regimen, since not following the therapy increases the risk of graft loss; understanding of the care for the prevention and identification of signs and symptoms of infection and rejection, measuring vital signs, and daily weight and glucose test, the importance of a balanced and healthy diet associated with exercise to prevent weight gain, skin care, since the immunosuppressive regimen increases the risk of development of malignancies, as well as issues of fertility and Lifestyle [15]. The care of individuals with chronic kidney disease should be performed in a manner consistent, responsible, humane and directed to their uniqueness. Thus, the nursing actions in post-transplant should include coordination, care, teaching and research, and are important to know the different links in the network of health actions necessary for the best care to transplant patients [15].

### **Legal support**

The legislation called the Transplantation of Human Organ Act (THO) was passed in India in 1994 to streamline organ donation and transplantation activities. Broadly, the act accepted brain death as a form of death and made the sale of organs a punishable offence [2]. With the acceptance of brain death, it became possible to not only undertake kidney transplantations but also start other solid organ transplants like liver, heart, lungs, and pancreas. Despite the THO legislation, organ commerce and kidney scandals are regularly reported in the Indian media. In most instances, the implementation of the law has been flawed and more often than once its provisions have been abused [15].

The PR has to detail about the legal aspects regarding transplant to donor and recipient and their relatives. Moreover, PR has to be engaged in performing legal documents which are required for transplant program. Pre-transplant requirements like counselling, moral support and legal activities is explained. Ethical committee clearance of the hospital has to be taken both from the donor and recipient.

## Law and Rules Governing Organ Donation and Transplantation in India

The main provisions of the THO act and the newly passed Gazette by the Government of India include the following:

*For living donation:* The relatives who are allowed to donate include mother, father, brothers, sisters, son, daughter, and spouse.

*Brain-death and its declaration:* Two certifications are required 6 hours apart from doctors and two of these have to be doctors nominated by the appropriate authority of the government with one of the two being an expert in the field of neurology following apnoea test with due consent from the near relatives.

*Role of Authorization Committee (AC):* The purpose of this body is to regulate the process of authorization to approve or reject transplants between the recipient and donors other than a first relative. The primary duty of the committee is to ensure that the donor is not being exploited for monetary consideration to donate their organ.

*Role of Appropriate Authority (AA):* The purpose of this body is to regulate the removal, storage, and transplantation of human organs. A hospital is permitted to perform such activities only after being licensed by the authority. The powers of the AA include inspecting and granting registration to the hospitals for transplant surgery, enforcing the required standards for hospitals, conducting regular inspections of the hospitals to examine the quality of transplantation and follow-up medical care of donors and recipients, suspending or cancelling the registrations or erring hospitals, and conducting investigations into complaints for breach of any provisions of the Act [2-4].

## Conclusion

Public relation is acting like a catalyst in renal transplant. The PR is challenged daily to offer good care, coordination of people and resources, educational support, and emotional support to transplant patients and their families throughout the logistics process. Therefore, it is necessary to develop skills for the quality of care to go beyond the technical aspects. To manage all the complex demands involving the care of the transplant patient with good quality, it is essential for the public relation coordinator to develop a

comprehensive knowledge base and, therefore, to be constantly involved with the process of teaching and learning. PR should have, in principle, capacity to assess and make decisions, and also work in a multi-professional manner. All these features make the public relation essential to ensure the success of a kidney transplant program in all its phases, and demonstrate that this area offers a wide field of activity. It is possible to develop a career in the coordination, care, education and research. It is hoped that this study will contribute to better elucidate the skills of PR in post-renal transplant and provide support for the improvement of health practices.

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