THE GIFT
Transforming Lives through Organ Donation
IT IS MY GREAT PLEASURE TO INTRODUCE THIS COMIC. OUR PROJECT ORIGINATED FROM AN HONEST CONVERSATION WITH MY FRIEND AND COLLEAGUE PROF CHRIS MURRAY: HOW TO COMMUNICATE COMPLEX ISSUES SURROUNDING THE ISSUE OF ORGAN DONATION? OVER THE LAST SEVEN YEARS I HAVE HAD THE HONOUR OF BEING AN AMBASSADOR FOR THE ORGAN DONATION CAMPAIGN BY TELLING MY SON, ANDREW’S, STORY.

THROUGH MY ROLE AS AN ORGAN DONATION AMBASSADOR I MEET COURAGEOUS AND SELFLESS PEOPLE. SOME ARE IN DESPERATE NEED OF HOPE, SOME ARE IN THE POSITION TO PROVIDE HOPE, AND THOSE WHO, THROUGH THEIR PROFESSIONALISM AND DEDICATION, TRANSFORM LIVES.

OUR SINCERE THANKS FOR THE SUPPORT OF THE FOLLOWING ORGANISATIONS: UNIVERSITY OF DUNDEE; THE NHS BLOOD AND TRANSPLANT SPECIALIST NURSES IN ORGAN DONATION; DUNDEE COMICS CREATIVE SPACE; GOOD LIFE, GOOD DEATH, GOOD GRIEF, AND THE ORGAN DONATION COMICS TEAM. IT IS ONLY THROUGH THEIR SUPPORT THAT THIS PROJECT CAME TO FRUITION.

IN THE FOLLOWING PAGES WE SHARE HEARTFELT STORIES AND LIFE EXPERIENCES RELATED TO ORGAN DONATION. BY DOING SO WE HOPE TO BRING AWARENESS TO A WIDER AUDIENCE AND PROMPT HONEST CONVERSATIONS ABOUT ORGAN DONATION.

FINALLY, I WOULD LIKE TO THANK MY SONS ANDREW AND STUART FOR WARMING MY HEART. THROUGH TEARS AND LAUGHTER WE PRESENT TO YOU... THE GIFT.

MAYRA CROWE
SPANISH ORGANISER AND INTERNATIONAL RECRUITMENT OFFICER, UNIVERSITY OF DUNDEE

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WITH THANKS TO LYNNE MALLEY (SN-OD) AND NEIL HEALY (SN-OD) FROM NHS BT, REBECCA PATTERTON, MARK HAZELWOOD AND ROBERT PEACOCK FROM GOOD LIFE, GOOD DEATH, GOOD GRIEF, AND DR SALLY PAUL FROM STRATHCLYDE UNIVERSITY.

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ORGAN DONATION
AN OVERVIEW

1902: THE FRENCH DOCTOR ALEXIS CARREL PIONEERS THE SURGICAL JOINING OF BLOOD VESSELS, WHICH LAID MUCH OF THE GROUNDWORK FOR LATER SUCCESSFUL TRANSPLANTS.


1918: DURING WORLD WAR I, THE BRITISH ARMY CREATED A BLOOD DEPOT FOR WOUNDED TROOPS, USING ADVANCES IN ANTI-COAGULANTS AND BLOOD-TYPING TO STORE BLOOD FOR TRANSFUSION.

1948: THE NATIONAL HEALTH SERVICE (NHS) IS ESTABLISHED IN THE UK TO PROVIDE UNIVERSAL HEALTHCARE, AND IT WILL GO ON TO BE AT THE FOREFRONT OF DEVELOPING ORGAN DONATION TECHNOLOGY.

1954: DR. JOSEPH MURRAY PERFORMS THE FIRST SUCCESSFUL KIDNEY TRANSPLANT IN BOSTON, MASSACHUSETTS. HE AND HIS TEAM SUCCESSFULLY TRANSPLANTED A KIDNEY FROM RONALD HerrICK TO HIS DYING TWIN BROTHER, RICHARD, SAVING HIS LIFE.

1964: SIR MICHAEL WOODRUFF PERFORMS THE FIRST SUCCESSFUL KIDNEY TRANSPLANT IN THE UK, IN EDINBURGH.

IN RECOGNITION OF HIS WORK, CARREL WAS AWARDED THE NOBEL PRIZE FOR MEDICINE IN 1912.

SOON AFTER THE OPERATION, THE PATIENT WAS ABLE TO SEE, AND RETAINED HIS EYESIGHT FOR THE REST OF HIS LIFE.

THIS WAS THE PREDECESSOR OF MODERN BLOOD BANKS.


6 YEARS LATER, SIR MICHAEL WOODRUFF PERFORMS THE FIRST SUCCESSFUL KIDNEY TRANSPLANT IN THE UK, IN EDINBURGH.

IN THE UK, 30% OF TRANSPLANTED KIDNEYS ARE FROM LIVING DONORS, WHO CAN CONTINUE TO LEAD NORMAL HEALTHY LIVES WITH THE USE OF ONE KIDNEY.

**DID YOU KNOW?**

THE CORNEA IS UNIQUE IN THE HUMAN BODY AS IT DOES NOT REQUIRE A BLOOD SUPPLY TO SURVIVE AND AS SUCH IT CAN BE DONATED UP TO 24 HOURS AFTER DEATH.

THE NEW
NATIONAL HEALTH SERVICE

**DID YOU KNOW?**

IN THE UK, 30% OF TRANSPLANTED KIDNEYS ARE FROM LIVING DONORS, WHO CAN CONTINUE TO LEAD NORMAL HEALTHY LIVES WITH THE USE OF ONE KIDNEY.

**HISTORICAL INFORMATION DERIVED FROM THE NHS ‘HISTORY OF DONATION’ AVAILABLE AT HTTPS://WWW.NHS.UK/TOOLS/DOCUMENTS/TRANSPLANT.HTML**
Currently in the UK (excluding Wales) individuals who wish to donate can sign up to the NHS Organ Donor Register and make their decision known to their loved ones. This is known as an opt-in system.

In 2015, Wales changed its organ donation laws to an ‘opt-out’ or ‘deemed consent’ system. This means that individuals who don’t want to be an organ donor need to say so, otherwise they may be deemed as having no objection.

The English and Scottish governments are planning to move towards a ‘deemed consent’ system, similar to Wales, over the next few years.

For many people, organ donation and end of life wishes can be difficult to discuss, and need to be treated with care and sensitivity.

For this reason, we have worked with organ recipients, donors and their families, and medical professionals, who specialise in organ donation and transplants, to bring you their stories.

A big thank you to everyone who worked on this, and to you for picking up this comic!

We hope you learn something about organ donation, and join us in supporting this important cause!

These stories come from Mayra Crowie, the mother of a donor, a specialist nurse in the NHS organ donation team, and a recipient.
ANDREW’S STORY

FOR THE LAST SEVERAL YEARS I HAVE BEEN AN ORGAN DONATION AMBASSADOR IN SCOTLAND.

FOR ME, BEING AN ORGAN AND TISSUE DONATION AMBASSADOR PROVIDES A PLATFORM TO TELL MY SON’S STORY...

ANDREW DIED SUDDENLY FROM A BRAIN ANEURISM. MY FAMILY AND I WERE FACED WITH A CHALLENGING DECISION.

WE HAD NEVER SPoken TO ANDREW ABOUT ORGAN DONATION. WE DIDN’T KNOW WHAT HIS WISHES WOULD BE.

WE THOUGHT A LOT ABOUT THE PERSON HE WAS...
In the end it was clear what Andrew would have wanted.
THANKS TO ANDREW, NINE PEOPLE NOW ENJOY A RENEWED QUALITY OF LIFE.

INSPIRED BY HELPING OTHERS, I FELT IT IMPORTANT TO SHARE OUR STORY...
I was invited to tell my story as part of a parliamentary inquiry for the new 'opt out' bill.

Being an ambassador has given me opportunities to go to new places and take on new challenges.

My aim is not to tell people what to do, but to inform them of their options and to make sure they tell their relatives if they want to donate.

Recently, media coverage has shed light on medical advances in organ donation.
I recall the first recipient I ever met. We were at an annual memorial service for those touched by organ donation.

Afterwards, he talked to me about his guilt at receiving a donation.

He was comforted to hear my story... ...and learn of a relative’s perspective.

Organ donation has given me a sense of community, enabling me to connect with people who have had similar experiences.

They live it day in and day out - they are superheroes.
ONE OF THE BIGGEST THINGS THAT SURPRISED ME THROUGHOUT MY WORK WITH ORGAN DONATION WAS WHEN A 15-YEAR OLD CONTACTED ME, SAYING HE HAD SEEN ME ON TV AND PUT HIS NAME ON THE DONATION LIST.

TO ME, ORGAN DONATION IS A CONTINUATION OF LIFE. IT IS A PRICELESS GIFT.

BECOMING AN ORGAN DONATION AMBASSADOR HAS BEEN EMOTIONAL.

ALTHOUGH IT CAME OUT OF SOMETHING TRAGIC, IT HAS BEEN A POSITIVE EXPERIENCE.
THE PROCESS OF ORGAN DONATION

I AM A SPECIALIST NURSE WHO IS RESPONSIBLE FOR THE ORGANISATION OF ORGAN DONATION WITHIN A TEAM THAT COVERS THE WHOLE OF SCOTLAND.

ONE OF THE MAIN THINGS WE DO IS SPEAK WITH FAMILIES ABOUT THEIR DECISIONS.

WE SPEAK WITH HOSPITAL STAFF WHO REFER PATIENTS TO OUR SERVICE FOR ORGAN DONATION AND WE ATTEND TO SPEAK WITH FAMILIES.

WE ARE MEETING THE FAMILIES AT AN EMOTIONAL TIME FOR THEM.

WE ARE THERE TO SUPPORT THE FAMILIES WHATEVER THEIR DECISION.

WE ARE AWARE OF THE SENSITIVITY OF THE PROCESS FOR BOTH RELATIVES AND STAFF.

IN SOME CASES IT IS NOT ALWAYS POSSIBLE FOR ORGAN DONATION TO GO AHEAD. WE TRY AND MANAGE RELATIVES' EXPECTATIONS HONESTLY.

ANOTHER IMPORTANT TASK THAT WE DO IS PUTTING THE INFORMATION WE GATHER ON PATIENTS INTO A CONFIDENTIAL DATABASE FOR RECIPIENT HOSPITALS AROUND THE COUNTRY TO ACCESS.
When gathering information from the donor’s relatives and medical notes, it is with the safety of transplantation in mind. The information must all be correct, to prevent any risks to the recipient.

Once we match the organs with a recipient, we mobilise a specialist surgical team to the hospital and facilitate the theatre process.

We are responsible from first contact with the family up until the organs have been received at a recipient centre. We also follow-up with families post organ donation for as long as they require.

The process is often completed within 24 hours but this can feel much longer for relatives and staff, both of whom have perhaps been at the bedside for many days prior to the organ retrieval operation.
WHEN NOT DEALING DIRECTLY WITH THE ORGAN DONATION PROCESS, I WORK A MORE 9-5 DAY JOB, CENTRED AROUND ORGAN DONATION AUDIT, PROMOTION AND EDUCATION.

THIS CAN INVOLVE GOING INTO SCHOOLS TO TEACH SENIOR SCHOOL PUPILS,

OR TRAINING MEDICAL AND NURSING STAFF ABOUT OUR WORK AND THEIR ROLE IN THE PROCESS.

ORGAN DONATION TEAMS HOST A CEREMONY EVERY YEAR WHERE DONOR FAMILIES ARE PRESENTED WITH AN ORDER OF ST JOHN AWARD TO RECOGNISE THE SELFLESS CONTRIBUTION THAT ORGAN DONATION HAS MADE TO ADD LIFE AND GIVE HOPE TO OTHERS IN NEED.

THROUGH THEIR LOVED ONE’S DONATION THEY HAVE GIVEN THE INCREDIBLE GIFT OF LIFE TO SOMEONE ELSE.

IF YOU WOULD LIKE TO LEARN MORE ABOUT ORGAN DONATION PLEASE VISIT WWW.ORGANDONATIONSCOTLAND.ORG
A RECIPIENT’S STORY

Hello, my name is Meg and I am head of nursing, in charge of the cardiology department at a busy teaching hospital.

I have been a nurse for 30 years, but today I’m going to focus on my experiences as a patient.

19 years ago I developed kidney failure, which was related to my diabetes.

I needed to have haemodialysis, for almost 2 years, 4 hours on a machine, 3 times a week at the hospital.

Then I had peritoneal dialysis, at home, for a further 14 months, so I could still work.
I was asked if I would consider a combined kidney and pancreas transplant.

I was rather cautious as they hadn’t performed such an operation in Scotland before, but they explained that in the U.S.A. it was considered the best option.

My family was involved throughout, and we decided to proceed with the combined transplant.
I continued to work...  

...and tried to keep family life as normal as possible.

Waiting on the transplant made me realise that I'd never thought much about organ donation before.
My life has changed hugely. It probably took about a year or so to feel really well.

Recovery was a difficult process. Taking medication became as normal as breathing.

I went back to work after 4 months. I was desperate for the normality that brought, but it’s easy to underestimate how long it takes your body to recover.

But I was lucky. My body did not reject the transplant.

Still, simple things like taking a holiday and getting insurance were now big problems.

I didn’t go abroad for many years.

One of the side effects of the transplant is that I am not diabetic anymore.

I take medication twice a day and will for the rest of my life. I have hospital visits every three months to keep an eye on weight and blood pressure, but these are things we all should do, really. I just have to be extra careful.

Though I have to look out for sources of infection. I have to be careful around children, animals, and to make sure food isn’t out of date.
Things have really changed since the transplant. I do more exercise now. I have been on holiday. I have boundless energy for my age!

I feel like there's nothing I can't do anymore.

16 years down the line, it is hard to remember I have had a transplant. Other than the scars on my stomach.

Sometimes you have to remind yourself you aren't superhuman.
The medication can have side-effects. There is evidence that you are more photosensitive after a transplant, and there’s more chance of skin cancer.

There are risks of cervical cancer, and in general the risk of cancer is higher. But those risks are there whether you are a transplant patient or not.

It is important to raise awareness about organ donation. I never thought much about it before I needed a transplant.

I have been to my nephew’s school, talked with kids about it. It is not enough to carry a card or sign up. You must discuss it with your family so they know your wishes.

I find it hard to speak about the donor. It’s too emotive. How could a family make that decision when there is so much sorrow and emotion going on?

They tell us a little about your donor, but it is hard not to think about them. They made the ultimate sacrifice. It is a pretty special thing having someone lose their nearest and dearest and donate their organs.
If you think about how difficult life is for people prior to getting a transplant, and then how transformed their lives are afterwards, it is truly phenomenal.

A transplant is a gift, and one that makes an enormous difference in people's lives!
Good Life, Good Death, Good Grief is an alliance of organisations and individuals working to raise public awareness of ways of dealing with death, dying and bereavement. The alliance aims to make Scotland a place where there is more openness about these issues so that people are better equipped to support each other through the difficult times that can come with loss.

The alliance is working towards a Scotland where:

- People are **well-informed** about the practical, legal, medical, financial and emotional issues associated with death, dying and bereavement;
- There are **adequate opportunities** for discussion of these issues, and it is normal to plan for the future;
- **Public policies** acknowledge and incorporate death and dying;
- **Health and social care services** support planning ahead and enable choice and control in care towards the end of life;
- Where **communities and individuals are better equipped** to help each other through the hard times which can come with death, dying and bereavement.

Some statistics to consider…

- 74% of people have not discussed what their wishes would be if they did not have long to live.
- For 61% of these people, this is because they feel ‘too young’ to discuss death, or because death ‘feels a long way off’.
- 79% of people don’t have any written plans for their end of life care, financial wishes or funeral plans.
- Only 35% of people have written a will.

Any person or organisation interested in furthering the aims of Good Life, Good Death, Good Grief is welcome to join for free. Members are encouraged to develop activities that are in keeping with the aims of the alliance, and to find ways of undertaking and sustaining these initiatives.

For more information please go to www.goodlifedeathgrief.org.uk

**Max Plants a Flower for Old Eddie – A Note from the Editors**

The stories in this comic touch on the difficulties of discussing organ donation. It is hoped that by sharing these stories, conversations about this subject can become a little easier. As recounted in Andrew’s story, grief and loss are part of the process. Many people find discussing these issues difficult, and can be unsure of how to talk to children about death. Dr Laura Findlay and artist Catriona Laird have worked with Good Life, Good Death, Good Grief to create a comic strip, “Max Plants a Flower for Old Eddie” that explores how to talk to children about death. This story also highlights the importance of empathy and honesty when discussing this subject with anyone.
Max Plants a Flower for Old Eddie

HI, EDDIE!

HI, EDDIE!

EDDIE?

HI, MAX.

HI, MAX.

EDDIE?
WHERE'S EDDIE, MUM?

OH, HE'S GONE TO SLEEP.

IS HE GOING TO WAKE UP?

WHY?

NO.

UM...

MAYBE IT'S BETTER TO BE HONEST.
Eddie isn't sleeping. He's dead.

What does dead mean?

Look at the flowers, honey. This one looks different to the other.

It is a natural process. We are like the flowers, we live and die.

...the other is dead.

This one is full of life...
WILL I SEE EDDIE AGAIN?

NO, SWEETIE.

MUM, I’M SAD THAT EDDIE IS DEAD.

ME TOO. IT’S OK TO BE SAD. MAYBE WE COULD DO SOMETHING TO REMEMBER HIM BY.
Andrew’s story - step-by-step process by Ashling Larkin

Thumbnail

Rough

Ink

Colour
A RECIPIENT'S STORY - LAYOUTS VS. FINISHED ARTWORK BY HELEN ROBINSON

I know my heart is gone but I am alive of purpose.
I am learning to be realistic, to accept this.

I have been a nurse for 20 years, but now I am going to experience as a patient.

I need to have medications, for actually, I have to cope on a regular basis.

I have a week at the hospital.

I take a lot of pills, doing 5 doses a day for another month. It's a really full time job.

I was amazed if I would continue a nurse and nurses.

I was amazed if I would continue as a nurse and nurses. It's not.

I was amazed if I would continue as a nurse and nurses.

I was amazed if I would continue as a nurse and nurses.

My family and I visited the hospital, and we decided to go back.

We decided to go back.

We decided to go back.

We decided to go back.
THE PROJECT

The project was initiated by a local donor family member in association with the University of Dundee. The aim of the project was to create an illustrated comic for use as resources that can be used in a variety of settings including school education, hospital waiting rooms, and medical/nursing student education.

The University of Dundee team: Golnar Nabizadeh, Mayra Crowe, Damon Herd (back), Chris Murray, Phillip Vaughan, Laura Findlay & Megan Sinclair.

Chris Murray, Mayra Crowe, and Golnar Nabizadeh with Andrew’s artwork and notebooks, which helped to inspire the development of this project.
**CONTRIBUTOR BIOS**

**ELLiot BALson** is a Dundee-based comic artist. His work can be found in various UniVerse publications, Comichaus, and an upcoming anthology called Masks. He is currently working on his own series, Untethered, with writer Umar Ditta.

**Magnus Corkish** is a Generic Neurology Nurse in the Neurology Department of NHS Forth Valley. For several years he was a Specialist Nurse with NHS Scotland’s Organ Donation Team.

**Mayra Crowe** is the Spanish Language Organiser and the International Recruitment Officer for the School of Humanities at the University of Dundee. She also is the Higher Education Representative of the Scottish Association for Language Teaching (SALT) Committee. Mayra is involved in the Organ Donation Campaign in Scotland and the Good Life, Good Death, Good Grief charity and the To Absent Friends Festival.

**Dr. Laura Findlay** is a research assistant at the University of Dundee. She is currently writing a monograph on the representation of true crime in popular culture with a particular focus on comics and podcasts. She has published work on art Spiegelman, post-9/11 literature and film, and Bret Easton Ellis. She has co-written comics on graphic justice and graphic medicine and has authored a comic essay on trauma, entitled Closure.

**Dr. Damon Herd** is the Coordinator of the Dundee Comics Creative Space. He is also an artist and researcher with a PhD in comics from the University of Dundee. His research area is autobiographical comics, and performance. He is the founder of Deecap (Dundee Comics/Art/Performance).

**Rebecca Horner** is a cartoonist and colourist based in ink Pot Studio, and is Workshop Coordinator at Dundee Comics Creative Space. She self-publishes her own work online, has been published in many anthologies, and has done production on various books, including this one.

**Catriona Laird** is a Scottish illustrator and comic artist based in ink Pot Studio in Dundee. She was the winner of the SICBA Award for Up and Coming Talent 2017 and was nominated for best artist for her ongoing Webcomic Chimerical in 2018. Catriona is currently working on the upcoming graphic novel Nasty Girls with writer Erin Keepers and publisher George Lennox.

**Ashling Larkin** is a Dundee-based comic artist working at ink Pot within the Dundee Comics Creative Space. In 2017 she completed her autobiographical comic “Fundee”, and her current ongoing personal project is “The Enchanted Book”.

**Norie Millar** is a Scottish comics artist based in Dundee. He self-publishes his own work and is also a freelance illustrator, providing work for numerous companies and publishers.

**Professor Chris Murray** is Chair of Comics Studies at the School of Humanities, University of Dundee, and he leads the MLitt in Comics and Graphic Novels course. He is Director of the Scottish Centre for Comics Studies and Dundee Comics Creative Space, co-editor of Studies in Comics (Intellect) and UniVerse Comics, and has produced several public information comics for research and engagement purposes.

**Dr. Golnar Nabizadeh** is Lecturer in Comics Studies at The University of Dundee. Her research focuses on comics and visual studies and particularly on representations of trauma, migration, and memory in these fields. She has a monograph forthcoming with Routledge entitled Representation and Memory in Graphic Novels.

**Meg Park** is a 49-year old lady, diagnosed with Type 1 Diabetes at age 15. She developed kidney failure in 1998, commenced on dialysis in late 1999, and received a combined kidney pancreas transplant in October 2001. She currently works as head of Nursing at a teaching hospital.

**Helen Robinson** is a comic artist and illustrator from Northern Ireland. She has a degree in animation and has worked on some cool comics such as The Light Thief, Low Tide, Cosmos in Blue, and Transformations: the D’arcy Thompson Comic.

**Megan Sinclair** is a PhD student at the University of Dundee. Her research focuses on ‘Genre and Healthcare in Comics’ where she examines the ways the superhero and autobiography can be used to promote information about health and wellbeing.

**Phillip Vaughan** is a Senior Lecturer and the Course Director for the MSc in Animation & VFX and the MDes in Comics & Graphic Novels Programmes at the University of Dundee. He is also the Coordinator of the Level 3 Comic Art & Graphic Novels module at Duncan of Jordanstone College of Art & Design. He is art director at Dundee Comics Creative Space and the Scottish Centre for Comics Studies, and is co-editor of Universe Publications.

**Letty Wilson** is the artist on award-winning sci-fi series Cosmic, written by Erin Keepers. She has contributed to various anthologies and has several other books published with Panels, a collaborative group based in Glasgow, Scotland, including the SICBA Award-winning graphic novel A Stranger Came to Town.