BECAUSE OF ONE

ONE DONOR. MANY LIVES.

FAQS & MYTHS ABOUT DONATION

Clear answers to 20 common myths, followed by practical questions about care, registration, matching, and family communication. The guide begins with concerns about lifesaving care and the requirement to determine death before deceased organ recovery.

Questions to ask about safety and the donation process

If a concern about donation is affecting your understanding of a loved one's care, ask the treating physician to explain the current condition and prognosis. Ask which team makes treatment decisions, who determines death, and which organization is discussing donation. A potential-donor referral or medical evaluation is not the same as recovery.

Useful questions include:

- Has death been determined?
- What criteria were used?
- Who can explain those findings to us?
- What does the donation authorization cover?
- What happens if the clinical circumstances do not allow donation to proceed?

You can ask for plain language and request another explanation if the first one is unclear.

Donation safeguards must be followed; a general educational statement is not a guarantee that every clinical situation is free of error. A specific concern should be raised promptly with the responsible care team and the hospital's patient advocate or appropriate formal concern process.

Read more: OPTN deceased donation | Donate Life America deceased donation | OPTN patient resources

How do organs get matched to recipients

The national system uses organ-specific policies. Blood type, size, urgency, immune compatibility where relevant, location, and waiting time can matter. It is not simply a first-come, first-served queue. A transplant team considers whether an offered organ is appropriate for its patient. A general matching explanation cannot predict one person's next offer.

Read more: OPTN organ allocation | HRSA organ matching

Does a donor card or a conversation replace registration

Use the official registry if you want to record a donor decision. A conversation helps your family understand your wishes, but it is different from completing the registry's authorization. If you have older paperwork or a donor designation and are uncertain what is recorded, check the relevant registry rather than guessing.

Read more: Donate Life America registration FAQ | Wisconsin DHS registration FAQ

More practical questions

Where should I ask about my own eligibility

- ➔ For deceased donation, registration and clinical eligibility are different. Let donation professionals assess suitability when donation is considered. For living donation, contact a transplant program and complete its evaluation. Do not rely on a general online checklist or another donor's experience to determine your own eligibility.

Can I choose which things I want to donate

- ➔ Options depend on the registry and authorization. Read the choices provided and ask the registry how to record or change preferences. Do not assume that an option available in one state or national system exists in every other registry.

Can a family receive updates or communicate with recipients

- ➔ Ask the organization involved in the donation. Available information, privacy rules, correspondence processes, and timing can differ. A reply, direct contact, or an individual recipient story is not guaranteed.

What if I do not feel ready to decide

- ➔ You can learn, ask questions, and discuss wishes without being pressured into a decision. Write down the concern that matters most and choose a reliable source or appropriate professional. If you already have a registration and want to review it, use that registry's management process.

Read online claims carefully

Look for the original source, publication date, geography, and meaning of the claim. A story about a specific event does not describe every donation. Equally, a general description of a safeguard should not be used to dismiss a specific question about care. Separate the medical standard, the individual facts, and anything that is still unknown.

Myths vs. Facts about Donation

1. MYTH: “Doctors will not work as hard to save me if I am a registered donor.”

➔ **FACT:** Saving your life comes first. The team treating you is separate from the transplant team. Registering as a donor does not change that priority. [1]

[1] HRSA donation FAQ

A useful next step: Ask the treating team who is responsible for your care and who would handle donation.

2. MYTH: “They will recover my organs before I am actually dead.”

➔ **FACT:** Deceased organ recovery must not begin before death is determined and declared by qualified medical professionals separate from organ recovery and transplantation. Death is determined using established neurological or circulatory criteria; being unconscious or on a ventilator alone does not establish death. [2, 3]

[2] Donate Life America deceased donation | [3] HRSA glossary

A useful next step: Ask who determines death and what findings establish it in the situation being discussed.

3. MYTH: “Brain death is the same as a coma, so I could wake up.”

➔ **FACT:** Brain death is irreversible loss of all brain function, including the brainstem, and is death. Coma is a state of unconsciousness and is a different diagnosis. Brain death requires a formal medical determination. [3]

[3] HRSA glossary

A useful next step: Ask a treating physician to explain the diagnosis in plain language; do not interpret it from appearance alone.

4. MYTH: “Deceased organ donation is possible only after brain death.”

➔ **FACT:** Donation may also be possible after death is determined using circulatory criteria, under appropriate conditions. The decision to withdraw life-sustaining treatment is separate from donation, and death must be declared before recovery. [2]

[2] Donate Life America deceased donation

A useful next step: Ask how treatment decisions and donation decisions are kept separate.

5. MYTH: “I am too old to become a donor.”

➔ **FACT:** There is no single upper age limit for deceased donation. Medical suitability matters more than age alone and is evaluated when donation is considered. [1]

[1] HRSA donation FAQ

A useful next step: Let professionals assess suitability instead of making an assumption from age.

6. MYTH: “A medical condition or medication automatically rules me out.”

➔ **FACT:** A diagnosis or medication does not automatically exclude you from registering. Donation professionals evaluate medical history and suitability at the time of donation. You do not need to rule yourself out. [1, 4]

[1] HRSA donation FAQ | [4] Donate Life America FAQ

A useful next step: If you are considering living donation, ask the transplant program about your specific history.

7. MYTH: “No one under 18 can register or be considered for donation.”

➔ **FACT:** Rules vary by registry. The National Donate Life Registry allows ages 15–17 to record intent; a parent or guardian makes the final donation decision before age 18. Younger children may also be considered for donation with appropriate authorization. [1, 5]

[1] HRSA donation FAQ | [5] Donate Life America registration FAQ

A useful next step: Check the rules of the actual registry and registration route you intend to use.

8. MYTH: “My family will have to pay for my donation.”

➔ **FACT:** Families are not charged for deceased organ, eye, or tissue donation. Charges for medical treatment before death and funeral expenses are separate. [4]

[4] Donate Life America FAQ

A useful next step: Ask for an explanation if a bill appears to concern donation; treatment and funeral charges have different purposes.

9. MYTH: “Donation prevents an open casket funeral.”

➔ **FACT:** An open-casket funeral or viewing is generally possible after donation. Recovery professionals treat the body respectfully. Ask the recovery organization and funeral director about individual arrangements. [1, 4]

[1] HRSA donation FAQ | [4] Donate Life America FAQ

A useful next step: Discuss the planned viewing or funeral with both the recovery organization and funeral director.

10. MYTH: “My religion automatically forbids donation.”

➔ **FACT:** Many faith traditions support donation. Beliefs and individual interpretations vary, so explore your tradition’s guidance and speak with a trusted faith leader if this matters to your decision. [4]

[4] Donate Life America FAQ

A useful next step: Bring the question to someone knowledgeable within your own tradition.

11. MYTH: “Only people with certain blood types can donate.”

➔ **FACT:** No particular blood type automatically excludes someone. Blood type helps determine organ compatibility, alongside other medical and logistical factors. [6]

[6] HRSA organ matching

A useful next step: Ask the transplant team about compatibility for the particular organ rather than all donation at once.

12. MYTH: “Wealthy or famous people automatically go to the front of the waiting list.”

➔ **FACT:** Organ allocation uses medical and policy criteria, including compatibility, urgency, and other organ-specific factors. Wealth, fame, and social status are not organ-matching criteria. [4, 6]

[4] Donate Life America FAQ | [6] HRSA organ matching

A useful next step: Use OPTN explanations to understand allocation; a general rule does not predict one patient’s next offer.

13. MYTH: “If I cannot donate organs, I cannot donate anything.”

➔ **FACT:** Eligibility differs among organs, eyes, and tissues. A person unable to donate solid organs may still be considered for cornea or tissue donation. Professionals assess each possibility. [7, 8]

[7] Donate Life America tissue donation | [8] Donate Life America cornea donation

A useful next step: Ask which organ, tissue, or eye organization is evaluating the possibilities.

14. MYTH: “Organ donation is possible only after death.”

➔ **FACT:** Living donors can donate an organ or part of an organ, commonly a kidney or part of the liver. This involves separate evaluation, informed consent, surgery, recovery, and medical risks. [9]

[9] Donate Life America living donation

A useful next step: Explore living donation through a transplant program, with time to consider the risks.

15. MYTH: “Registering means I have agreed to surgery while I am alive.”

➔ **FACT:** Deceased donor registration does not commit you to living donation. A separate living-donor interest option, if offered, is an additional voluntary choice and does not replace medical evaluation or informed consent. [5, 9]

[5] Donate Life America registration FAQ | [9] Donate Life America living donation

A useful next step: Read any optional living-donor interest selection separately from deceased registration.

16. MYTH: “Once I register, I cannot change my mind.”

➔ **FACT:** You can review, update, or remove your registration through the registry where you enrolled. If you have records in multiple registries, review each rather than assuming one update changes them all. [5, 10]

[5] Donate Life America registration FAQ | [10] Find and manage your registration

A useful next step: Use the official management process and check for other records if necessary.

17. MYTH: “There is no reason to tell my family if I have registered.”

➔ **FACT:** Sharing your wishes helps your family understand your decision. Donation professionals may also need medical and social history from loved ones. A conversation complements your registration. [1]

[1] HRSA donation FAQ

A useful next step: Tell loved ones where you recorded your decision and invite questions.

18. MYTH: “Registering also donates my whole body to science.”

➔ **FACT:** Whole-body donation requires separate arrangements with a medical school or other program. Acceptance requirements vary, and some programs cannot accept a body after organ or tissue recovery. [1]

[1] HRSA donation FAQ

A useful next step: Ask the whole-body program whether its arrangements can coexist with the other donation choices you make.

19. MYTH: “Standard donor registration includes donating my face or hands.”

➔ **FACT:** Face and hand donation requires separate authorization. These specialized transplants are not included in standard deceased donor registration. [4, 5]

[4] Donate Life America FAQ | [5] Donate Life America registration FAQ

A useful next step: Read separate authorization information if this specialized donation is discussed.

20. MYTH: “Everyone who registers will definitely become a donor.”

➔ **FACT:** Registration records a decision; it cannot guarantee donation. Medical suitability, circumstances of death, and other clinical factors determine what donation may be possible. [2, 4]

[2] Donate Life America deceased donation | [4] Donate Life America FAQ

A useful next step: Distinguish your registration decision from a future clinical assessment.

Keep a question list

For each question, note what you want explained, who is responsible for answering it, and the next step. A registry can explain its record; a treating physician can explain the patient’s condition; donation professionals can explain recovery and authorization; a transplant team can explain recipient or living donor care.

Read more: HRSA donation FAQ | Donate Life America registration FAQ | Find and manage your registration | UW OTD donor families | Versiti donor family resources

Read more: UNOS transplant education | OPTN patient resources

Reviewed October 21, 2026. External organizations have their own programs and requirements; links do not imply affiliation. General education does not replace individual medical guidance.

One donor. Countless lives.