



**NATCO, THE ORGANIZATION FOR TRANSPLANT PROFESSIONALS
POSITION STATEMENT**

DONATION AFTER CARDIAC DEATH

Statement of the Process:

NATCO supports patient and family autonomy in all aspects of the organ donation process and as part of end-of-life decision making. A patient with decision-making capacity, a legal next-of-kin or a patient's decision-making surrogate can make a determination to withdraw life-sustaining measures once medical teams are confident that there is no hope for recovery. These decisions may involve the discontinuation of medications, technologies, or mechanical support if there is no hope of recovery or return to an acceptable quality of life as determined by the patient or their surrogate decision-maker in consultation with the health care team. Organ and/or tissue donation is ethically acceptable, and honoring the wishes of the donor and/or donor family is an extension of quality end-of-life care.

Policy:

The effective request for Donation after Cardiac Death (DCD) is best completed through a collaborative approach to the donor family by members of the treating health care team and OPO staff. The decision to withdraw treatment is a separate decision from the decision to donate organs and tissue. Only after the family has made the decision to withdraw support can the donation discussion take place. In order to avoid bias/conflict of interest, this discussion must not involve members of the hospital's transplant team.

The patient or patient's family should not be denied the opportunity of organ and tissue donation because the patient has a severe brain injury but has not progressed to brain death. As stated previously, the decision to withdraw life support must be independent of the decision to donate organs and tissues. Under no circumstances is it ethical for the option of donation to be the driving force for the withdrawal of medical support.

Any clinical management decision or intervention that may improve the function of donated organs but does not benefit the donor should be discussed with the surrogate decision-makers. Following the decision to withdraw life sustaining measures, and with proper consent, several options, including the use of medications and/or cannulation, should be considered. The normal and customary administration of necessary comfort measures should be given to the patient.

The location of the withdrawal of medical support should be mutually agreed upon by the donor family and/or surrogate decision-maker and hospital. Specific requests made by the family, including operating room requests and post-pronouncement preferences should be honored.

NATCO supports recovering organs and tissues for transplantation by established DCD protocols on the local level. It is recommended those who participate in DCD have strict policies and protocols. It is both the public and professional community's responsibility to participate in and agree upon the protocol development. By doing this the public trust in the organ and tissue donation system will be preserved.

Organs recovered from DCD should be allocated following UNOS policies.

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