



Organ Donation: Honoring Generosity, Saving Lives

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New England Organ Bank
Hospital and Family Relations

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Organ Procurement Organizations

- The generosity of donors and their families make the gifts of organ and tissue donation possible. Organ procurement organizations (OPOs) are the stewards of these precious gifts that are given with love and received with hope. We work together with hospitals to put hope within reach to tens of thousands of people across the country.

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Critical Need

- More than **120,000** people waiting in the US
- More than **4,600** people waiting in New England
- Every **12 minutes** another person is added to the waiting list
- Almost **20** people die each day while waiting
- Only **1 in 5** will receive a transplant each year

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Myths

- Compromised medical care
- Disfigurement
- Religious beliefs
- Cost
- Unfair distribution



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Public Education

- Increase awareness
- Clarify myths
- Transplants work
- Donor registry

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Hospital Development

- Memorandum of Understanding
- CMS Regulations
- Donor Designation
- Hospital polices

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Organ Donation

- Age 0-85
- Lifesaving
- Few medical exclusions
- Neurologic injury
- Brain dead/cardiac death
- Evaluated by transplant specialist

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Organs Recovered

- Heart
- Lungs
- Liver
- Kidneys
- Pancreas
- Small bowel

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Potential Donors

- Neurological or neurosurgical trauma
- CVA/stroke
- GSWH
- Brain tumors
- Anoxic events

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Death: Two Paths to Donation

- Cardiac death—irreversible cessation of heartbeat and respiration
- Brain death—irreversible cessation of all functions of the brain including the brainstem

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Brain Death Clinical Criteria

- Absence of all brainstem reflexes
- Absence of spontaneous respiration
- Known cause/condition
- Clinical testing

Donation after Cardiac death

- Severe neurologic injury
- BD criteria not met
- CMO decision
- Planned OR extubation

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Organ Donation Process

- Identification and referral
- NEOB response
- Family discussion: authorization vs. disclosure
- Donor clinical management
- Organ placement
- Organ recovery

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Who to Refer?

- GSC \leq 5
- Ventilator dependent
- Non-survivable neurologic injury
- End of life/CMO discussion initiated

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The Huddle

Once a patient is determined to be medically suitable to donate organs:

- OPO and hospital staff “Huddle” to make a collaborative plan for a thoughtful donation discussion
- In non-English speaking families, the interpreter’s role is essential to the success of the donation discussion

Goal of Donation Discussion

- Offer every potential donor family the opportunity to donate
- Honor and respect the wishes of those who made donation decision prior to death
- Have the best possible donation discussion with every family

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Our Position

- No pre-conceived notions about who will donate
- No assumptions about culture, religion, socioeconomic status or immigration status
- The loss of an opportunity to provide potential donor families with a choice results in:
 - Loss of a recipient's life
 - Loss of possibility for solace through donation

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Planning the Donation Discussion



Though it is difficult to know every single culture's traditional beliefs and practices, it is seemingly possible for all professionals to provide unconditional respect and willingness to learn. However, despite culture, the pain that comes with a loved one's death is universal.

Marisa Hemenez, Donor Network West

<http://www.amat1.org/programs/profiles-perspectives-on-working-with-multicultural-donor-families/>

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Planning the Donation Discussion

- Education/awareness about a family's culture and/or religion is key
- End-of-Life rituals and compatibility with organ donation
- Does this family make decisions as a system?
- Who is considered the head of the family? Who has been identified as the family spokesperson?
- Has the hospital chaplaincy and social work departments been consulted?
- Seek out community resources and connect with a community leader for consultation (ie: Local Priest, Rabbi, Monk...)
- Understand the reasons why minority communities might be opposed to organ donation: lack of information, distrust of healthcare providers, fear of premature death and racism.
- Dispel any myths or misconceptions prior to meeting with a family

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Planning the Donation Discussion



Thousands are waiting. **You can help.**
Be an organ, tissue and eye donor.
Visit www.AMAT1.org to learn more.

AMAT
Association for Multicultural Affairs
in Transplantation

Kofi, Kidney Recipient

Donation as a New Tradition

Association for Multicultural Affairs (AMAT) was created in 1991 with the hope of saving more lives by increasing organ and tissue donation among multicultural communities.

There is a critical link between cultural attitudes and traditions in relationship to the decision-making process concerning organ and tissue donation. AMAT has been at the forefront of advocating for and sharing best practices in the donation and transplantation community aimed at closing the donation gap among African American, Asian and Pacific Islander and Latino communities.

When a family says yes to organ donation, they can be a part of a cultural change. Families can feel confident that their loved one will impact and inspire other families to say yes and save more lives

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The Medical Interpreter's Role

- Assist OPO staff to offer the opportunity for donation in a culturally-sensitive and compassionate manner
- Provide an opportunity to have questions and concerns addressed in their native language
- Complete required donation-related paperwork

Once a Family Agrees to Donation

OPO staff will work with interpreter services and the family to:

- Complete the authorization or disclosure form
 - Available in Spanish
- Complete a medical/social history questionnaire

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Opposition to Donation: Common Themes Regardless of Cultural and Religious Beliefs

We've found that families often feel:

- Out of control- not given choices
- Like no-one is listening to them
- Distrusting & frustrated
- Confused
- Shocked & unable to comprehend what is happening
- Rushed or hurried to make decisions
- Angry (At the patient, person who caused the accident, the hospital staff, NEOB, family/friends, God...)



When these issues are addressed, families become increasingly cooperative and most often want to honor their loved one's wish to be an donor.

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Donor Management

- Serology testing
- Lab studies
- Organ specific testing/imaging
- Maximize organ function and recovery

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Organ Placement

- Geography
- Compatibility
- Medical urgency
- Waiting time

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Organ Recovery

- Operating room
- Transplant teams
- 4-6 hours

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Best Practices

- Early referral
- De-coupled approach
- Huddle
- Collaborative process



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Tissues Recovered

- Heart valve
- Bone
- Cornea
- Skin
- Vein

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Tissue Donation

- Life enhancing
- Age 0-90
- Cardiac death
- Medical criteria



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Case Study

67 year-old Vietnamese woman collapses at home. At the hospital she is diagnosed with a non-survivable intracranial hemorrhage.

The hospital has notified the donation team and the patient is medically suitable.

Next-of-kin is her husband, also from Vietnam and with limited English proficiency.

The patient is identified as a Buddhist in the chart.

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Case Study

- What barriers might this family have to donation?
- What should be assessed to approach this family about donation?
- Who should be involved in the assessment?
- Who else may be of assistance to this family?

Thank you.....for helping families draw
their trampoline?



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