

**Upholding the principle of donation
as an integral part of end-of-life care:
'Put the Donor First'**

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- Not all **possible** donors become **actual** donors
- Clinical decisions made during end-of-life care have a critical effect on the possibility of donation
- This is true for both Donation after Brain Death (DBD) and Donation after Circulatory Death (DCD)

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- Are tests for Brain Death performed?

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- Are tests for Brain Death performed?
- Is death confirmed by neurological criteria?

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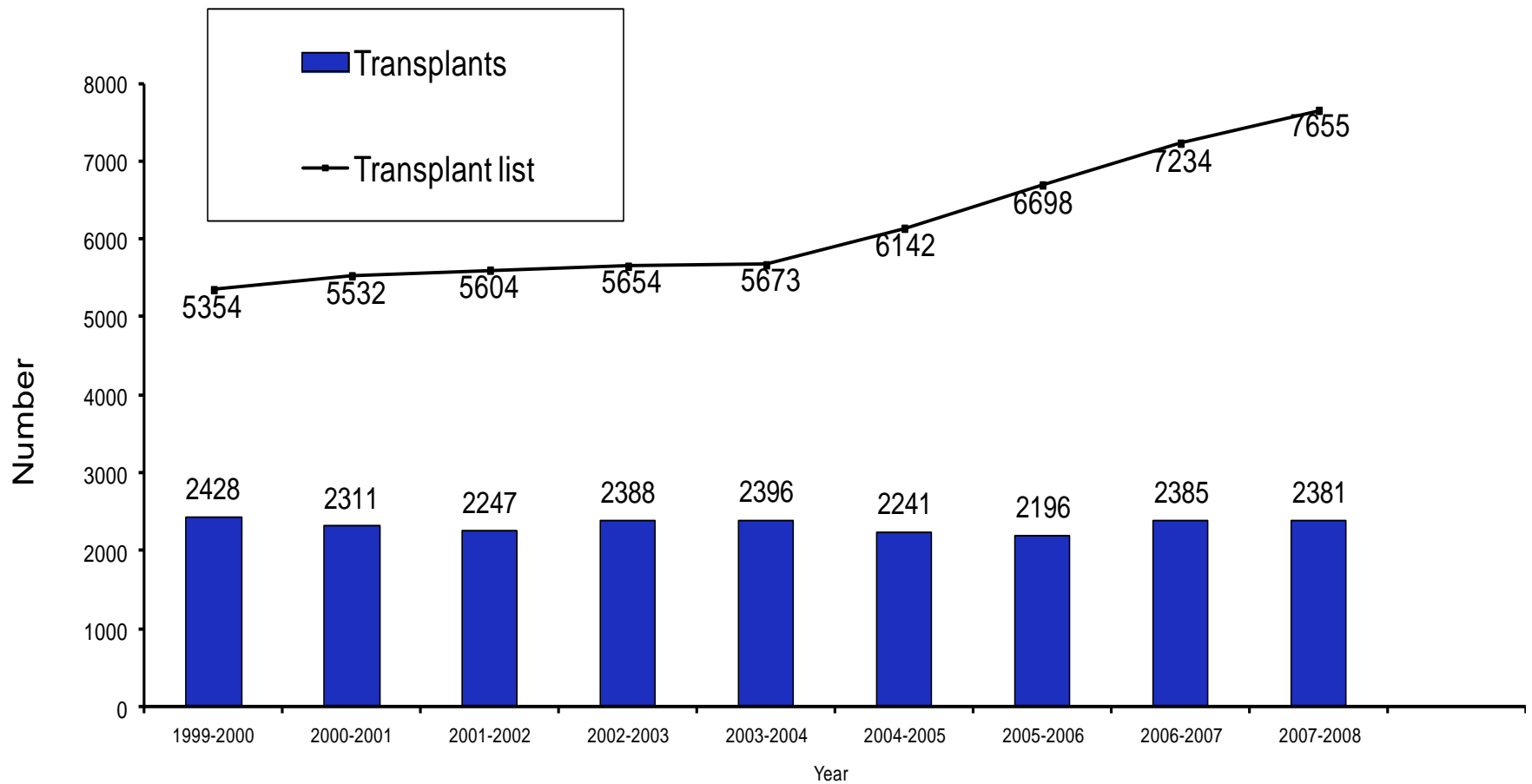
**How did we promote organ
donation in the past?**

Organ transplants.....

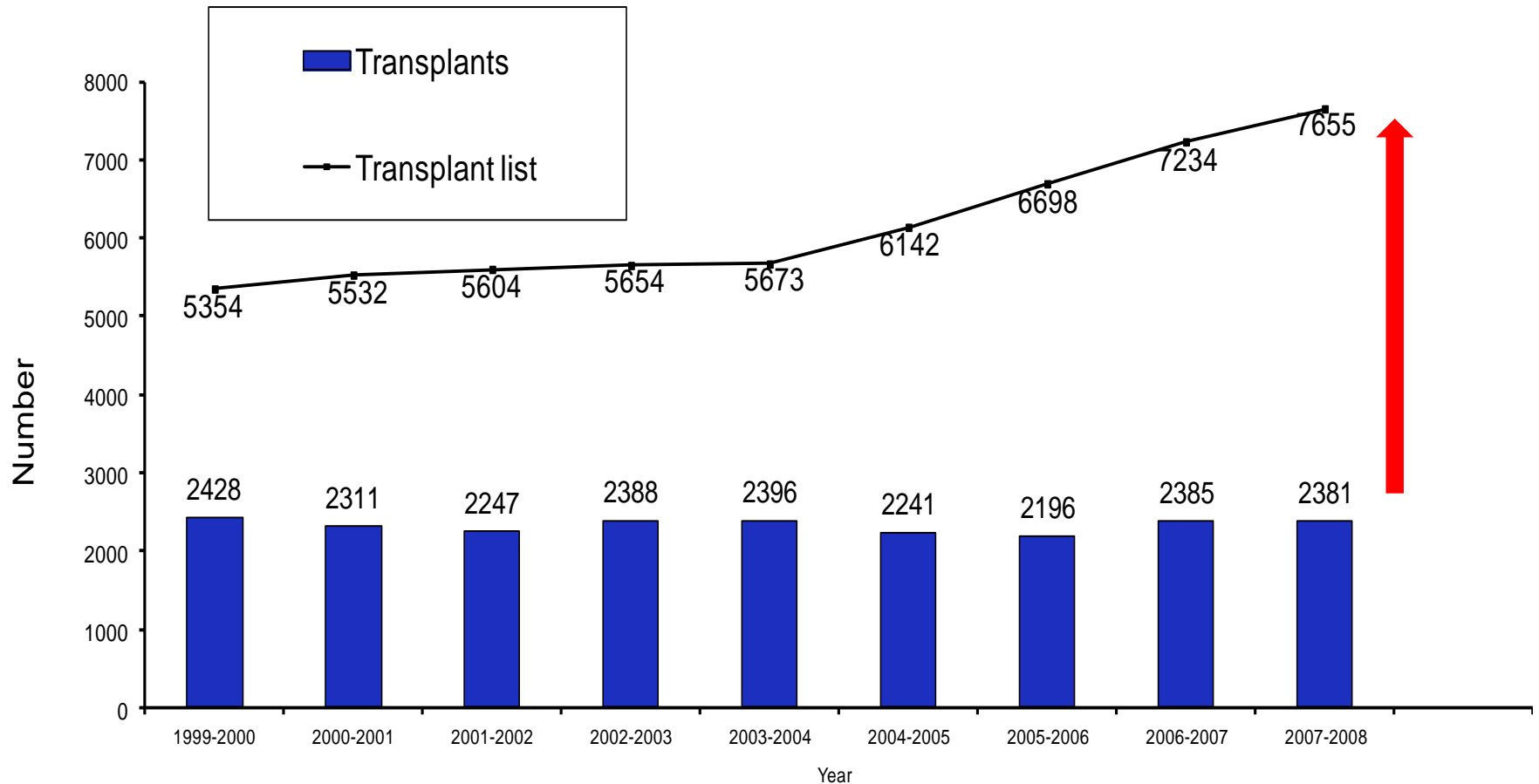
- Save lives
 - Heart, Liver, Lung transplants
- Improve quality of life
 - Kidney, pancreas transplants
- Save money
 - In the UK:
 - 5 years of dialysis costs £200,000
 - 5 years with a kidney transplant costs £75,000

Number of deceased donors and transplants in the UK

1999-2008



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Was this the best approach?

- Helping others is the motivation for the patient (donor) and their family
- The primary motivation of the ICU clinician is the care of the patient (donor) and their family

A doctor went to work today.....
and three people died

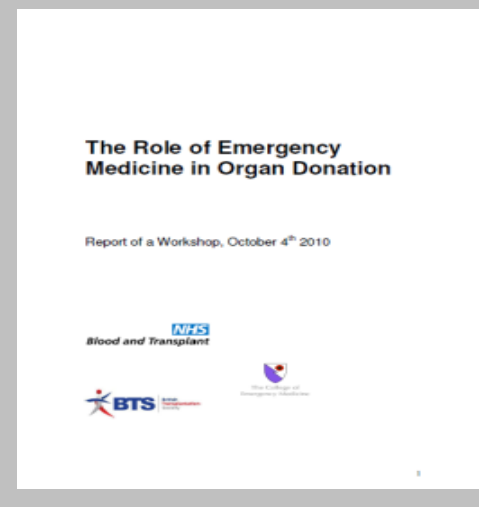
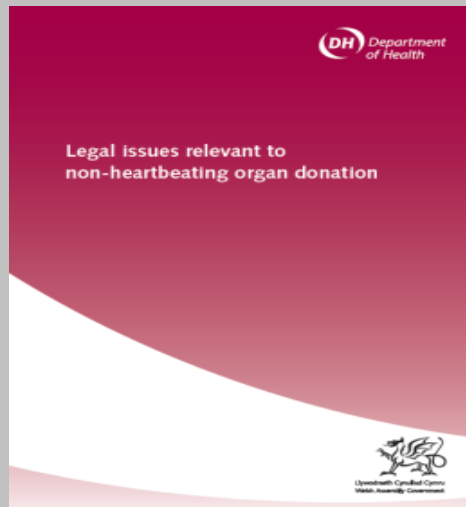
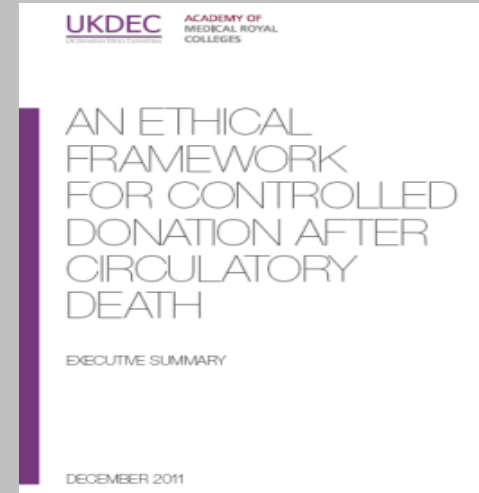
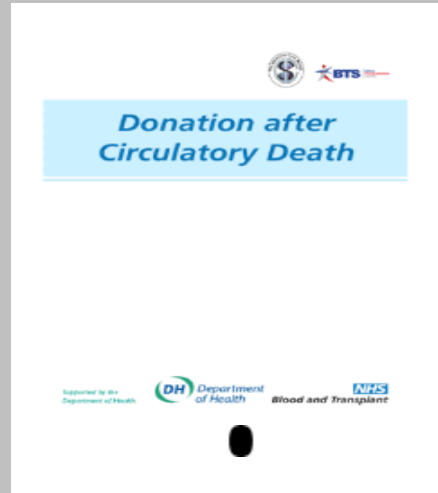
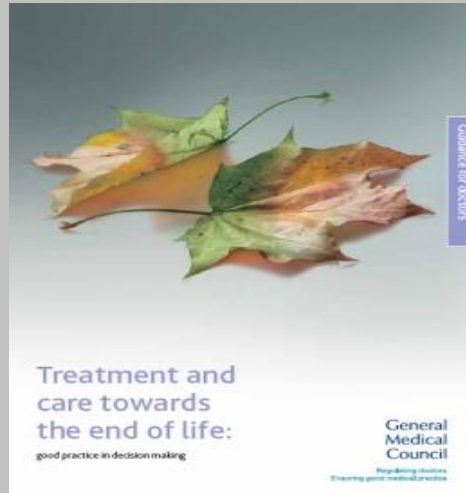
Somebody else's patients
Somebody else's problem

How could/should we promote organ donation in the future?

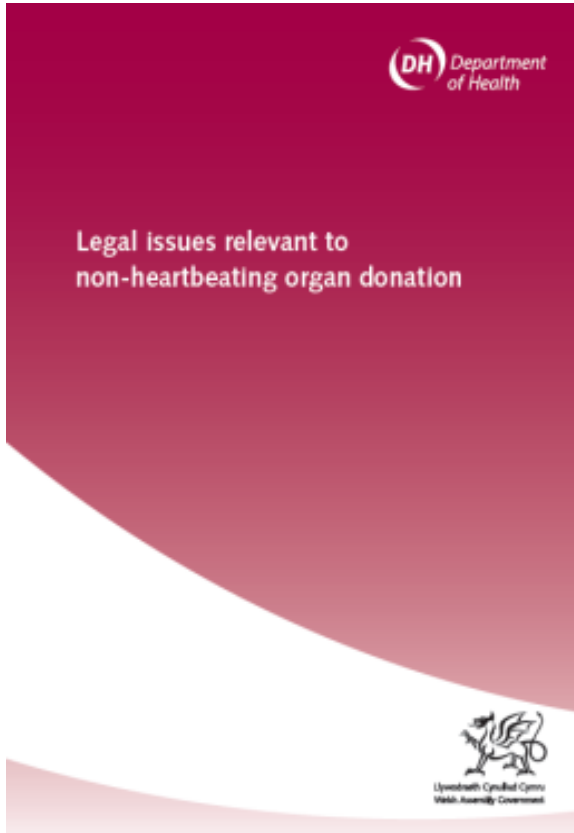
A new Donation Paradigm

“Put the interests of the donor first”

Recent UK Guidance



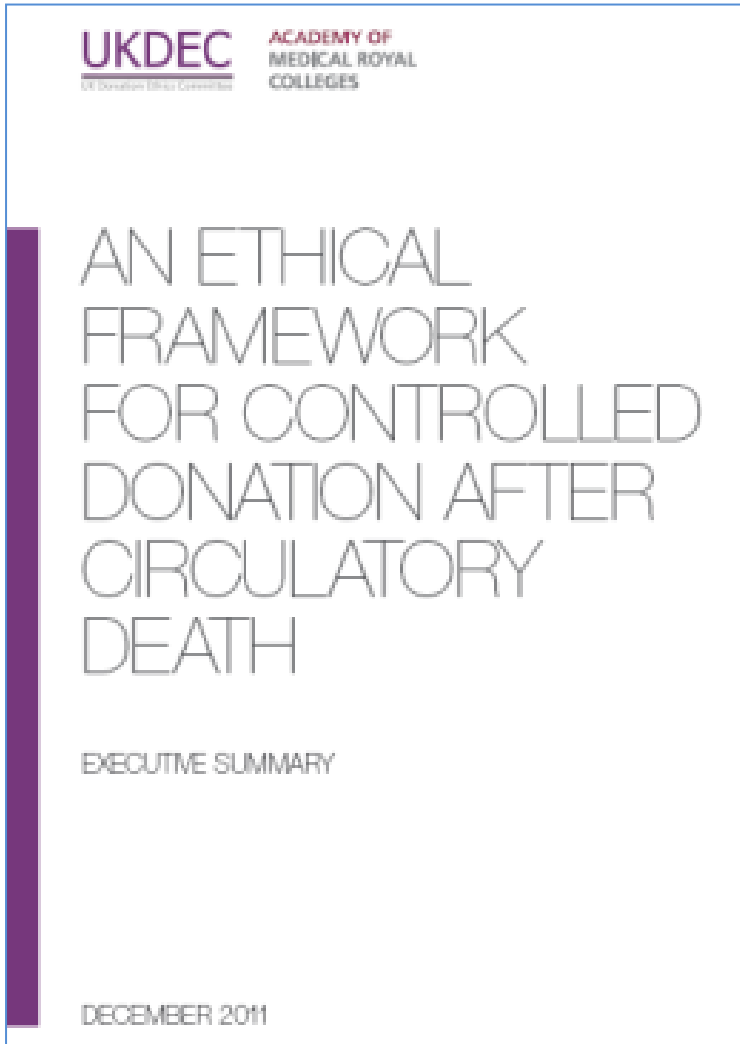
Legal Guidance



“If a person’s wishes were to be a donor, in many cases actions that can facilitate DCD donation most successfully will be in the person’s best interests if they do not cause the person harm or distress or place them at a material risk of experiencing harm or distress”.

Ethical Guidance

- **Principle 1:**
“where donation is likely to be a possibility, full consideration should be given to the matter when caring for a dying patient”.
- **Principle 2:**
“if it has been establishedthat donation would be consistent with the patient’s wishes, values and beliefs, consideration of donation should become an integral part of that patient’s care plan in their last days and hours”.



A New Donation Paradigm: “Put the interests of the donor first”

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If the person wished to donate, that **in itself** is a reason for doing everything possible (that is ethically and legally justified) to enable donation to occur.

A New Donation Paradigm: “Put the interests of the donor first”

As part of end-of-life care, the wishes of the patient about donation should be established.

If the person wished to donate, it is in that person’s best interests to donate, and therefore that **in itself** is a reason for doing everything possible (that is ethically and legally justified) to enable donation to occur.

Any benefits to recipients are a consequence of, not a primary reason for, facilitating donation.

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Accord

Achieving Comprehensive
Coordination in Organ Donation

ACCORD: Fostering the collaboration between intensive care and donor transplant coordinators



Thank You