

OPTN Donation after Circulatory Death Policy Review Workgroup

Meeting Summary

May 21, 2025

Conference Call

Lori Markham, RN, MSN, CCRN, Chair

Introduction

The OPTN Donation after Circulatory Death (DCD) Policy Review Workgroup (the Workgroup) met via WebEx teleconference on 05/21/2025 to discuss the following agenda items:

1. Review Proposed Changes to Policy 2.15
2. Review of Policy 1.2 & Remaining Sections of Policy 2.15
3. Finalize Recommendation/Next Steps

The following is a summary of the Committee's discussions.

1. Review Proposed Changes to Policy 2.15

Presentation Summary

The Workgroup reviewed proposed changes to Policy 2.15 to replace references to "legal next of kin" with "deceased donor's agent" as "agent" is a term defined by OPTN Policy that encompasses the relevant decision-makers.

Summary of Discussion:

Decision #1: The Workgroup had no concerns about replacing "legal next of kin" with "deceased donor's agent."

2. Review of Policy 1.2 & Remaining Sections of Policy 2.15

Presentation Summary

The Workgroup reviewed a proposed change to Policy 1.2 to simplify the definition of "authorization" to refer to "the act of granting permission for a specific act" and to strike the sentence that says "this is sometimes called consent, which is not to be confused with informed consent."

The Workgroup reviewed proposed changes to Policy 2.15.D Authorization for DCD and 2.15.E Consent for procedures pre-DCD.

Summary of Discussion:

No decisions were made regarding this agenda item.

The Workgroup discussed that first person authorization describes both authorization that organ donors provide when they register as an organ donor well in advance of organ donation as well as first person authorization when a patient is hospitalized and provides authorization in advance of circulatory death.

The Workgroup supported changing the language to refer to first person authorization made currently or in a prior document.

The Workgroup discussed whether the policy must specify that the requirement for the OPO to confirm that consent has been obtained for any DCD related procedures of drug administration that occurs prior to patient death is “according to applicable state law and local donor hospital policy.” A member noted that this policy says to follow the law and to follow hospital policy and questioned whether it is necessary, since it refers to requirements beyond the scope of the OPTN which apply regardless of what the OPTN requires. The Chair noted that the requirements for authorization and consent are currently in policy so there must be a good reason for removing it from policy. The Chair said it is important to keep these items in policy to ensure that OPOs are paying attention to these requirements. A member said CMS recently wanted to confirm whether the OPO documented consent for procedures like bronchoscopy for DCD recoveries. The Chair asked the Workgroup if the language about following state law and local donor hospital policy should be included for public comment feedback, or if it should be removed. A member suggested it is simpler to remove the language about law and local donor hospital policy to avoid issues resulting from variable donor hospital policies. A member said that some donor hospital policies require disclosure but not written informed consent for procedures like administering heparin. A member said that if DCD donation has been authorized, and that includes disclosure of the procedures that are part of the DCD donation process, then the consent has been given. The Chair recommended omitting the clause about law and local donor hospital policy for public comment. The Workgroup supported that approach so that the policy could not be construed to support donor hospital policies that do not adequately provide for informed consent.

For Policy 2.15.F, the only proposed change is to replace the reference in the title of the policy to “withdrawal of life sustaining medical treatment or support” to “withdrawal of life sustaining therapies (WLST).” The Workgroup had no concerns with this change.

The Workgroup reviewed language for a proposed new section of policy:

2.15.J Brain Dead Donors Recovered Using DCD Protocols

When a potential donor is declared brain dead and the deceased donor’s agent directs that recovery be done under DCD protocols the OPO must do all of the following:

1. Document in the OPTN Donor Matching System the requirement of the deceased donor’s agent to undergo DCD recovery
2. Notify transplant programs that a DCD match run will be used by documenting that notification in the OPTN Donor Matching System
3. Execute the match runs as a DCD donor

A member asked if this policy refers to brain dead donors who are unstable so the OPO proceeds with DCD recovery. The Chair clarified this language is intended to cover scenarios in which the donor is brain dead but the family prefers to be present when the donor’s heart stopped. A member said they experienced a situation in which the donor hospital wanted to declare death a second time and the OPO had concerns about that since there should not be two times of death. The Chair explained that the time of brain death is still the time of death, so there would not be a separate declaration of death or a need for a predetermined waiting period for circulatory cessation. A member said this is really describing allocation as a DCD donor for a brain dead donor. The Chair noted that it is important to provide direction on this in policy since policy is currently silent on this. A member agreed it is helpful to address this situation in policy. A member asked how often this occurs. The Chair said this happens maybe three times a year at their OPO. It is not a common occurrence but it is important to have a standardized

approach for addressing these scenarios. Another member said this occurs at their OPO as well. The Chair said the MPSC has also asked for policy around this as these cases are referred to them for review. A member asked if policy should specify that the time of brain death should be used as the time of death for brain dead donors recovered under DCD protocols. Members said there is only one time of death and that should be clear.

A member asked if it would be helpful to clearly define the differences in the processes in the policy.

Next steps:

3. Finalize Recommendation/Next Steps

The Workgroup will bring the proposed policy changes to the OPO Committee for consideration on their 5/22/2025 meeting.

Upcoming Meeting

- None

Attendance

- **Committee Members**
 - Lori Markham
 - Anja DiCesaro
 - Dan DiSante
 - Lois Shepherd
 - Bob Truog
 - Felicia Wells-Williams
 - Prince Anand
 - Sharyn Sawczak
 - Kaitlyn Fitzgerald
 - Greg Veenendaal
- **SRTR Staff**
 - Jon Miller
 - Katie Siegert
- **UNOS Staff**
 - Houlder Hudgins
 - Alina Martinez
 - Susan Tlusty
 - Kaitlin Swanner
 - Ethan Studenic
 - Rebecca Murdock
 - Ross Walton
 - Kevin Daub