

## OPTN Donation after Circulatory Death Policy Review Workgroup

### Meeting Summary

January 22, 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 01/22/2025 to discuss the following agenda items:

1. Review of OPTN Policy 2.15

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

### 1. Review of OPTN Policy 2.15

#### Presentation Summary

##### Project Overview

- Review OPTN policy for currency and relevance to today's practice
- Revise policy language to give Organ Procurement Organizations (OPOs) and donor hospitals more flexibility to discuss DCD donation with family members
- Evaluate need for machine perfusion and Normothermic Regional Perfusion (NRP) policies

##### Review of Current DCD Policy

Provide recommendations:

- Leave policy as written
- Modify current language
- Delete current language
- Add new language, if needed

The focus of Policy 2.15 is on the timing of organ donation discussion which states that "prior to the OPO initiating any discussion with the legal next-of-kin about organ donation for a potential DCD donor, the OPO must confirm that the legal next-of-kin has elected to withdraw life sustaining medical treatment."

#### Summary of Discussion:

No decisions were made regarding this agenda item.

The Workgroup discussed Policy 2.15 regarding the time of conversations about organ donation with family members. They felt that when this policy was implemented it was the position that conversations involving organ donation should not take place when families were making decisions about withdrawing life support. They noted that the transplantation field had changed, and that this policy does not reflect

the current environment. The Workgroup discussed a possible shift away from the previous state of separation of conversations about organ donation and withdrawal of life support to one where healthcare teams take on a role of dual advocacy.

Some of the Workgroup pointed out that the division between care for a patient and the possibility of organ donation was part of what maintained individual and public trust. They felt that a removal of this separation could lead patients to question the medical advice they were receiving as they may not feel the healthcare providers had their, or their family member's, best interests at heart. The Workgroup indicated that this viewpoint should be taken seriously in the decision-making process. The Workgroup listed some issues that are created by the separation of conversations due to current policy. One issue is that some clinicians over interpret policy 2.15 believing that they cannot have any discussions at all about organ donation, even if the family brings up the topic. One member noted there is a difference between asking a potential donor family for organ donations and a potential donor family asking about the organ donation process. Another issue the Workgroup raised was that due to the timing enforced by policy 2.15, the conversation about organ donation comes too late in the process. It forces the family members to have to make another big decision when the current pathway of events has already been set with the decision to withdraw life support. This puts additional strain and grief on family members that could potentially have been alleviated by having the conversation earlier. The Workgroup also noted that having the conversation about organ donation late can often take away a certain amount of agency from family members who are not able to make informed decisions because they were not aware of all the options.

The Workgroup discussed potential solutions such as using less restrictive language in the policy. One suggestion was to change the policy to say that OPOs and healthcare teams would work together to determine the timing of organ donation discussion and what was appropriate for each individual and family member. Some members approved of this potential solution, but others felt that this statement of collaboration was too vague to ensure separation between the decision of withdrawal of life support and the decision of organ donation. Another suggestion was made that the Workgroup could create some sort of guidance or educational material to help clinicians navigate the current policy so that they would feel empowered to have conversations with potential donor family members if the family brought up the subject.

The Workgroup discussed the issue of the potential scope of the original policy. They felt that while it was beneficial to discuss the issues created by the timing of organ donation discussions and the effects changing it might have, they did not feel it would be in the Workgroups best interest to go further into crafting solutions until the matter of scope was clarified.

#### Next steps:

- Continue to discuss policy 2.15

#### **Upcoming Meeting**

- February 12, 2025

## Attendance

- **Committee Members**
  - Lori Markham
  - PJ Geraghty
  - Anja DiCesaro
  - Greg Veenendaal
  - Prince Anand
  - Bob Truog
  - Lois Shepherd
  - Felicia Wells-Williams
  - Dan DiSante
  - Kyle Herber
  
- **SRTR Staff**
  - Jonathan Miller
  
- **UNOS Staff**
  - Kaitlin Swanner
  - Susan Tlusty
  - Ethan Studenic
  - Joann White
  - Alina Martinez
  - Rebecca Murdock
  - Kevin Daub
  - Houlder Hudgins