Lahey Clinic

Organ Recovery from Patients Declared Dead Using Cardiopulmonary Criteria (DCD[1]) (2009 review) 4-23-09

Purpose and Applicability

The purpose of this policy is to state the principles and specific procedures for organ donation and recovery from patients declared dead using cardiopulmonary criteria. This policy is only relevant to patients who are not declared dead using neurologic criteria ("whole brain death") and who fulfill all of the following criteria:

A. The patient, or the appropriate surrogate decision maker, has requested the removal of life supports. A Do Not Resuscitate Order (DNR) and an order for Comfort Measures Only (CMO) has been written. All orders to withhold and withdraw treatment are made in accordance with the Lahey Clinic policy, Withholding, Withdrawing, or Limiting Life Sustaining Treatment, Including CPR (available in the Clinical and Administrative Manual)

B. The patient or legally authorized individual[2] consents to organ recovery for transplantation using cardiopulmonary (DCD) criteria to declare death. In the absence of a valid donor designation (i.e., donor card signed by the decedent, or registration with a legally recognized donor registry) the legally authorized individual will have the authority to grant consent for donation of organs and tissues. A Consent Form signed by the next of kin will provide information about the donation process. If ***a valid donor designation*** has been identified, NEOB will provide information about the donation process on a Disclosure Form and support the patient and those involved in the patient's care as needed. In any case where there is known opposition by the decedent to donation, donation will not proceed. The patient or appropriate surrogate decision-maker will be informed prior to giving consent for using cardiopulmonary criteria to declare death, that organs will be recovered if the patient has a valid donor designation and the organs and/or tissues are medically suitable for transplant.

C. There is no compelling reason to believe the patient would not have accepted a declaration of death after five minutes of simultaneous apnea and cessation of circulation.

D. The patient or the surrogate decision maker approves of using cardiopulmonary criteria to declare death. If the liver is to be recovered the patient or appropriate surrogate decision maker consents for the necessary pre-mortem line placement(s) and anticoagulation.

E. The patient meets the criteria of the relevant organ procurement organization for organ donors. These criteria are available from the New England Organ Bank (NEOB)..

F. This policy does not apply to patients declared dead using neurologic criteria ("whole brain death").

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[1] Donation After Cardiac Death. Cardiac death is defined as the permanent cessation of circulation and respiration.

[2] 1) Spouse, if not legally divorced 2) An adult son or daughter 3) Either parent 4) An adult brother or sister 5)Health Care Proxy 6) A guardian of the decedent at the time of death 6) Any other person authorized or under obligation to dispose of the body. If a member of the same class or a prior class opposes organ donation it cannot be performed.(GENERAL LAWS OF MASSACHUSETTS CHAPTER 113 SECTION 8 (b))

PROTECTIONS AGAINST CONFLICT OF INTEREST

The decision to withhold and/or withdraw treatment must be made entirely independent of the decision to donate organs. The perception that the decision to withdraw therapy is in any way influenced by the need for organs must scrupulously be avoided. To achieve this goal:

A. No Lahey personnel will initiate a discussion of organ donation with the patient, the patient's appropriate surrogate decision maker or the patient's family prior to the decision to remove life supports and prior to written DNR and CMO orders being placed in the medical record.

B. If the patient or the family initiates a discussion of organ transplantation, any subsequent discussion and the fact that it was initiated by the patient or the family will be documented in the medical record.

C. When appropriate a patient or family member may be referred to an outside agency such as the NEOB. The outside agency should play no role in the decision to withdraw therapy and should only provide information about organ donation and transplantation. When a patient is referred to an outside agency that referral should be documented in the medical record.

D. The assessment for DCD candidate suitability should be conducted in collaboration with the local OPO (currently NEOB) and the patient's primary health care team. OPO determination of donor suitability may include consultation from the OPO Medical Director and Transplant Center teams that may be considering donor organs for transplantation.

E. An assessment should be made as to whether death is likely to occur after the withdrawal of life sustaining measures within a time frame that allows for organ donation

DECLARATION OF DEATH BY CARDIOPULMONARY CRITERIA

The following procedures will be used in declaring death by cardiopulmonary criteria:

A. Five minutes of the cessation of circulation and simultaneous apnea will be documented[3].

B. Following five minutes of documented cessation of circulation and simultaneous apnea the patient will be declared dead.

D. The determination of death must be made by the physician of record or his designee. The patient care team member that is authorized to declare death must not be a member of the OPO or organ recovery team. If the physician of record or his designee is a member of the transplant team someone else must declare the patient dead. A patient who is declared dead by a member of the transplantation team will not be eligible for organ retrieval if death is declared using cardiopulmonary criteria.

E. When a patient's physician is also involved in the care of another patient who is waiting for an organ, another physician should discuss withdrawal of treatment and make the

[3] The cessation of circulation can be documented by 5 continuous minutes of electrical asystole. A sample EKG strip from each of the five minutes of asystole will be placed in the patient's medical record. Each EKG strip will be labeled with the patient's name, Lahey Clinic number, dated, and the time indicated at one minute intervals. The cessation of circulation can also be documented by five minutes of electromechanical dissociation or any consecutive 5 minute combination of asystole and electromechanical dissociation. Electromechanical dissociation will be demonstrated by arterial cannulation and documented in the medical record. Doppler can be used to determine the cessation of circulation if it can be demonstrated prior to death that Doppler recorded a pulse in the selected artery.

determination of death if the patient's physician either has or could reasonably be construed to have a conflict of interest. If, for any other reason a physician has a conflict of interest, another physician should discuss withdrawal of treatment and make the determination of death.

WITHDRAWING LIFE SUPPORTS

The probability of successful organ transplantation is improved when organ retrieval takes place in an operative suite or anteroom as opposed to an Intensive Care Unit or alternative setting. The patient or appropriate surrogate decision maker will be informed of this but will have the ultimate authority as to where life support measures are withdrawn. The patient's and the family's privacy, comfort and dignity will be respected when life supports are withdrawn.

No member of the transplant team shall be present for the withdrawal of life sustaining measures. No member of the organ recovery team or OPO staff may participate in the guidance or administration of palliative care, or the declaration of death. OPO staff may monitor vital signs for determining organ viability.

ORGAN RECOVERY

Either a consent form for organ recovery signed by a legally authorized individual (see footnote 2) or a Disclosure Form when a valid donor designation has been made by the decedent must be completed in accordance with Lahey Clinic's organ and tissue donation policy. This will include any interventions in the organ recovery process. When applicable, the Medical Examiner must consent to organ retrieval. Families will be advised that the patient may not die after withdrawal of life supports and that if death does not occur within a defined period, the organs may not be recovered. When death does not occur within the time period required for organ retrieval end of life care should be continued and the family notified immediately. Families will also be informed that there are other reasons organs may not be used and that a transplanted organ may not function successfully in a recipient.

Anticoagulation, which prevents clot formation in the organs used in transplantation, is an important component of organ preservation. Anticoagulation will be administered while the heart is still beating. It is therefore important to minimize the risk to the patient. Anticoagulants such as heparin will be administered after discontinuing mechanical ventilation. If the patient is not declared dead within the interval acceptable for organ retrieval anticoagulation will be stopped and reversed if appropriate. Patient safety is an important consideration. The patient's exposure to anticoagulants will be minimized to the extent possible. Some preservation fluids, such as the University of Wisconsin Solution, may result in premature death. No preservative solution or non-therapeutic medication that will hasten death will be administered before the declaration of death. Permission for anticoagulation will be obtained after the decision to withdraw therapy has been made and DNR and CMO orders have been written.

Informed consent is integral to every aspect of this policy. No donor related medications shall be administered or donation related procedures performed without informed consent.

Patients and families should be educated so they know what to expect.

Financial Considerations

OPO policy is that no donation related charges are passed to the donor family.

MEDICAL ETHICS CONSULTATIONS

The Section of Medical Ethics may be consulted when appropriate. (Refer to the Lahey Clinic's Policy on Ethical Consultation) Any member of the health care team or the transplant team can initiate an ethics consultation. Ethics consultation is also available to the patient, the appropriate surrogate decision maker, the legally authorized individual giving consent for organ donation and any other significant stakeholder.

PALLIATIVE CARE CONSULTATION

Palliative care consultation should be utilized when appropriate

CONSCIENCE CLAUSE

No Lahey Clinic employee will be required to participate in the donation or retrieval of organs from a patient declared dead using cardiopulmonary criteria if that participation violates their personal, professional or religious integrity.

THE ALLOCATION OF RECOVERED ORGANS

The allocation of retrieved organs will be made in accordance with the policy of the regional organ bank, currently the New England Organ Bank. If preference in the allocation of organs recovered from Lahey Clinic patients declared dead using cardiovascular criteria is given to the Lahey Clinic the patient or appropriate surrogate decision maker and the legally authorized individual giving consent for organ donation should be informed that organs retrieved at the Lahey Clinic may be preferentially allocated to the Lahey Clinic. This information should be included in the consent form.

ADMINISTRATIVE OVERSIGHT

The Organ Donation Committee will oversee and ensure the high quality of this program, provide staff and community education, and do whatever else is needed to ensure its success. The Organ Donation Committee will also ensure compliance with this policy.

Contact:	Chair, Medical Ethics
Origination Date:	January 2002
References:	New England Organ Bank Renal and Liver Transplant Teams Legal Department Commissioner of Public Health
Reviewed/Revised:	2001, 2005, 2009
Approved by:	Medical Ethics Organ Donation Committee Medical Practice and Utilization Board of Governors