



HPNA Position Statement

The Role of Palliative Care in Donation for Transplantation

It is the position of the Hospice and Palliative Nurses Association (HPNA) that palliative care contributes to standardizing quality end-of-life care throughout the donation process for both patients and families as well as all involved health care members.¹

Palliative care skills and principles applicable to the donation process include communication, coordination of care, and skillful deceleration of medically nonbeneficial care.¹ “The individual designated by the hospital to initiate the request to the family must be an [organ procurement organization (OPO)] representative or a designated requestor defined as an individual who has completed a course offered or approved by the OPO and designated in conjunction with the tissue and eye bank community.”^{2,3}

Clinical Practice

- The principal role of palliative care team members in donation for transplantation is both supporting a donor's family in their grief and loss as they navigate the donation process and honoring individuals who choose to become donors.
- Palliative care team members should affirm that palliative measures are not intended to hasten death and follow the accepted standard of care in forgoing, decelerating, or discontinuing medical technology (e.g., ventilators, dialysis, cardiac devices) for donation.

Education

- Palliative care team members can proactively educate and inform patients and families regarding the option of donation for transplantation in the context of advance care planning, advance directive discussions, and as part of legacy work. This allows patients and families to communicate their wishes with each other and their healthcare providers so appropriate action is congruent with a patient's goals of care at end of life.
- Palliative care providers have the skills to inform, educate, and support patients/families about donation in collaboration with the designated OPO and area tissue banks **Policy and Advocacy**
- Palliative care providers across all settings should partner with OPOs and area tissue banks to help improve and promote organ and tissue donation.
- Palliative care providers participate in the process of organ and tissue donation according to legislative and clinical frameworks, local institutional policies, and in collaboration with designated OPOs.

Research

- Palliative care providers participate in research opportunities and quality-improvement strategies to further enhance palliative care skills, knowledge, and advocacy in the area of organ and tissue donation.



Background

Advances in transplant technology have provided an array of treatment options available to patients that make extension and quality of life possible. Those facing serious illnesses and the possibility of death can experience chronic disease, significant symptom burden, and mortality awaiting transplant.⁴ Sadly, an average of 20 patients die each day while waiting for a transplant due to a lack of available transplant donations.

Since 1988—the first full year national transplant data was collected—750,000 transplants have been performed nationwide.⁵ As of June 2019, over 124,500 men, women, and children with progressive chronic or serious illnesses are awaiting transplants in the United States, and every 10 minutes, someone is added to the national transplant waiting list.⁶ During 2018, organs were recovered from 10,721 deceased donors, representing a 4% increase from 2017. This is accounted for by the broadening of clinical criteria for potential donors—both donation after circulatory death (DCD) and brain death, drug intoxication as a mechanism of death, age 50 or older, and/or being identified as having increased risk for blood-borne disease.^{5,7} Although there was a shortage of organs, the unfortunate consequence of the opioid epidemic has led to more organs available for transplant and shortened wait time for transplant.^{5, 8}

Donation after circulatory death donors require unique consideration, allowing patients who are on life-sustaining measures to donate organs when death is declared by cardiopulmonary criteria. Donation after circulatory death occurs when a decision is made to discontinue mechanical ventilation/other medically nonbeneficial care in a comatose or seriously ill patient who is expected to die quickly after cessation.

Depending on hospital policy, the patient may be extubated in the operating room to minimize the time between death and organ procurement, thereby optimizing donor organ viability for transplantation. Most OPOs have guidelines governing the amount of time between extubation and death during which the organs are considered viable for transplantation—this is generally about 60 minutes. The patient is then returned to the ICU or other appropriate location for end-of-life care.^{9,10}

Organ and tissue donation offer patients and families an opportunity to initiate both a gift and a legacy, potentially offering meaning to a very difficult experience. This gift may provide the family with a sense of hope, honor, and sense of future in an otherwise difficult situation.⁸ Palliative care plays a role in the care of the DCD donor to ensure attention to symptom management and family support.^{11,12} When donation is no longer an option, patient and family needs are respected and supported during the dying process. Post-death care should honor the patient's and family's cultural and spiritual beliefs, values, and practices.¹³



Healthcare professionals do not always feel sufficiently supported to provide the type of compassionate and open communication that they want to offer to families, particularly in organ and tissue donation.¹⁴ In addition to grief and moral distress, healthcare professionals often suffer from the stress of inadequate communication within the healthcare team itself. Palliative care offers support to the staff who must change their role from life-sustaining directed care to organ protective care. The palliative care team achieves this through education, communication, and an emphasis on resilience and self-care. Within the critical care setting where donation occurs, palliative care providers may play an essential role in facilitating donation discussions through advance care planning conversations, providing expert symptom management for the patient, and supporting the family through the decision-making process, grief, and bereavement.

Research supports that bereavement outcomes are more dependent on the family's perceptions of the meaning of the death, the way they were treated by hospital personnel, the way the organ donation request was broached, and their own intrinsic worldview than by the fact of organ donation.⁹ Palliative care may impact this perspective, as over the last decade, numerous publications identified palliative care as well-suited to support donors and their caregivers.⁴ Yet, the arena of organ donation remains a sensitive aspect of research, leading to insufficient literature of the optimal impact of palliative care.

Definition of Terms

Brain death: "Irreversible cessation of cerebral and brain stem function; characterized by absence of electrical activity in the brain, blood flow to the brain, and brain function as determined by clinical assessment of responses. A brain-dead person is dead, although [their] cardiopulmonary functioning may be artificially maintained for some time."¹⁵

Cardiac death: "Death defined as the irreversible cessation of circulatory and respiratory functions. Death is declared in accordance with hospital policy and applicable state and local statutes or regulation."¹⁵

Deceased donor: "An individual from whom at least one solid organ is recovered for the purpose of transplantation after suffering brain death or cardiac death."¹⁵

Designated requestors: "The individual designated by the hospital to initiate the request to the family must be an OPO representative or a designated requestor."² Research has shown that the highest consent rates occur when the OPO and hospital staff approach the family together. If collaboration is not possible, the hospital decides who approaches the family to provide information, discuss the family's options, and request donation. The hospital may have chosen to have an organ procurement coordinator from the OPO approach the family or may choose to have a designated requestor approach the family.²



Donation after circulatory death (DCD): “Recovery of organs and/or tissues from a donor whose heart has irreversibly stopped beating, previously referred to as non-heart- beating or asystolic donation.” 15

Donor: “Someone from whom at least one organ or tissue is recovered for the purpose of transplantation. A deceased donor is a patient who has been declared dead using either brain death or cardiac death criteria, from whom at least one vascularized solid organ is recovered for the purpose of organ transplantation. A living donor is one who donates an organ or segment of an organ for the intent of transplantation.” 15

Organ procurement organization (OPO): “An organization designated by the Centers for Medicare and Medicaid Services...responsible for the procurement of organs for transplantation and the promotion of organ donation. Organ procurement organizations serve as the vital link between the donor and recipient and are responsible for the identification of donors, and the retrieval, preservation, and transportation of organs for transplantation. They are also involved in data follow-up regarding deceased organ donors.” 15

Retrieval: “The surgical procedure of organ recovery. Also referred to as procurement.”16

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This statement reflects the best available evidence at the time of writing or revisions.

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