

DONATION AFTER CIRCULATORY DEATH

A Basic Explanation for Donor Families



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Donation after Circulatory Death (DCD), combined with compassionate end-of-life care, provides the best possible outcome by offering a dignified death and legacy for the donor, and a sense of meaning and consolation for the family.

The death of any family member is difficult, especially when it occurs unexpectedly. Organ and tissue donation is the ultimate act of charity. Many families have told us that donation helped them with their grief.

Special thanks to:

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Renee Harris Pinkney, Donor Sister

Jean Reyes de Gonzalez, Donor Wife

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Who are donor families?

- Families with a loved one who became an organ or tissue donor after death
- Families who would have liked to donate, but couldn't because of medical or other reasons
- Families who did not donate, but might have if they had been given the opportunity

The National Donor Family Council recognizes that relationships are complex. People can have many significant relationships, including partners, significant others, and close friends. We have chosen to use the terms “family” and “loved one” to express these deep, loving connections.

What is circulatory death?

Circulatory death occurs when the heart has irreversibly stopped beating and when circulation and oxygenation to the tissues irreversibly stops.

What does “Donation after Circulatory Death” mean?

Donation after Circulatory Death (DCD) means that after circulatory and respiratory functions have stopped, and death is pronounced by a physician, organs and tissues may be recovered and offered for transplant.

Who can be a DCD donor?

A patient who has a permanent neurological injury, or disease that results in necessary life-sustaining medical treatment or ventilator support, may be a DCD donor. With these kinds of serious injuries, the brain is often too damaged to recover, but continues to have minimal function. However, the patient will not survive without ventilator support.

What is ventilator support?

A ventilator is a machine that supplements or replaces an individual's ability to breathe when that individual requires such assistance. Ventilators, sometimes called respirators, are machines that force air into and out of the lungs. In this way, ventilators often stimulate heart or cardiac activity to carry oxygen to organs and tissues throughout the body. Ventilators are common in hospitals; they are both started and discontinued every day. When the brain is too damaged to recover, it can't instruct the lungs to keep breathing or the heart to keep beating. In order to sustain life, the patient needs ventilator support.

What are the circumstances that lead up to a DCD donation?

Once the hospital medical team has determined that the patient will not survive or have any meaningful improvement even with ongoing care, including ventilator support, a family may elect to discontinue or forego further medical intervention. This careful decision includes withdrawal of life-sustaining therapies, allowing death to occur naturally.

What happens once the family decides to withdraw ventilator support?

After the family chooses to stop life-sustaining therapies, they will be guided through further end-of-life decisions. One of these decisions may be about organ and tissue donation.

The local Organ Procurement Organization (OPO), which is responsible for helping with organ and tissue donation and transplantation, will be notified. A donation coordinator, an expert in organ and tissue donation from the OPO, will be called to evaluate if the patient is suitable to be a donor. If so, the coordinator will speak with the family about the option of organ and tissue donation.

What happens before the ventilator is discontinued?

Until the time of death, the patient remains under the care of the hospital physician and medical team. All comfort measures are maintained, and compassionate care is continued for their loved one. The patient will continue to receive pain medication and other treatments that relieve any discomfort. If the family chooses, they may be able to remain present and follow rituals that are important for the end of life, such as prayers, music, or inviting special people to be present.

If the family agrees to donation, what happens next?

The donation coordinator will obtain an authorization to donate, as well as an extensive medical/social history. Some blood may be drawn for testing; this is a routine procedure to make sure the person is suitable to become a donor.

The donation process will be explained, including what will happen when the ventilator is turned off and the patient's heart stops beating. The donation coordinator and the hospital staff will work together to offer support for the patient, family, and others who may be part of this experience. Once a family agrees to donation, care for the patient does not change. All care and comfort measures will continue until the patient's death.

How does the organ recovery happen?

When everything is in place for the organ and tissue recovery, the team will assemble in the operating room. Depending on the hospital, the ventilator may be turned off, either in the patient's room, outside the operating room, or in the operating room.

Sometimes, the hospital may offer the family the choice of being present as the patient's heart stops beating. After the heart stops beating, a physician will provide the family with a time of death. At this point, the patient will be prepared for surgery and organ and tissue recovery. A transplant team will then perform the recovery of organs and tissues.

Does our loved one feel any pain or suffer?

No. Organ and tissue recovery don't take place until after the person's heart stops beating and they are declared dead by the physician. When someone has died, there is no feeling of pain or suffering.

What can my loved one donate?

The donation coordinator will explain which organs the patient is suitable to donate. There may also be the opportunity to donate tissues, as well as corneas. One person can donate organs and tissues that can help many patients in need of transplants of different types.

Will our religion support our decision about organ and tissue donation?

Most religions support organ and tissue donation as an unselfish act of charity. However, if you are not sure, check with your religious leader.

Organ and tissue donation is a legacy of your loved one's life and a gift of great generosity and value. Your loved one's "gift of life" stands as a memorial and may reflect what he or she would have wanted. For more information, read the National Kidney Foundation's fact sheet, "*Religion and Organ Donation*."

Donation can provide a dignified death and legacy for the donor and a sense of meaning for the family.

Is the family responsible for the cost of donation?

No. All costs related to the donation are the responsibility of the recovery organization and the transplant center. However, hospital expenses occurring before your loved one is pronounced dead are the family's responsibility.

Will we be told whether our loved one's organs and tissues have been recovered and transplanted?

Most recovery organizations send families a letter telling what organs and tissues were recovered, and if they were transplanted. There may also be some information about who received them. However, names and personal information about the recipients are kept confidential. Information about organs will usually be available within a few weeks of the recovery. Information about tissues takes longer, usually up to one year.

If you would like to know more about the procedure or the recipients of your loved one's organs or tissues, contact your local organ or tissue recovery agency.



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