

# Organ donation for transplantation: discussions with those close to the patient

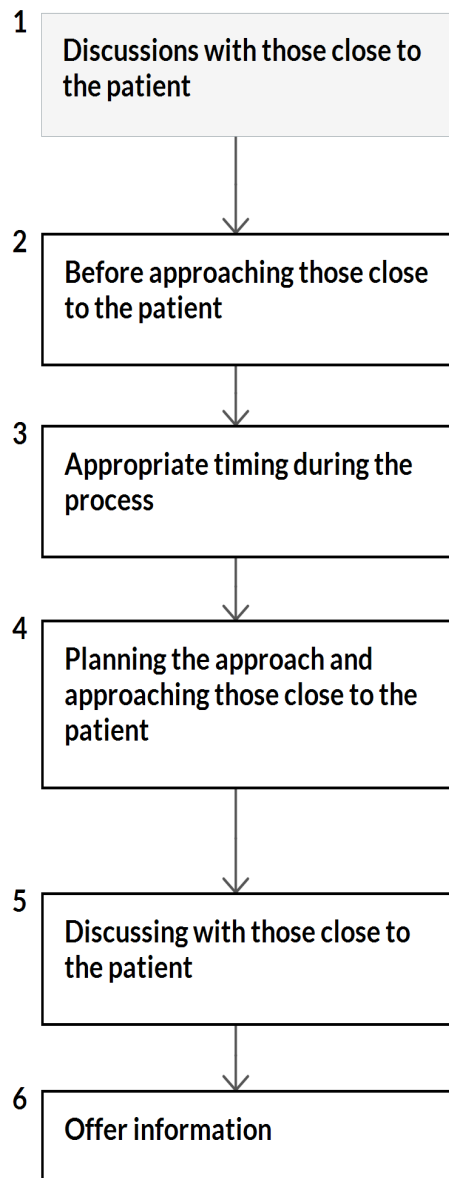
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/organ-donation-for-transplantation>

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This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Discussions with those close to the patient

No additional information

## 2 Before approaching those close to the patient

Identify a patient's potential for donation in consultation with the specialist nurse for organ donation.

Check the NHS organ donor register and any advance statements or Lasting Power of Attorney for health and welfare.

Clarify coronial, legal and safeguarding issues.

Obtain clinical history of the patient.

Identify key family members.

Identify key family issues, including need for family support.

Identify relevant cultural and religious issues.

## 3 Appropriate timing during the process

Allow sufficient time for those close to the patient to understand the inevitability of the death or anticipated death and to spend time with the patient.

Discuss withdrawal of life-sustaining treatment or neurological death before, and at a different time from, discussing organ donation unless those close to the patient initiate these discussions in the same conversation.

## 4 Planning the approach and approaching those close to the patient

Plan the approach with the MDT and approach those close to the patient:

- in a setting suitable for private and compassionate discussion
- at a time that suits the family's circumstances

- in a professional, compassionate and caring manner
- when it is clearly established that they understand that death is inevitable or has occurred.

## 5 Discussing with those close to the patient

Explain that donation is a usual part of end-of-life care.

Use open-ended questions.

Use positive ways to describe organ donation.

Avoid the use of apologetic or negative language.

Give them sufficient time to consider the information. (Also see [offer information \[See page 4\].](#))

## 6 Offer information

### All patients who are potential donors

Provide those close to the patient with the following:

- assurance that the primary focus is on the care and dignity of the patient (whether the donation occurs or not)
- explicit confirmation and reassurance that the standard of care received will be the same whether they consider giving consent for organ donation or not
- the rationale behind the decision to withdraw or withhold life-sustaining treatment and how the timing will be coordinated to support organ donation
- a clear explanation of, and information on:
  - the process of organ donation and retrieval, including post-retrieval arrangements
  - what interventions may be required between consent and organ retrieval
  - where and when organ retrieval is likely to occur
  - how current legislation applies to their situation (Mental Capacity Act (2005) and Human Tissue Act (2004))
  - how the requirements for coronial referral apply to their situation
- consent documentation
- reasons why organ donation may not take place, even if consent is granted.

**Where circulatory death is anticipated**

Where circulatory death is anticipated, provide a clear explanation on:

- what end-of-life care involves and where it will take place
- how death is confirmed and what happens next
- what happens if death does not occur within a defined time period.

**Where neurological death is anticipated**

Where neurological death is anticipated, provide a clear explanation on:

- how death is diagnosed using neurological criteria
- how this is confirmed and what happens next.

## Glossary

### Advance statements

(a set of instructions given in advance by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity; it does not always have to be written down, although most are)

### Circulatory death

(death diagnosed and confirmed following cardiorespiratory arrest)

### Close to the patient

(family, friends, partners and anyone who knows the patient who can be, but is not necessarily, in a qualifying relationship)

### Lasting Power of Attorney

(a Lasting Power of Attorney (LPA) is a legal document that enables a person who has capacity and is over 18 to choose another person or people (attorney[s]) to make decisions on their behalf; a health and welfare LPA is for decisions about both health and personal welfare, such as where to live, day-to-day care or having medical treatment)

### MDT

multidisciplinary team

### Specialist nurse for organ donation

(a healthcare professional with specific expertise in the promotion and facilitation of the entire donation process through working with all staff in critical care areas to support and maximise organ/tissue donation and providing support and information to families of potential donors)

## Sources

[Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation](#) (2011) NICE guideline CG135

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.