

TITLE

DONATION AFTER CARDIOCIRCULATORY DEATH (DCD)**SCOPE**

Provincial: Acute Care

DOCUMENT

HCS-243

APPROVAL AUTHORITY

Vice President & Medical Director Northern Alberta; Vice President & Chief Health Operations Officer Northern Alberta; Vice President & Medical Director Central & Southern Alberta; Vice President & Chief Health Operations Officer Central & Southern Alberta

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide guidance to **health care providers** involved with the care and management of **patients** who are potentially eligible for organ **donation after cardiocirculatory death (DCD)**.
- To enhance communication between patients, **alternate decision-makers, families,** and health care providers regarding organ donation by placing emphasis on patient dignity and family support.

PRINCIPLES

The following ethical principles expressed in the *National Recommendations for Donation After Cardiocirculatory Death in Canada* shall form the basis of AHS' DCD principles:

- respect for the life and dignity of all individuals;
- optimal end-of-life care that respects the holistic well-being of the dying patient;
- respect for patient autonomy;
- support for the grieving family and loved ones;
- public trust and avoidance/management of actual and perceived conflicts of interest; and

- respect for professional integrity.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 This policy applies to AHS patients in Acute Care settings (this includes patients in the Covenant Health facilities) who are deemed medically acceptable to donate at least one (1) organ after **cardiocirculatory death** but do not meet the criteria for neurological determination of death (NDD).
- 1.2 DCD is provided in AHS Acute Care settings in accordance with approved AHS governance documents and defined local processes.
- 1.3 DCD shall not be considered until there is a collaborative agreement (e.g., with medical/surgical teams and alternate decision-maker/family/personal directive) to **withdrawal of life-sustaining therapy (WLST)**.
- 1.4 The organ donation/procurement/transplant teams shall not be involved in WLST decisions. In cases where the patient's most responsible Physician (MRP) also has an administrative, clinical or consultative role with an organ donation organization (e.g., Human Organ Procurement and Exchange Program [HOPE] or Southern Alberta Organ and Tissue Donation Program [SAOTDP]), it is generally appropriate for that individual to be involved in WLST decisions. However, if the MRP has had any association with the proposed recipient that might influence the MRP's judgment, or will remove the tissue or organ, or perform the transplantation, the MRP shall not be involved in the WLST decision. It is expected that the attending Physician always acts in the best interest of the patient and in compliance with DCD policies.

Exception: Timing of WLST is a collaborative process that involves input from the alternate decision-maker/family and medical/surgical team, as well as the donation/procurement/transplant teams.
- 1.5 In alignment with AHS' emphasis on Patient and Family Centred Care, the health care team shall:
 - a) provide eligible patients and families with the opportunity to donate organs after cardiocirculatory death as part of end-of-life care. Eligibility of DCD shall be determined by local/site criteria as well as the judgement of donation, transplantation, or critical care teams;

- b) support a medically and ethically viable process to provide access to deceased organ donation;
 - c) promote a consistent, compassionate, patient-centred approach when responding to requests or approaching families for DCD; and
 - d) ensure that DCD is only considered once appropriate therapeutic options have been exhausted and after the decision of WLST has been made.
- 1.6 The MRP is the critical care provider attending as the primary care provider for the DCD process.
- 1.7 The DCD process is a collaborative effort between the intensive care unit (ICU) team, organ donation team, and the operating room (OR) team.
- 1.8 All health care providers, in accordance with their role and scope, shall refer to and follow the appropriate legislation, AHS governance documents, and site processes for organ donation, as they apply to their setting.
- 1.9 All health care providers shall adhere to the AHS *Consent to Treatment and Procedure(s)* Policy and procedures, including the AHS *Consent to Treatment: Human Tissue and Organ Donation* Procedure.
- 1.10 Health care providers may follow their moral conscience when deciding whether or not to participate in DCD processes.
- a) If a health care provider, for the purposes of conscientious objection, decides not to participate in DCD processes, then the health care provider shall notify their Manager to find alternate care for the patient to ensure that the patient's care needs are met.
 - b) If a Physician, for the purposes of conscientious objection, decides not to participate in DCD processes, then there is an expectation that the Physician shall find alternate care for the patient to ensure that the patient's care needs are met.

2. Communication with Family/Alternate Decision-Maker

- 2.1 All health care providers and organ donation professionals shall provide clear and compassionate communication with the family and/or alternate decision-maker about organ donation, including what can be expected of the donation process after cardiocirculatory death.
- 2.2 Communication with the family and/or alternate decision-maker shall include all considerations as outlined in the applicable AHS governance documents and site processes.

- 2.3 It is important that the family and/or alternate decision-maker are aware that withdrawal of consent for donation can be made at any time, and that this is an acceptable and potential outcome.

3. Management of the Dying Process

- 3.1 Management of the dying process, including WLST, sedation, analgesia, and comfort care, shall follow existing ICU practices in providing compassionate end-of-life care for the patient and family. At sites where neurological prognosis cannot be completed, the patient shall be transferred to the nearest site with that capability, with the intent of determining prognosis and providing possible treatment options.

DEFINITIONS

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

Cardiac death means death that is determined by two Physicians following withdrawal of life-sustaining support for the purposes of donation according to local criteria consistent with national guidelines.

Donation after cardiac death (DCD) means a term that is synonymous with controlled DCD, which refers to DCD in the setting where withdrawal of life-sustaining therapy is planned in advance for a critically ill patient, with an organ procurement team on standby, rather than after failed cardiopulmonary resuscitation (uncontrolled DCD).

Family(ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Withdrawal of life-sustaining therapy (WLST) means the removal of any therapy(ies) that provide life support to the patient including but not limited to inotropes, mechanical ventilation, dialysis, and circulatory support.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Consent to Treatment: Human Tissue and Organ Donation Procedure* (#PRR-01-05)
 - *Consent to Treatment / Procedure(s): Adults with Capacity Procedure* (#PRR-01-01)
 - *Consent to Treatment / Procedure(s): Adults with Impaired Capacity and Adults who Lack Capacity Procedure* (#PRR-01-02)
 - *Consent to Treatment / Procedure(s): Formal Patients and Persons Subject to Community Treatment Orders Under the Mental Health Act Procedure* (#PRR-01-04)
 - *Consent to Treatment / Procedure(s): Minors / Mature Minors Procedure* (#PRR-01-03)
 - *Consent to Treatment / Procedure(s) Policy* (#PRR-01)
 - *Controlled Donation Post Cardiocirculatory Death Policy* (Adult Critical Care- Foothills Medical Centre and Peter Lougheed Centre, Calgary Zone) (#DCCM-CV-02)
 - *Donation After A Cardiocirculatory Determination of Death in Adult Intensive Care Units Protocol* (Adult Critical Care Units, Edmonton Zone) (#EZ-CC-DCDD-01)
 - *Donation After A Circulatory Determination of Death Guideline* (Neonatal-Perinatal Medicine, Edmonton Zone) (#EZNEO16-01)
 - *Donation Post Cardiocirculatory Death (DCD) Donor Transport From FMC ICU to FMC OR Procedure* (Adult Critical Care- Foothills Medical Centre, Calgary Zone) (#DCCM-CV-05)
 - *Donation Post Cardiocirculatory Death (DCD) Donor Transport From PLC ICU to PLC OR Procedure* (Adult Critical Care- Peter Lougheed Centre, Calgary Zone) (#DCCM-CV-04)
 - *Withdrawal of Life Sustaining Therapy (WLST) and Declaration of Death of the Potential Donation Post Cardiocirculatory Death (DCD) Donor Procedure* (Adult Critical Care- Foothills Medical Centre and Peter Lougheed Centre, Calgary Zone) (#DCCM-CV-03)
- Alberta Health Services Resources:
 - *Pediatric Controlled Donation Post Cardiocirculatory Death (pDCD)* (Alberta Children's Hospital, Calgary Zone)
- Non-Alberta Health Services Documents:
 - *Canadian Guidelines for Controlled Pediatric Donation After Circulatory Determination of Death* (Pediatric Critical Care Medicine, 2017)
 - *Donation After Cardiocirculatory Death: A Canadian Forum, Report and Recommendations* (The Canadian Council for Donation and Transplantation)
 - *Human Tissue and Organ Donation Act* (Alberta)
 - *National Recommendations for Donation after Cardiocirculatory Death in Canada* (CMAJ, 2006)

VERSION HISTORY

Date	Action Taken
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