

Declining consent for organ donation: A reflection on the collaborative approach



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Aims & Objectives of this session

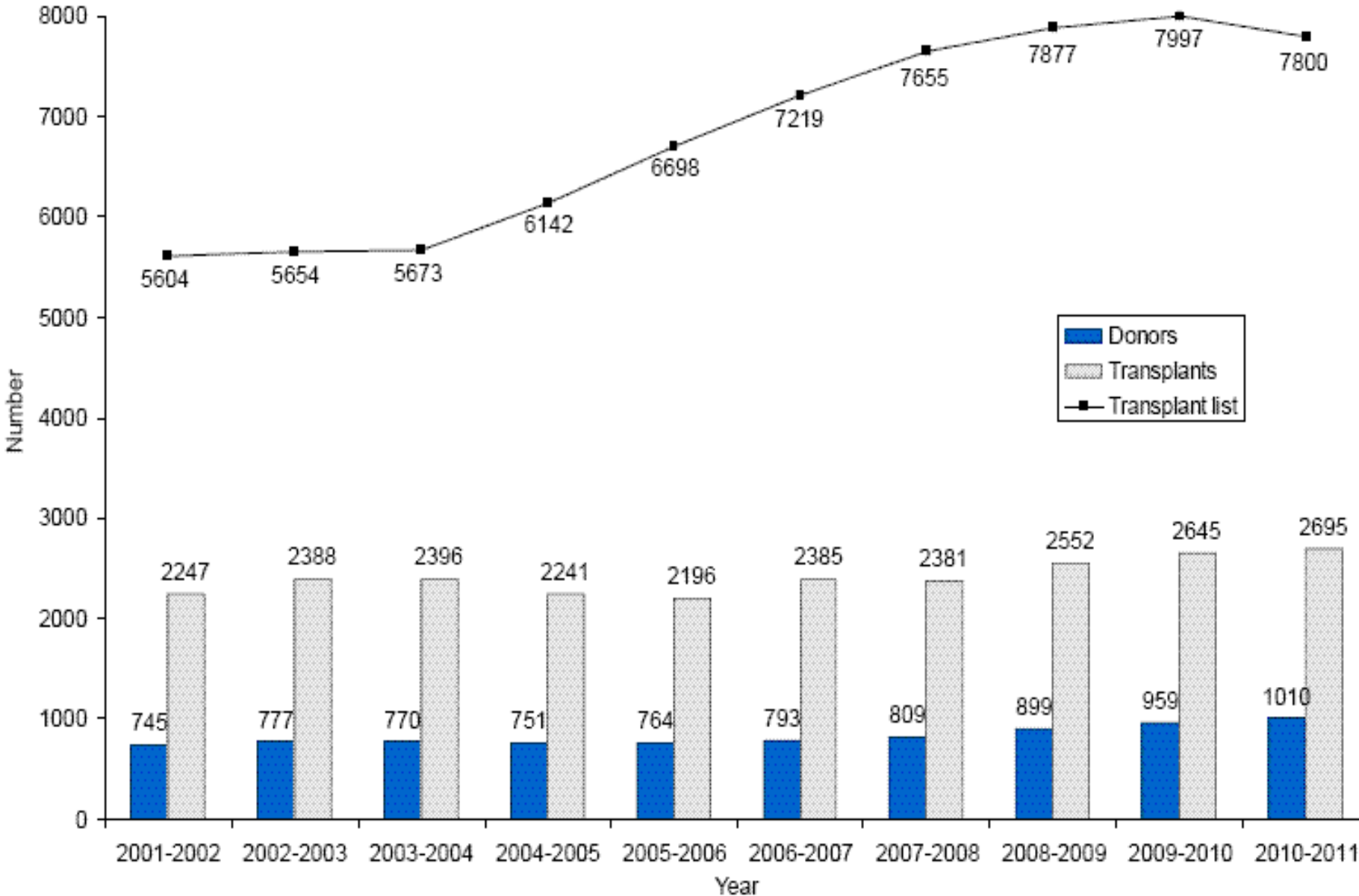
- Using ‘Gibbs Reflective Cycle’, provide a reflective account of a case study on a family initially declining consent for organ donation
- Define and discuss the term “collaborative approach”
- Analysis of the research and the effect of the collaborative approach on organ donation consent rates

Background

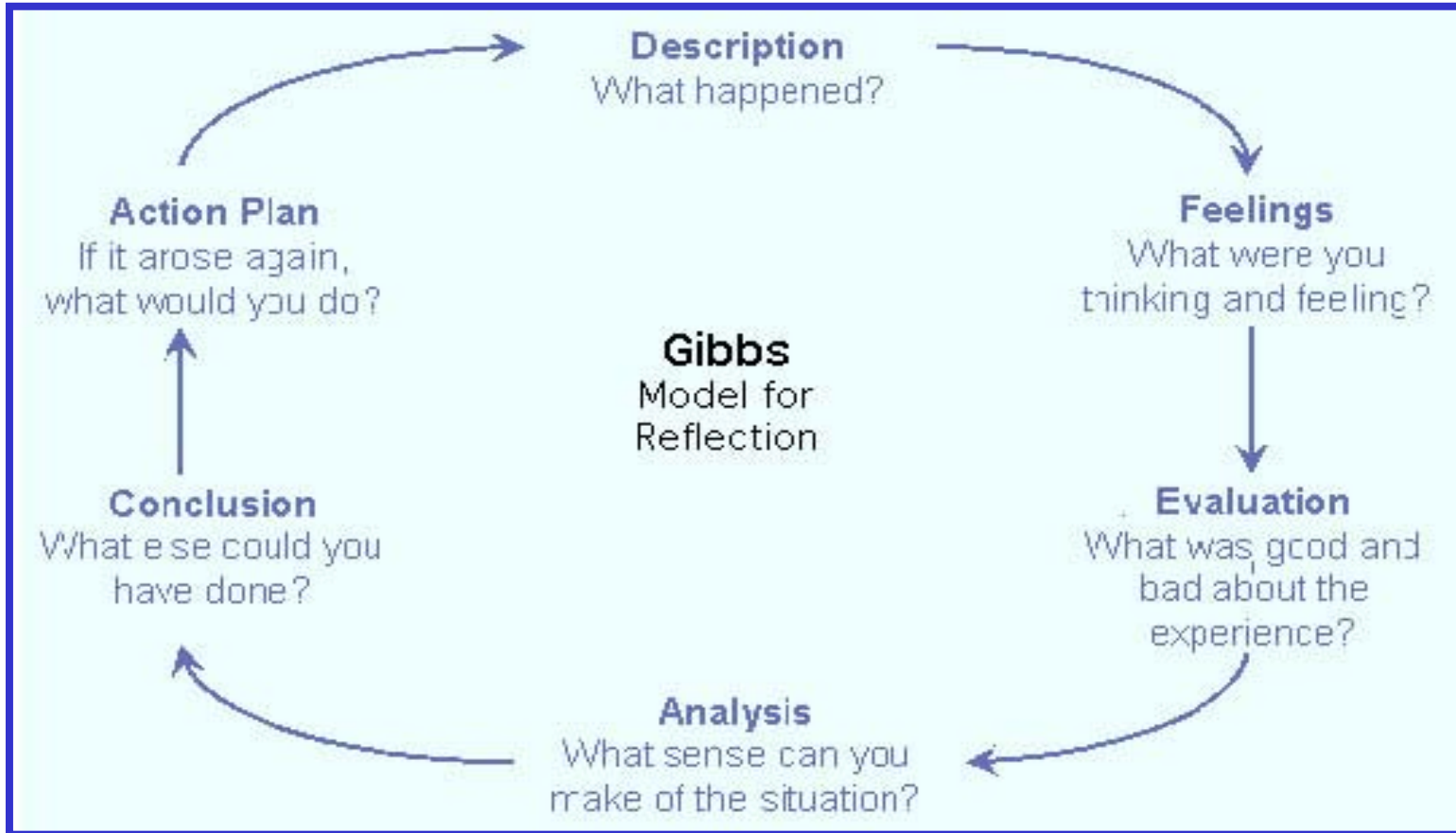
- Mixed ICU/HDU
- 6 ICU Consultants
- SN-OD:
 - Background of 8 years as ICU nurse
- SN-OD embedded in ICU for 9 months
 - Visible presence in ICU
 - Historically, organ donation not a common event in BCH ICU



Figure 2.1 Number of deceased donors and transplants in the UK, 1 April 2001 - 31 March 2011, and patients on the active transplant lists at 31 March

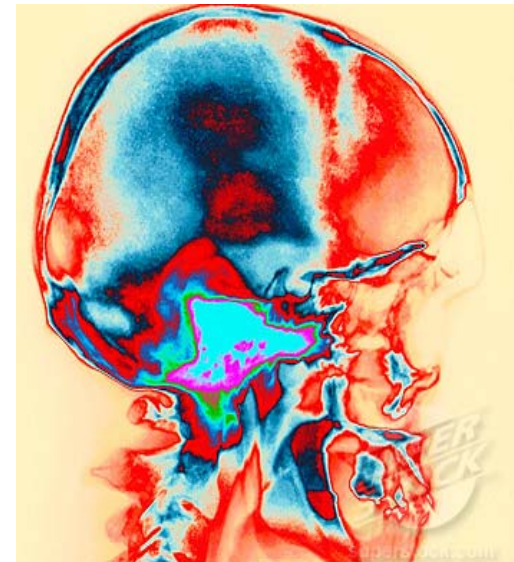


'The Reflective Cycle' Gibbs (2004)



Description of the Event

- A 20 year old man admitted to hospital following collapse at home. H/o flu like symptoms – probable diagnosis of meningitis/encephalitis.
- 36 hours after admission to hospital, met the criteria for brain stem testing - Pupils fixed and dilated since admission, GCS: 3, Apnoeic.
- Clinical team referred patient to embedded Specialist Nurse – Organ Donation (SN-OD) as a potential donor



Description of the Event

- ODR checked
- Brain stem tests (BST) planned to be carried out
- 1st set of BST performed, family updated on results in relative's room. ICU Consultant approached family to consider organ donation
- SN-OD present on unit but presence at this discussion with family had been declined by the ICU Consultant
- Family declined consent to organ donation



Description of the Event

- **SN-OD informed of families decision**
- **SN-OD spoke with family separately to provide information/support on BST/end-of-life-care at bedside**
- **Family requesting more information**
- **Conflict between feelings to “protect” son and realisation that patient would wish to donate**

Description of the Event

- Offer of family witnessing BST
- ‘Change of mind’
- Consent for organ donation took place and 4 organs successfully retrieved and transplanted



Feelings

- Frustration
- Disappointment
- Empathy
- Lack of confidence



- Worthwhile
- Positive
- Hopeful

Evaluation

What was GOOD?



- Embedded SN-OD role
- Timely referral
- Witnessed BST
- Time
- Family changed their mind

What was BAD ?

- Timing of request
- Exclusion of SN-OD from discussions with family
- Non-collaborative and unplanned approach to family to request organ donation

Analysis

- Organ donation occurred despite initial decline of consent
- What factors influenced this families decision to give consent?
 - Embedded SN-OD – timely referral
 - Understanding of brain stem death
 - Timing of request
 - Who Approached?



Department of Health

Organs for Transplants
A report from the Organ Donation Taskforce

Working in partnership with

Department of Health, Social Services and Public Safety
www.dh.gov.uk

Ynyswlad
Sáimne, Seirbhíis Sóisialta agus Sábháilteachta Poblí
yswlad
Pwerau, Ilysofastrau Heolau a Ffocws Sioerau

The Scottish Government

Llywodraeth Cymru
Welsh Assembly Government

Who approaches?

Collaborative



Non-collaborative



What is the “collaborative” approach?

Collaboration:

“work[ing] jointly on an activity or project”

(Oxford English Dictionary 2006)

- Sharing
- Partnership
- Interdependency

(D’Amour et al, 2005)

Collaborative approach:

- Combined approach between SN-OD and hospital staff in requesting organ donation
- Combines the skills of both sets of professionals

Consent Rates from the PDA

Potential donor type	Consent rate when SN-OD involved	Consent rate when SN-OD not involved
DBD	71.5%	50%
DCD	68%	31.1%

1 April 2010 to 31 March 2011 data as at 1 July 2011

Data from NHSBT (2011)

Collaborative vs Non-Collaborative

Approach Type	Consent rate % (n)
Dr & No SN-OD	43% (827)
Embedded SN-OD & Dr	64% (276)
Embedded SN-OD & no Dr	77% (130)
Neither SN-OD nor Dr	21% (44)
On call SN-OD & Dr	67% (540)
On call SN-OD & No Dr	77% (271)

Collaborative Approach

- **Simpkin et al (2009)**
 - Systematic Review of 14 studies
 - Findings: One of the main modifiable factors is “the approach and skill of the individual making the request”
- **Gortmaker et al (1998) (US)**
 - 707 requests for organ donation
 - Findings:
 - Hospital staff alone: 53%
 - OPO coordinator alone: 62%
 - Hospital staff and OPO Co-ordinator: 72%



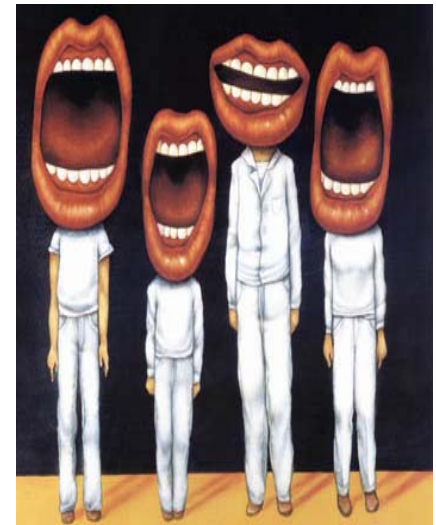
Collaborative Approach

- **Klieger et al (1994) (US)**
 - Retrospective review of 185 medically suitable donors over 12 months
 - OPO staff alone: 67%
 - Hospital staff alone: 9%
 - Hospital staff and OPO together: 75%
- **ACRE Trial (2009) (UK)**
 - Multicentred, unblinded RCT
 - Collaborative requesting compared to routine requesting
 - 201 relatives of brainstem dead patients approached
 - Findings:
 - Collaborative requesting – 58%
 - Routine requesting – 63%



Conclusion

- Collaborative approach between ICU Consultant and SN-OD to making requests for organ donation
- Long contact model
- Improved communication
- Timing of the request



Action Plan



- ‘Collaborative Requesting’
- Improving Communication within ICU team
- Establishing SN-OD role in ICU as part of the ‘team’
- ‘Long Contact’ Model

THE END

...any questions?