Donation Conversation: Timing is the Key

A study conducted in Canada amongst donor families, found the majority of participants to view donation as a positive experience and a source of comfort (Merchant et al, 2008). Areas donor families felt had opportunities for improvement involved feeling confused by the concept of brain death and needing more time and information to understand this concept.

Donor families reported positive donation experiences to be due to the fact they felt they were treated with respect and compassion and that they were given sufficient information about donation and knowing that they were able to help someone else.

The Code of Federal Regulations §482.45 states: (a)(3) “Ensure, in collaboration with the designated OPO [Organ Procurement Organization], that the family of each potential donor is informed of its options to donate organs, tissues, or eyes, or to decline to donate. The individual designated by the hospital to initiate the request to the family must be an organ procurement representative or a designated requestor. A designated requestor is an individual who has completed a course offered or approved by the OPO…”

Further recommendations by the interpretive guidelines issued, suggests the OPO and the hospital plan the donation conversation together.

OneLegacy is the OPO serving the seven-county greater Los Angeles area.

OneLegacy identifies, based on national best practices, 3 process steps for the planning of the donation conversation:
- A huddle (care-planning meeting) between OneLegacy and the hospital team to plan an optimal donation conversation
- The plan decided in the huddle is followed by both OneLegacy and the hospital team
- There is no unplanned mention of donation by the hospital without OneLegacy ’s involvement

If donation is presented too early to a grieving family, it can cause a perceived conflict of interest, and an impression that not everything was done to save their loved one and that the organs were needed for someone else.

However, if donation is presented once the family has made a decision to withdraw life-sustaining measures or once brain death is clear to the family and they are ready to discuss next steps, then donation will be perceived as a source of comfort during a very difficult situation.

Key:
Families need to understand brain death, be accepting of the prognosis, and have no doubt that everything was done to save their loved one. Families should not be rushed and must be given time to process this information, before sensitively entering a planned donation conversation.

Summary Points:
- Donation can be a source of comfort to a donor family.
- Grieving families need to have a clear understanding of brain death and/or be accepting of the prognosis.
- Grieving families reported their positive donation experiences to be related to feeling respected, compassion and being given enough information about donation.
- The key to an effective donation conversation lies in the timing and delivery of the donation conversation.

Reference:


Timing is the Key! View a donor family’s experience of a donation conversation:
http://www.youtube.com/watch?v=LGF28XfIqOo