

# Understanding the Donation Process

## Background

Organ and tissue donation and recovery is a complex, highly emotional process. The potential donor has suffered a sudden trauma, accident or incident. Blood no longer flows through the brain. Family members are grieving, confused and often angry. Their loved one has died.

Some families have discussed donation. Many have not. Unable to talk with the potential donor, family members are often at a loss. Should they consent to organ and tissue donation?

The framework that allows for organ and tissue donation began in 1984. Congress enacted the National Organ Transplant Act and established the Division of Transplant (DOT) as a branch of the U.S. Department of Health and Human Services to ensure that human organs and tissues are distributed in a fair and efficient manner.

On September 30, 1986, DOT awarded a contract to the United Network for Organ Sharing (UNOS), located in Richmond, Virginia, to operate the Organ Procurement and Transplantation Network (OPTN) and the Scientific Registry. UNOS maintains a 24-hour, seven-day-a-week computer system that helps OPOs and transplant centers equitably match donor organs to transplant candidates. This computer maintains the status of thousands of potential recipients, allowing for up to the minute changes in patient status.

## Identification and Referral

Federal law requires hospitals to report any imminent death to their designated OPO. This may be done by any health-care provider. An individual whose brain has ceased functioning (brain death) but is connected to a ventilator and has a beating heart is a potential organ and tissue donor. The hospital contacts Donor Network West. A transplant coordinator begins the donor evaluation process.

## Consent

In California, two physicians, not associated with a transplant team, must declare brain death according to neurological criteria approved by the American Medical Association. (In Nevada, only one physician is required to declare brain death.)

After the physician has discussed the death with the family, the transplant coordinator or family services coordinator offers the potential donor's next-of-kin the option of donation.

## Recovery

Once consent is given, the transplant coordinators continuously evaluate and medically manage the potential donor. They also coordinate the operating room and surgical teams. Additionally,

as much medical information as possible is given to the Placement Coordinator who then begins the process of matching the organs to potential recipients.

After the surgery, the body is available for normal burial procedures according to the family's wishes. Donation does not interfere with open casket funerals nor cost the family any money.

## Allocation and Transplantation

UNOS uses an equitable system to allocate donor organs to transplant candidates. The UNOS computer system searches for candidates who match the donor's physical size and blood group, and then ranks them according to medical need, time waiting and location. The computer system provides Donor Network West with a ranked list for each donor organ. Beginning with the first name on the list, the placement staff contacts the patients' physicians and offers the organs for transplantation. Each donor organ generates a different list of potential recipients.

## Follow-Up

Donor Network West writes letters of condolence and thanks to every donor family and offers them the option of participating in an aftercare program. Our organization also writes letters to hospital staffs regarding the organs that have been transplanted. The letters provide the family and healthcare professionals with information about the recipients. The information does not reveal identities or break confidentiality.

Donor Network West's aftercare program consists of telephone calls and letters to donor families for approximately one year after the donation. In 1995, our organization held its first Donor Family Ceremony to honor donors from the previous year and their families. We hold three ceremonies each year one in Pleasanton, Fresno and Reno. They are held in April or May.

# Brain Death

## The Uniform Determination of Death Act

An individual who has sustained either irreversible cessation of circulatory and respiratory functions OR irreversible cessation of ALL functions of the ENTIRE brain, including the brain stem.

The definition of brain death:

- Irreversible destruction of the neuronal contents of the intracranial cavity. This includes both cerebral hemispheres including the cortex and deep structures, as well as brain stem and cerebellum.
- BRAIN DEATH IS DEATH.

## Clinical Tests Used to Determine Brain Death

- Pupil--fixed and dilated
- Corneal Reflexes—No blinking
- Oculocephalic Reflex—Doll's eyes
- Vestibular Reflex—(Cold Calorics) ice water in ear
- Gag Reflex—No response
- Breathing—Complete loss of spontaneous respirations
- Cough—No cough reflex