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## FAST FACTS AND CONCEPTS #79

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**Background** Organ transplantation is one of critical care medicine's modern success stories. Unfortunately, the success of organ transplantation has not been matched by organ procurement. One reason is surely the problems faced by health care providers who spend most of their time caring for the living and are often ill-prepared to deal with the procurement process. The purpose of this Fast Fact is to review the issues surrounding organ, tissue, and cornea donation.

**Who is eligible?** To avoid mistakes in identification, current Federal legislation requires that health care professionals notify Organ Procurement Organizations (OPO) of all impending deaths. It is important that this happen early in the process, prior to medical decisions that might result in not being able to use the organs.

**Who should talk to the family?** Recent studies and best practice suggest that OPO staff should approach the family together with the health care team. Physicians approaching families independently are associated with the lowest rate of consent. The law currently requires that only health care providers who have gone through specific training approach the family about organ donation. There are some data to suggest that it is important that requesters be of the same ethnicity as the family.

**When should the issue of organ donation be discussed?** This is controversial, although most agree that the issue should not be discussed prior the family coming to the realization that their loved one is not going to live. There is a belief that one should "decouple" discussion of brain death and the request for organ donation, but this has not been found to make a difference in empirical studies.

**What is the role of organ donation cards?** Organ donor cards (e.g. back of a driver's license) are legally binding. Thus, if the patient filled out an organ donor card, the family should not be asked about donation, but told that their loved one wanted to donate.

**Who agrees to donate?** African Americans are less likely to donate and have more negative attitudes regarding organ donation, although this has changed over the last ten years because of intensive public education. More disturbingly, data suggest that health care providers are less likely to talk to African Americans about organ donation and talk differently than when whites are approached. Age, socio-economic status and education also seem correlated with consent rates. However, the most important determinant of consent is the family's knowledge regarding the patient's pre-morbid views about donation.

**What communication processes correlate with donation?** Three things seem important:

- a. Discussing specific topics about donation. Particularly important is information about issues of concern such as misconceptions about donation's effect on funerals and cost.
- b. Allowing the family to spend more time with the OPO staff. In a very large study, families' major request was to spend more time with OPO staff, stressing that health care professionals need to involve OPO staff early in the decision-making.
- c. Psychosocial support for the grieving family.

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