



CACCN



The Canadian Association of Critical Care Nurses

Position Statement

Deceased Organ and Tissue Donation

Introduction

Critical care nurses care for the sickest and most complex patients, many who will die by nature of their illness or injury. Overall, 9 percent of patients admitted to any type of adult critical care unit in Canada will die before leaving the ICU (Bagshaw et al, 2016). Data available from Ontario, Canada's most populated province, reports critical care unit mortality rates that range from 10.5 percent in community-based facilities to 20.4 percent in academic centres. The highest mortality rates are identified among patients requiring life support for multi-organ dysfunction (Didiodatas, 2012).

Tissue donation (eyes, bones, skin and heart valves) may occur within 12 to 24 hours after circulatory death, provided, that donation criteria is met. By contrast, deceased organ donation can only take place in one of two possible scenarios. First, organ donation can occur after Neurological Determination of Death (NDD). Alternatively, it can occur after withdrawal of life sustaining treatment if circulatory death occurs within a defined time period. This is called Donation after Circulatory Death (DCD). Critical care nurses are integral to the provision of high-quality care for potential donors, family members and recipients (Shemie, 2017).

Tissue and/or deceased organ donation can also occur in conjunction with Medical Assistance in Dying (MAiD). Consent for deceased organ and tissue donation is usually provided by a donor's substitute decision-maker. Persons requesting MAiD or consenting for deceased tissue and/or organ donation in combination with MAiD must be conscious and competent for decision-making (Downar et al, 2019).

Background

Canada's demand for organs continues to grow annually (Norris, 2018; Canadian Institute for Health Information, 2018). Thousands of people are on the waiting list for organ and tissue donation. One person dies every 1.5 days while on the wait list (Canadian Institute for Health

Information, 2014). Organ and tissue donation are life-saving and life-enhancing procedures for suitable patients.

In 2018, 4,351 patients (2,890 active/1461 on hold) were in need of a single organ transplant, while 141 (87 active/54 on hold) were in a need of more than one. A total of 762 donors (532 NDD and 230 DCD) provided 2,829 organs.

CACCN Position

CACCN endorses the following factors as essential elements of critical care nursing knowledge and practice in the context of organ and tissue donation.

1. There is a disparity between the number of Canadians waiting for an organ transplant and the number of organs donated
2. All eligible persons (or their substitute decision-makers) have the right to choose or refuse organ and/or tissue donation.
3. Front line providers must maintain an ethical duty of care, protecting the interests of dying patients while also fulfilling best practices for organ and tissue donation (Canadian Association of Critical Care Nurses, 2017; Canadian Nurses Association, 2017).
4. Advocating for and identifying potential organ and tissue donors, with the assistance of an organ and tissue donation specialist, is a standard of care.
5. Supporting the patient and their family in whichever decision they make is an important component of high-quality end-of-life care in ICU.
6. Critical care nurses support and participate in the organ and tissue donation process in accordance with national and provincial legislation, and in alignment with employer policies.
7. Critical care nurses collaborate with organ and tissue donation specialists and interdisciplinary team members throughout the donation process.
8. Donor and recipient anonymity are protected and respected in accordance with current provincial/territorial legislation and professional nursing code of ethics (CNA, 2017;).
9. Organ and tissue donation principles should be integrated into critical care nursing curricula and unit orientation.

Statement

The CACCN believes that all eligible persons have a right to choose to donate organs and/or tissues. Critical care nurses forge unique relationships with patients and families, providing them with the opportunity to explore organ and tissue donation at end of life.

Responsibilities of the Critical Care Nurse

Critical care nurses provide expert care to patients and families at the end of life. They should be aware of deceased tissue and organ donation guidelines, practice standards and resources. Donation processes are defined by Accreditation Canada, Transplant Québec as well as Canadian Blood Services Canadian Clinical Guidelines on donation (Canadian Association of Critical Care Nurses, 2017; Accreditation Canada, 2019).

Glossary

Neurological Determination of Death (NDD):

Neurological Determination of Death (NDD) is the irreversible loss of the capacity for consciousness combined with the irreversible loss of all brain stem functions, including the capacity to breathe (Canadian Council for Donation and Transplantation, 2003).

Donation after Circulatory Death (DCD):

Patients who do not fulfill criteria for NDD and in whom withdrawal of life support has been determined to be the most appropriate plan of care, may be eligible for organ donation immediately after Circulatory Death (DCD). DCD refers to the controlled circumstances where death is anticipated but has not yet occurred because of the presence of life-sustaining therapy in the context of a non-recoverable illness or injury. Once a consensual decision (physician and patient or family) is made to withdraw life sustaining therapies where imminent death is anticipated, organ donation can be explored (Shemie, 2006).

Medical Assistance in Dying (MAiD):

Medical Assistance in Dying (MAiD) is *“the administering by a physician or nurse practitioner of a substance to a person, at their request, that causes their death; or the prescribing or providing by a physician or nurse practitioner of a substance to a person at their request, so that they may self-administer the substance and in doing so cause their own death”* (Parliament of Canada, 2016)

***Approved by the CACCN Board of Directors
November 11, 2019***

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