

Health professionals involved in donation

Intensive Care Team

For organ donation, intensive care specialists are likely to be the senior medical officers caring for patients up until death. Along with intensive care nurses, they are part of the team involved in supporting donor families through the process of certification of death and consent to donation.

Donor Coordinator

Donor coordinators play a pivotal role in the process of organ and tissue donation. For organ donation, donor coordinators are likely to be called upon when a patient has been certified dead (eg following the second test for irreversible loss of all brain function) and the family has indicated an intention to proceed with organ and tissue donation.

For tissue donation, donor coordinators are likely to be involved in the initial identification of a potential donor as well as the consent process and arranging surgical retrieval.

While responsibilities vary between jurisdictions and between institutions, they are likely to include:

- a) consulting the AODR to gather evidence of the deceased's consent or intentions regarding organ and tissue donation;
- b) providing information to the family to support informed decision making and documenting formal consent to donation by the senior next of kin;
- c) completing medical and social questionnaires to gather information on the suitability of organs and tissues for donation;
- d) coordinating the process of allocation of organs as per Transplantation Society of Australia and New Zealand (TSANZ) and Australasian Transplant Coordinators Association (ATCA) protocols;
- e) depending on the type of donation, liaising with tissue banks and ensuring that tissue donation and allocation follow accepted regulations;
- f) arranging surgical teams, operating theatres, anaesthesia and pathology testing and liaising with immunology (for renal transplants);
- g) providing for safe transport of organs according to accepted standards;
- h) preparing the body for viewing following retrieval of organs and tissues;
- i) providing ongoing care to the family (including informing them of available support services and other activities to honour donors, providing feedback on the success of the transplantation and acting as a go-between for donor families and recipients to preserve confidentiality);
- j) supporting other health professionals, including providing information, feedback and support to those involved in the process; and
- k) maintaining records on donation within their institution.

Others involved in the care of donors, recipients and their families and carers

- a) Regional or area nurses — Undertake a regional donor coordinator role in hospitals in areas where the donor coordinator performs a central management role.
- b) Other donor institution medical and nursing staff — Can be involved in supporting donor families, as deaths suitable for tissue donation can occur in almost any ward.
- c) Social worker — Provides support to families and assistance with practical issues.
- d) Coroner — Investigates the circumstances of unnatural and unexplained deaths and reports the cause. In these cases, the Coroner must give authority before donation may proceed and can impose restrictions on what can be donated.
- e) Recipient (or transplant) coordinator — Provides information and support to the transplant recipient and family and coordinates the transplant operation. The recipient is usually being prepared for their operation at the same time the donor operation is occurring.
- f) Other health professionals and hospital staff — Might be involved less directly in donation, including clinical teams involved in care beyond the intensive care team, and other hospital employees (eg desk clerks).
- g) Transplant team — Care for patients with end stage organ failure and organ transplant recipients. Members of the team may advise on donor management after the certification of death but may not be involved in the care of the donor or decision-making about discontinuation of treatment.

Principles underlying responsibilities

Specific roles of the health professionals involved in donation vary by jurisdiction and institution. Local availability of resources also influences roles and responsibilities. However the process is organised, the following ethical criteria should be observed:

- a) there is complete separation of roles between those involved in the care of the patient and family and those involved in organ and tissue retrieval or care of the recipient;
- b) health care professionals who make the initial approach to the family about organ and tissue donation have sufficient experience and/or have undertaken specific training in the task;
- c) the designated officer performs a governance role, ensuring that all steps in the process are followed absolutely before giving authority for retrieval to proceed, and should have training and adequate authority to perform the role properly. The role should not be delegated to a person without sufficient training or responsibility;
- d) the confidentiality of both donors and recipients is maintained; and
- e) records of the process are kept with due regard to confidentiality and privacy.

(Source: *Organ and Tissue Donation after Death, for Transplantation - Guidelines for Ethical Practice for Health Professionals*, NHMRC Publication: www.nhmrc.gov.au)