



HPNA Position Statement

Role of Palliative Care Nursing in Organ and Tissue Donation

Background

In 1954, the first successful kidney transplant was performed and increased the awareness of the tremendous potential benefits which organ donation might provide society. As the field of organ transplantation has rapidly developed, outcomes continue to improve following this intervention. Today, approximately 100,000 individuals are unfortunately waiting for organs as they experience a life-limiting disease. Many viable organs may never become available.¹ Individuals who are fortunate enough to receive organs often live significantly longer with improved quality of life.²

Organ and tissue procurement may occur from several sources including from a cadaver, a brain dead donor, and donation after cardiac death (DCD) following the withdrawal of mechanical ventilation or a living donor. Sparse literature exists regarding the role that palliative care might play in helping meet the needs of individuals whose organs are failing.³ The majority of the public support organ and tissue donation, yet donation infrequently occurs within the palliative care or hospice settings.

The DCD donor requires special consideration because this potential donor is not dead and may have the capacity to experience distress before, during, and after ventilator withdrawal until death occurs.⁴ After ventilator withdrawal the DCD donor must die within a short interval, usually 90 minutes, or the organs become unsuitable for donation. When the donation is aborted the patient and family will require continued palliative care until patient death.

Organ and tissue donation offers families the opportunity to initiate a legacy, creating "good" out of an often painful experience. Knowing that their loved one's gift is helping another person live often gives meaning to a terrible experience. This gift, which will be bestowed on others, may help the family to realize a sense of hope, honor, and progress in what may otherwise seem like a bleak and meaningless period.⁵ Organs and tissue are often used for transplantation, but they can also be used for research.

The economic benefits of organ transplantation are assumed, since only minimal literature exists.

The Hospice and Palliative Nurses Association supports appropriate education and interventions to help patients and families donate organs and tissues. Furthermore, HPNA supports palliative care for the DCD donor prior to and during the withdrawal of mechanical ventilation.

Position Statement

This is the position of the HPNA Board of Directors:

- Hundreds of thousands of Americans suffer life limiting-illnesses which might be alleviated with appropriate organ and tissue donation.
- Palliative care providers have the skills needed to inform, educate, and support patients/families in the role and need of organ and tissue donation in collaboration with the state organ procurement organization.
- Palliative care professionals presently have opportunities to make significant contribution to society, while supporting patients and families throughout their illness.
- Palliative care/hospices need to adopt policies for promoting and obtaining organ and tissue donation when possible.
- Education and research regarding the roles Palliative Care may play to support organ donation need to be initiated.
- Organ procurement organizations need to partner with palliative care providers to help improve organ and tissue donation as appropriate.
- Palliative care professionals should have a role in the care of DCD donors until death has been pronounced to ensure attention to symptom distress and family care. It is an ethical breach that is a conflict of interest for the transplant team to conduct the care of the DCD donor before death.

Definition of Terms

Brain dead donor: A patient who has been pronounced dead by neurologic criteria and is maintained on mechanical ventilation, parenteral fluids and other needed vasoactive medications to support organ perfusion until transplant teams can remove the organs in the operating suite.

Cadaver donor: A patient who has been pronounced dead by cardiopulmonary criteria and may be suitable for tissue donation, e.g., corneas, skin, heart valves, bones.

Donation after cardiac death (DCD) donor: A patient who is not dead and is maintained on mechanical ventilation, parenteral fluids and other needed vasoactive medications for whom withdrawal of life support is planned and death is expected to occur within 90 minutes after withdrawal. Organs suitable for procurement after cardiopulmonary death is ascertained include kidneys and liver.

References

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3. Edwards P. Corneal donation within palliative care: a review of the literature. *International Journal of Palliative Nursing*. 2005;11(9):481-486.
4. Campbell ML, Weber LJ. Procuring organs from a non-heart-beating cadaver: commentary on a case report. *Kennedy Inst. Ethics J*. 1995;5(1):35-42, discussion 43-49.
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This position statement reflects the bioethics standards or best available clinical evidence at the time of writing or revisions.

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