Organ Donation after Cardiac Death – *A Standard of Care?*

‘Yes’

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Conflicts of Interest

No financial conflict of interest with the subject matter of this talk
Conflicts of Interest

I instituted a DCD Hospital Policy at the Hospital for Sick Children

I chair the organizing committee of CCCF – sponsored by Canadian Blood Services & Trillium Gift of Life Network
Research Support

- Dr Geoffrey Barker Chair in Critical Care Research
- 2 Operating Grants - CIHR
DCD

7 Questions, 7 Answers

• I do not address ‘popularity’ as a criterion

• Deeply Personal – Best asked from one’s own point of view
Imagine you’re the Patient ...

DCD
Is there a ‘need’?
A Need?

Organ Procurement and Transplantation Network

At a Glance

122,559 people need a lifesaving organ transplant (total waiting list candidates). Of those, 79,174 people are active waiting list candidates. Totals as of today 9:59pm.

18,048 transplants performed this year (Total Transplants January - July 2015, as of 10/16/2015)

8,757 donors (Total Donors January - July 2015, as of 10/16/2015)

http://optn.transplant.hrsa.gov/
Accessed October 25, 2015
There IS a need

But if DCD was ‘wrong’, no amount of ‘need’ could justify it ...
DCD - Question

Does it make a difference?
Deceased Organ Donation
Canada 2005-2014

Total Increase: 44%
NDD +15%
DCD +86%

CBS – Unpublished; PLEASE do not copy
DCD - Answer

Potentially a BIG Impact

But if DCD was ‘wrong’, no amount of ‘impact’ could justify it ...
DCD - Question

Will I be (really) Dead?
3(b) At 13:09:40, electrocardiogram and arterial blood pressure activity cessation, with electroencephalogram artifact.

3(c) At 13:10:40, electrocardiogram and arterial blood pressure activity resumption after 60 seconds of absence, with electroencephalogram artifact. Variable electrical rhythm on electrocardiogram and negligible systolic and pulse pressures on arterial blood pressure.

3(d) Electrocardiogram and arterial blood pressure activity cessation at 13:11:10, with electroencephalogram artifact.
Of 188 subjects screened over 16 months, 41 subjects were enrolled (87% consent rate). Data collection was complete for 30 subjects (73% protocol compliance). In four subjects, arterial blood pressure resumed following cessation of activity. The longest period of cessation of arterial blood pressure before resumption was 89 seconds. The duration of resumed activity ranged from 1 to 172 seconds. No cases of sustained resumption of arterial blood pressure activity were recorded, and no instances of clinical autoresuscitation were reported.
Defining ‘death’ is tricky

But in a nutshell, you’ll be dead

• More ‘stringent’ than usual
• No spontaneous recovery
• No brain function
Can you predict if I’ll die?
Physicians predictions were very accurate – not 100%

Cooke et al, NEJM 2003
Prediction ‘tools’ don’t work so well ...
Is palliation right in the circumstances?

Prediction; not prediction after withdrawal

Study speaks to 'withdrawal', not to DCD

Meadow et al, CCM 2011
DCD - Answer

Prediction is imperfect

But if you don’t die – or even if you recovered – you’d be carefully monitored, comfortable and cared for with dignity
Whose Interests are you serving?
DCD - Answer

We serve your interest first.

If all agree to withdraw, then we serve you first and the potential recipient second.
How does this help me?
If you wish to donate after you die, DCD enables your wish to be given the fullest consideration and the fullest support.
How do you ‘count’ success?
Some count success as ‘conversion rate’, number of organs ...

I count success as giving you the best information and the best support and opportunity to donate
Bottom Line(s)

Unmet Need/Potential Impact - Necessary but NOT Sufficient Reasons for DCD

Safe for the donor

Developed for recipients

Refined for donors and recipients

Most enduring measure of success = potential donors to have their wishes taken seriously

But don’t ride roughshod over deeply held beliefs
Thank You

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