

In Australia and New Zealand DCDD occurs predominantly in the context of a critical illness from which the patient is unable to recover and where there has been agreement between the family and treating teams to withdraw cardiorespiratory support because ongoing treatment is not in the patient's best interests. The ANZICS *Statement on care and decision-making at the end of life for the critically ill* (2014), describes the principles to be followed in withdrawing treatment. Table 2.4 describes principles to be followed when DCDD is a consideration.

**Table 2.4: Principles for donation after circulatory determination of death**

To prevent any actual or apparent conflict of interest, it is important that consideration of organ donation only occurs after medical consensus has been reached that active treatment is no longer in the patient's best interests.

For similar reasons, it is inappropriate for members of the donation, retrieval or transplantation teams to be involved in decision-making concerning withdrawal of active treatment or in any aspect of treatment withdrawal.

It is the responsibility of the treating team, and no-one else, to ensure that sedatives and opioids are administered in the same way ("no more and no less") that they would be used for a patient in a similar end-of-life situation who was not donating organs.