

The family donation conversation should occur as part of a process. A team approach to communication and support throughout the process and the inclusion of summaries of previous discussions as part of clinical handover are integral to improving a family's experience of the dying and death of the patient and of donation.

The possibility of organ and tissue donation should only be raised after the family has understood and agreed that the patient is near the end of life, either because brain death is present or imminent or because ongoing active treatment is no longer in the patient's best interests. This will allow the family to better receive information and make a clearer more informed decision about donation. Families and clinical circumstances vary considerably and there is no single 'right time' to raise donation after this point. Most families benefit from some time and space with their family member after receiving bad news. Other families may have understood and accepted the situation earlier and are keen to understand what happens next. Each family situation is unique and the ICU team should be guided by the needs of the individual family. Offering time, pastoral care and spiritual or religious supports at the bedside can assist families in their immediate grief.

It is possible that a family member will spontaneously raise the issue of donation prior to consensus on the appropriateness of ongoing treatment. This may constitute an 'offer to donate if appropriate', it may relay the patient's previously expressed wishes, it may be a pre-emptive statement objecting to later donation, or it may simply be a request for information. In such situations, the intensivist should sensitively acknowledge this communication and provide information and clarification as needed. This may include inviting a member of the donation staff to explain possible timelines if donation became a reality. The family should be reassured that meanwhile treatment will continue in accordance with the patient's best interests and, if and when appropriate, the intensivist and donation staff will revisit the issue of donation with the family, without being further prompted.

[Recommendation 19]