

Raising donation with a family is part of a considered process that best meets the needs of the family. A planning meeting (see Section 4.3.2) should occur in conjunction with donation staff and other relevant team members to ensure that:

- a suitable private place for the discussion is identified
- consideration is given to the balance of clinical staff in relation to family
- donation is raised by a clinician who has completed the Core Family Donation Conversation (cFDC) workshop (who may be a medical or nursing donation staff member or the treating intensivist) (see Section 4.1) or equivalent in New Zealand – if no one who has completed this training is available, donation staff should be consulted about how to proceed
- if the treating intensivist has completed the cFDC training, it is preferable that an additional cFDC-trained clinician is involved (such as a medical, nursing or donation staff member or another intensivist not involved in the care of the patient) who can then spend additional time with the family while they consider donation
- the team understands the clinical history of the patient and any relevant family or patient details
- the team has accurate information on the type of donation (DCDD or DNDD), the likely timeframes and the organs that could be donated
- in Australia, any information recorded on the AODR has been accessed and any decision communicated to the family (see Section 4.3.3).

The conversation should start with an open statement with which the clinician is comfortable. Examples include:

- ‘There is one other important matter that I wish to discuss with you and that is the option of organ donation.’
- ‘This is a situation where organ donation might be possible and I wish to give you some information about it.’

As the conversation develops, information and answers to questions can then be provided to ensure a considered decision is reached. In all cases, the team should aim to ensure that the decision reached is the right one for that family and is reached after appropriate consideration, based on adequate information. Information should be delivered in a culturally appropriate, considered and graduated manner to support the family and facilitate family decision-making. It is not acceptable to coerce, persuade or manipulate the family to a particular donation outcome.

In considering the option of donation, the family may wish to discuss specific details, including, for example, when and where the family will be able to spend time with their family member, what the person may look like following organ retrieval surgery, whether an open-casket funeral is possible, and when the person’s body will be released to the family or funeral directors. All relevant information should be provided. Information should not be withheld because of a belief that it may cause distress for the family. The family should be provided with privacy, support and adequate time to consider the option of donation, including the opportunity to leave the hospital to consult with others if they wish to do so. The intensivist may withdraw from the discussion if the family wishes but should remain immediately available to the family for assistance. It may be useful for the family to speak with a donor coordinator to further inform their decision-making and this should be facilitated if a coordinator is not already part of the team. The intensivist/donation specialist should continue to support the family by offering to further discuss organ donation with other family members or to meet again with the immediate family to answer any questions they have following the break.

Information that may be relevant to the discussion about organ donation is included in Tables 3.1, 3.2 and 3.3 below. This information should be tailored to the family and clinical circumstances.

[Recommendation 20]

**Table 3.1: Elements that can be covered in the family donation conversation**

Most people who receive a transplant benefit greatly and lead full and active lives as a result.
The process of organ and tissue donation is carried out with respect and dignity for all involved.
Donation is an option to consider and there is no obligation to donate.
The ICU and donation staff are available to discuss any issue family members may wish to raise before making their decision.
Regardless of the donation decision, support is available for family members – this may be from hospital staff, chaplains, social workers and donation staff, in accord with the needs and wishes of the family.

**Table 3.2: Essential aspects to discuss with the family regarding donation after neurological determination of death**

Medical treatment of the donor will continue after death to ensure that the donated organs are in the best possible condition.
The donor will go to the operating theatre on the mechanical ventilator with a beating heart, which will stop during the donation surgery.

**Table 3.3: Essential aspects to discuss with the family regarding donation after circulatory determination of death**

DCDD can only take place if death occurs within a specific timeframe.
The donation surgery needs to begin without delay after death to minimise possible damage to organs that occurs during the time that they remain in the body without blood flow.
Medications will be given to the patient, as necessary, to relieve pain or anything else that may be distressing to the patient or family (such as noisy breathing, seizures and abnormal jerky movements).
Predicting the time from treatment withdrawal to death is difficult. If this interval is greater than the maximum that allows organ retrieval for transplantation, organ donation will not be possible. Tissue donation may still occur if suitable and the family consents.
If organ donation is not possible, care for the patient will be continued in the ICU or another suitable location.
Before treatment is withdrawn, blood is taken to ensure the organs are suitable for donation and to match the organs to potential recipients.
The family's permission will be sought for the administration of medications and procedures to facilitate organ donation (provided that these may be legally administered).
Families may change their minds and withdraw consent at any time.