

It is the intensivist's responsibility, with the donation staff, to ensure the option of donation is presented to the family (if feasible). Prior to raising donation, a planning meeting of the staff who will be involved in the discussion should occur. This is an opportunity to plan the discussions, the roles of each team member and any specifics for that case. An intensive care trainee may be involved as an observer or may lead the discussion under supervision of the intensivist as part of training. As with any other family meeting, the patient's bedside nurse should be present, and other support people as appropriate (e.g. social worker, chaplain, cultural leader or family doctor). Consideration should be given to the balance of staff and support personnel in relation to family. A high ratio of staff to family may cause family members to feel overwhelmed.

Intensivists who do not feel sufficiently skilled to discuss organ donation or who are unable to give sufficient time to the process should get assistance early so that an alternative person with the appropriate skills can be involved.

Sometimes the intensivist caring for a patient who may become a donor is also caring for a patient (e.g. with acute liver failure who is listed for urgent transplantation) who is a potential recipient of the patient's organs. If there is a conflict of interest, it is recommended that another intensivist, who does not have responsibility for the potential recipient, should discuss donation with the family of the patient who may become a donor.

Note that allocation of organs is determined by transplant units and does not involve intensivists.