



Uncontrolled and Controlled DCD

Exploring the Ethical Issues

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Disclosures

- No financial conflicts of interest
- Member of:
 - 2006 Institute of Medicine (IOM) Committee on Increasing Rates of Organ Donation
 - Mid-America Transplant Services Medical Advisory Committee
 - UNOS Ethics Committee
- I do not speak *as* a member of any of these committees

Diverse Topics, Common Theme



- Challenge:
 - *How can we foster organ donation-- a good act--without compromising the care and health of donor-patients?*
- Theme is present in both topics we will examine today:
 - Donation after cardiac death (controlled)
 - Rapid organ recovery (uncontrolled DCD)

How does ROR differ from controlled DCD?



Controlled DCD

- Resuscitation not attempted-
DNR
- Vent dependent
- Located in ICU
- Timing of death controlled
- Organ preservation is unnecessary
- Consent readily obtained before interventions

ROR (uncontrolled)

- Resuscitation normally attempted
- No vent or just for resuscitation attempt
- Located in field or ER
- Timing of death uncontrolled
- Organ preservation is necessary
- Consent difficult to obtain before cooling



PART I
Rapid Organ Recovery (ROR)
or
Uncontrolled
Donation after Cardiac Death
(UDCD)

ROR: What is It?

- Who is eligible for ROR?
- What variations exist regarding organ preservation?
- What does organ cooling involve?



ROR: Potential Impact

- What is the potential impact of ROR on the donor pool in the US?
- What evidence is there from Spain, Holland, and Washington DC?
- Are graft outcomes acceptable?





ROR: Informed Consent

- What arguments can be offered for organ preservation without permission?
- What arguments can be made against organ preservation without permission?
- What have major policy groups said?
- What does “the law” say?
- Do any data exist on public attitudes?

ROR: Public sentiments

- DuBois, Waterman, Anderson (under review). St. Louis:
 - 8 focus groups with survey:
 - 70 community members
 - 4 Caucasian, 2 African American, 2 Hispanic groups
 - 43 yr median age
 - 42 professionals completed online survey with same questions



Results

- 76% of laypeople think they are already eligible to donate following sudden circulatory arrest
- 81% of laypeople would want cooling vs. 67% of professionals
- 29% feared physicians might do less to save their life if they sign donor card
- Note: Professionals radically underestimated public support for routine cooling and overestimated fears



Results



	Cauc	Afr Am	Latino
Support law permitting routine cooling, even when wishes are unknown	69	75	77
Organs should only be cooled if donor or family first gives permission	29	60	39

ROR: Donor Safeguards

- What are standard donor safeguards in Europe?
- What are the minimum safeguards the IOM recommended?
- Are these safeguards sufficient? Should new safeguards be added?



ROR: Should We Move Forward?

- Is it possible to craft a proposal that will both allay fears and increase organs available for transplantation?





PART II

“Controlled”

Donation after Cardiac Death

DCD: What is It?

- Who is eligible?
- What organs may be procured?
- What is the relevant legal definition of death?



DCD: How Common and How Successful Is It?



- What are rates of DCD donation?
- Are graft outcomes as good as organs from “standard” donors?
- What is the potential for increased organ donation?

DCD: Are Circulatory Functions “Irreversibly” Lost?



- The heart can be started in a new patient or on a bucket of ice. So what should “irreversible” mean?
- Is “permanent loss” a clearer concept?
- Is “permanent loss” consistent with the President’s Commission’s text on the UDDA?
- When are functions permanently lost? When is “auto-resuscitation” no longer observed?

DCD: Is “brain death” essential to being dead?



- Are DCD donors “brain dead”?
- What is the ethical versus the legal significance of this question?
- When are brain functions permanently lost?

DCD: Heparin and other Pre-mortem Interventions



- What is the purpose of heparin?
- Does heparin pose a real threat to donors?
- Must all interventions be for the good of the donor? Is heparin good for the donor?

DCD: Managing Conflicts of Interest



- When should question of organ donation be raised?
- Who should pronounce death?
- Should morphine or other comfort care be provided during extubation?
- Should financial incentives ever be offered?

DCD: Family Interests



- What does good care for the family look like during DCD?
- Can families be present during extubation?

DCD: Staff Issues



- What interventions occur before the patient dies?
- How might this affect staff attitudes?
- Where do you find an intensivist to wait on death to occur?
- When should OPOs be contacted?

DCD: Piggy-backing on Controversy



- Can/should people separate the ethics of withdrawing life-sustaining treatments from the ethics of DCD?

Pushing the Envelope? The Case of Brad Hofmann



- 28 y.o. suffered a complete C3 fracture in a car accident leaving him ventilator-dependent and quadriplegic. Admitted to U. Rochester Hospital. He was fully conscious and competent, but took the news hard. After a few days, he said he wanted the ventilator removed. He also wanted to donate his organs. URH had just developed a NHBD. After EC and psych consultations, a waiting period and numerous discussions, his wishes were honored.

POWER 

EACH PERSON. EACH TEAM. EACH HOSPITAL

DONATION