

**OPTN/UNSO Ethics Committee  
Meeting Minutes  
December 15, 2016  
Web Conference**

**Peter Reese, MD, Chair  
Elisa Gordon, PhD, Vice Chair**

## **Introduction**

The Ethics Committee met via web conference on 12/15/16 to discuss the following agenda items:

- White Papers Approved by the OPTN/UNOS Board
- White Paper Addressing Financial Incentives for Organ Donation
- White Paper Addressing Organ Donation by Terminally Ill Donors

The following is a summary of the Committee's discussions.

## **White Papers Approved by the OPTN/UNOS Board**

The chair explained that the three white papers developed by the Committee were approved by the OPTN/UNOS Board in December. The white papers will be available through the OPTN website. He thanked members for their past work on these white papers.

## **White Paper Addressing Financial Incentives for Organ Donation**

Work on this white paper has been completed. This white paper was presented to OPTN/UNOS leadership because of potential controversy if it is released for public comment.

The white paper does not propose implementing financial incentives for organ donation. The paper concludes that it is a reasonable time to conduct pilot studies on financial incentives for organ donation. In response to comments from OPTN/UNOS leadership the white paper was revised to clarify it is a call for research rather than a call to implement financial incentives. The paper was revised to address potential consequences with different research findings.

## **White Paper Addressing Organ Donation by Terminally Ill Donors**

The committee chair and lead author on this paper provided an overview of the project to date and asked Committee members for feedback on specific content of the paper.

They explained that the white paper addressed potential donors who have capacity for decision making and providing informed consent. There are published reports that transplant centers have refused to consider terminally ill patients as a potential living donor because it could require reporting an adverse event (living donor death) to the OPTN. Current living donor policies were developed for healthy donors and consequently create some unique problems for potential organ donation by the terminally ill.

The group discussed if the white paper should exclude terminally ill patients on life support due to their increased risk of poor outcomes. The group opined that excluding patients on life support could exclude the majority of patient who fall into this group. The group favored recommending that each potential living donor with a fatal or terminal illness needs to be evaluated on a case-by-case basis to evaluate if there is an increased risk for each individual patient. A member recommended structuring the white paper so it would address potential donors with fatal illnesses first, then potential donors with terminal illnesses and

lastly potential donors with a terminal illness who require life support. A fatal or terminal illness should not disqualify potential living donors.

Some absolute contraindications for living donation in current policy such as diabetes and prior living liver donation might not be applicable to potential donors with a fatal or terminal illness. The group supported making accommodations for this small population of potential donors. A member suggested that it might be helpful to estimate the potential number of terminally ill patient who could be a living donor and to identify what are types of diseases that might not disqualify a potential donor.

The group discussed if the paper should address potential organ donation before assisted suicide. The group was concerned that blending organ donation with assisted suicide could have the potential to erode the public trust. The group favored recommending that organ donation before assisted suicide needs to be evaluated on a case-by-case basis. A member commented that refusing organ donation by terminally ill patients could also have a negative impact on the public trust. A member commented that all potential donors should be treated the same regardless of the existence of illness.

The group recommended that the white paper should address Do Not Resuscitate (DNR) orders for fatally or terminally ill potential living donors. DNR orders should be considered and addressed by the organ recovery team.

The meeting was adjourned.

### **Upcoming Meetings**

- January 19, 2017
- February 16, 2017