

## **OPTN Donation after Circulatory Death Policy Review Workgroup**

### **Meeting Summary**

**March 12, 2025**

**Conference Call**

**Lori Markham, RN, MSN, CCRN, Chair**

### **Introduction**

The OPTN Donation after Circulatory Death (DCD) Policy Review Workgroup (the Workgroup) met via WebEx teleconference on 03/12/2025 to discuss the following agenda items:

1. Continue discussion about the timing of family donation discussion.

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

### **1. Continue discussion about the timing of family donation discussion.**

#### Presentation Summary

Ethics Committee Representative Feedback

- Retain "ethical firewall" – public trust.
- Interpretation of CMS regulations
- American Society of Anesthesiologists position statement – could restrict participation by some physicians.
- Add language allowing healthcare teams to communicate about OPO representative approach.

#### Summary of Discussion:

No decisions were made regarding this agenda item.

The Workgroup discussed the timing of family donation discussions. The Workgroup considered a version of Policy 2.15 that attempted to clarify that healthcare teams could bring up the topic of organ donation with families as appropriate in the course of discussing preparations for end of life. This version of the policy continued to prevent Organ Procurement Organizations (OPOs) from discussing organ donation with family members until the family decided to withdraw life sustaining care. Some members of the Workgroup felt this version of the policy did not allow the OPOs the flexibility they needed to engage with family members until it was too late in the process.

The Workgroup discussed a second version of Policy 2.15 that required the OPO to confirm with the patient's healthcare team that they were having end-of-life discussions with legal next of kin. The Workgroup felt this version gave more flexibility to the OPOs while still maintaining a separation between the decision to donate and the decision to withdraw life sustaining care. Some Workgroup members felt it needed to be clearly stated in policy that the decision to donate and the decision to withdraw life sustaining care should not be conflated. The Workgroup decided to add a line that stated the decision to withdraw life sustaining measures should not be influenced by the decision for donation.

The Workgroup considered alternative language for this line that stated the decision to donate should be separate from the decision to withdraw life sustaining measures but rejected this language as they felt it could negatively affect collaboration efforts between OPOs and healthcare teams by implying there was a set amount of time that needed to pass between the decisions.

Next steps:

- Send out revised policy language to review before the next meeting.
- Workgroup members to review parts A, B, and C of the current Policy 2.15 before the next meeting.

**Upcoming Meeting**

- April 16, 2025

## Attendance

- **Committee Members**
  - Lori Markham
  - Anja DiCesaro
  - Bob Truog
  - Felicia Wells-Williams
  - Greg Veenendaal
  - Dan DiSante
  - Jon Snyder
  - Kyle Herber
  - Lois Shepherd
  
- **HRSA Staff**
  - Brianna Doby
  
- **SRTR Staff**
  - Jon Miller
  
- **UNOS Staff**
  - Robert Hunter
  - Susan Tlusty
  - Rebecca Murdock
  - Ethan Studenic
  - Alina Martinez
  - Kevin Daub