

OPTN Donation after Circulatory Death Policy Review Workgroup

Meeting Summary

April 16, 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 04/16/2025 to discuss the following agenda items:

1. Review of Policy Language Regarding the Timing of Family Donation Discussion
2. Review of Policy 2.15

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

1. Review of Policy Language Regarding the Timing of Family Donation Discussion

Presentation Summary

The Workgroup reviewed their revision to the opening paragraph of OPTN Policy 2.15 to see if any other changes were needed.

Summary of Discussion:

No decisions were made regarding this agenda item.

The Workgroup briefly debated changing the first sentence of OPTN Policy 2.15 due to Normothermic Regional Perfusion (NRP) having altered the cessation of circulation. The first line of Policy 2.15 reads, "Donation after Circulatory Death (DCD) describes the organ recovery process that may occur following death by irreversible cessation of circulatory and respiratory functions." The Workgroup considered removing everything after "following death" as one option and removing the word irreversible as a second option. One member pointed out that the current language is the same as the Uniform Determination of Death Act, so the policy restates current law. The Workgroup decided not to make any further changes to the first paragraph at this time because NRP is rapidly evolving.

Next steps:

There are no next steps for this agenda item.

2. Review of Policy 2.15

Presentation Summary

The Workgroup went over OPTN Policy 2.15 parts A-E. Current policy language is as follows:

2.15.A Agreement

The Organ Procurement Organization (OPO) must have a written agreement with all hospitals that participate in DCD recovery.

2.15.B Protocols

OPOs and donor hospitals must establish protocols that define the roles and responsibilities for the evaluation and management of potential DCD donors, organ recovery, and organ placement in compliance with OPTN Policy.

2.15.C Potential DCD Donor Evaluation

The primary healthcare team and the OPO must evaluate potential DCD donors to determine if the patient meets the OPO's criteria for DCD donation.

2.15.D Consent for DCD

Conditions involving a potential DCD donor being medically treated/supported in a conscious mental state will require that the OPO confirms that the healthcare team has assessed the patient's competency and capacity to make withdrawal/support and other medical decisions. The OPO must confirm that consent has been obtained for any DCD related procedures or drug administration that occur prior to patient death.

2.15.E Authorization for DCD

For the purpose of obtaining authorization for a DCD recovery, "legal next of kin" can include any of the following: 1. The patient who authorizes deceased donation. 2. Persons defined by state/local laws to authorize organ donation.

Summary of Discussion:

No decisions were made regarding this agenda item.
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2.15.A and 2.15.B

The Workgroup decided that sections A and B were up to date with current practices and, therefore, no changes were needed.

2.15.C

The Workgroup debated removing section C because healthcare teams do not have much to do with determining the sustainability of organs for transplant and because they are not bound to OPTN policy. The Workgroup decided to leave section C in policy because it is not causing any issues and does occasionally come up while talking with hospitals' legal teams.

2.15.D and 2.15.E

The Workgroup felt that sections D and E lacked cohesion. They considered multiple possibilities for increasing the readability of these sections, such as changing the titles to better represent the focus of each section, moving sentences around between sections D and E, and combining D and E into a single section. The Workgroup discussed combining sections D and E into a single section to provide the greatest clarity. They ultimately agreed to reorder the policy to distinguish the difference between "consent" and "authorization." Workgroup members noted that consent refers to testing and medical procedures while authorization is specific to organ donation.

Legal Next of Kin

The Workgroup felt that "legal next of kin" was outdated and that "surrogate decision maker" fit better because not every decision maker is legally kin, and the term is broad enough to capture other possibilities while still being clear.

Next steps:

- The Chair will revise Policy 2.15.C through E with discussed changes to review during the Workgroup's next meeting
- Consider adding some language to indicate how OPO's should handle DCD recovery of Donation after Brain Death (DBD) donors

Upcoming Meeting

- May 21, 2025

Attendance

- **Committee Members**
 - Lori Markham
 - Bob Truog
 - Kaitlyn Fitzgerald
 - Anja DiCesaro
 - Vanessa Cowan
 - Lois Shepherd
 - Kyle Herber
 - Felicia Wells-Williams
 - Greg Veenendaal
 - Dan DiSante
- **SRTR Staff**
 - Jon Miller
 - Katie Siegert
- **UNOS Staff**
 - Robert Hunter
 - Susan Tlusty
 - Kaitlin Swanner
 - Ethan Studenic
 - Sharon Shepherd
 - Ross Walton
 - Alina Martinez