



Organ donation



Mojžiš V., Sendrey A., Zichová P., Miklušica J.
Coordination Center
Clinic of General, Visceral, and Transplant Surgery at
University Hospital Martin



Law

Law No. 317/2016 Coll. on the requirements and procedures for the procurement and transplantation of human organs, human tissues, and human cells and on the amendment of certain laws (Transplantation Act)

This law regulates:

- a) Requirements and procedures to ensure the quality and safety of the human organ...
- b) Procedures for exchanging a human organ designated for transplantation,
- c) Requirements for ensuring traceability... and procedures for reporting serious adverse reactions...
- d) Requirements to ensure quality and safety in organ donation...
- f) Technical requirements for donation, procurement, processing, preservation, testing, storage, distribution, and coding,
- g) Requirements for ensuring the quality and safety of imported human tissues or human cells,
- h) Execution of state administration in the field of organ donation and transplants of human organs, human tissues, or human cells,
- i) Roles of the national transplantation organization.



Law

Law No. 576/2004 Coll. on healthcare, services related to the provision of healthcare, and on the amendment of certain laws (Healthcare Act),

Law No. 578/2004 Coll. on healthcare providers, healthcare professionals, professional organizations in healthcare, and on the amendment of certain laws (Law on Healthcare Providers),

Law No. 350 of June 30, 2005, amending and supplementing Law No. 576/2004 Coll. on healthcare, services related to the provision of healthcare, and on the amendment of certain laws as amended by Law No. 82/2005 Coll.,

Law No. 282 of April 19, 2006, amending and supplementing Law No. 576/2004 Coll. on healthcare, services related to the provision of healthcare, and on the amendment of certain laws as amended by later regulations and on the amendment of certain laws,

Law No. 313 of September 18, 2012, amending and supplementing Law No. 576/2004 Coll. on healthcare, services related to the provision of healthcare, and on the amendment of certain laws as amended by later regulations and supplementing some laws.



Who can be a donor

according to the law!!!

Law No. 317/2016 Coll.

§ 5 – 1) A deceased donor of human organs, human tissues, or human cells can only be a person whose death has been determined according to a specific regulation.12)

2) A human organ, human tissue, or human cells can only be removed from the body of a deceased donor if the person did not make a written declaration of non-consent to the removal of human organs, tissues, or cells after death during their lifetime. For a person who does not have full capacity for legal actions, a legal representative can make a written declaration of non-consent to the removal of human organs, tissues, or cells after death during their lifetime.

3) A human organ, human tissue, or human cells can be removed from the body of a deceased donor if a) there was a permanent cessation of the person's breathing and cardiac activity, and this fact is confirmed by a council according to a specific regulation, 13) or b) there was an irreversible cessation of all functions of the entire brain according to a specific regulation.13)



§ 35 General Conditions

- Explanation of terms: donation, collection, testing, quarantine, transmission...
- (2) r) A donor is a living or deceased person from whose body organs, tissues, or cells are collected for the purposes of transmission, transplantation, or scientific research.
- (2) w) Donor characterization is a set of relevant information about the donor needed to evaluate their suitability for organ donation, with the aim of conducting an appropriate risk assessment and minimizing risk to the recipient while optimizing organ allocation.
- (5) Organ, tissue, or cell donation is voluntary and free of charge. Donors are reimbursed for documented expenses related to travel, accommodation, and meals according to a specific regulation.
- (6) The collection, transmission of tissues and cells, or transplantation of organs for the purpose of financial gain or any other material benefit is prohibited.
- (8) For all acts of donation and organ transplantation, the complete and effective protection of the personal data of both the donor and the recipient must be ensured.



Principles of Organ Donation

Presumed Consent (opting-out)

- Slovakia falls among the countries with an opting-out system, similar to Austria, Belgium, Croatia, England, Spain, Hungary, France, and the Czech Republic.

Presumed Non-Consent (opting-in)

- Informed consent for organ donation is used, for example, in the Netherlands, Germany, or the United States of America.



Donor

Living Donor

- informed consent (voluntariness)
- no cost involved (kidney, part of the liver, part of the small intestine, or lungs)

Deceased Donor

1. Donor after Brain Death (HBD - Heart-Beating Donor)
2. Donor after Cardiac Death (NHBD - Non-Heart-Beating Donor)



Legislation and Death

- **Death** - irreversible loss of consciousness and cessation of breathing - brain death (biological death of the brain) (incorporated into legislation in the early 1970s)
- **Determination of Death** - clinical diagnosis of brain death

(A member of the council must be the attending physician, a physician specialized in the field of neurology, and a physician specialized in the field of anesthesiology and intensive medicine or a physician specialized in the field of anesthesiology and resuscitation.)

A member of the council cannot be a doctor from the procurement and transplant group who will perform the organ procurement and transplantation.

- confirmatory tests (serial brain panangiography, brain scintigraphy, auditory evoked potentials)



Who is a potential organ donor?

- It is every patient in a coma with irreversible brain damage who is likely to progress to brain death before cardiac arrest, or with terminal circulatory failure.



Management of the organ donor after the determination of brain death

Apart from many other duties and tasks

Conversation with relatives



CONVERSATION

Upon detecting a potential donor, clinical examination, determining suitability, and establishing brain death, alongside proper management of the potential organ donor, there is time and space for an interview with the donor's relatives about the wishes of the potential donor regarding organ retrieval for transplantation purposes. The interview with the donor's relatives, along with the detection of a potential donor, is one of the pivotal moments of the entire donor process and, therefore, deserves adequate attention. **It is essential to realize that the relatives of the potential donor enter the interview with certain information regarding organ procurement.**



KEY POINTS AND WHAT IS IMPORTANT

In our country, the legislation of presumed consent applies. However, this does not mean that we shouldn't discuss the deceased's wishes with relatives. For the entire donation process, the legislation of presumed consent is a positive aspect, so it's essential to explain it in detail to the relatives. Equally advantageous for the interview is the existence of a registry of individuals who refused organ donation during their lifetime. It's also crucial for relatives to understand the concept of brain death and accept the fact that they have definitively lost their loved one.



WHO SHOULD LEAD THE CONVERSATION?

Essentially, a member of the team responsible for the donation process in the hospital (hospital coordinator or transplant coordinator) should lead the conversation, along with the attending physician from the department where the potential donor is hospitalized.

The other party should only be represented by the closest relatives of the donor, referring to the valid legislation concerning informing relatives. This approach maintains the intimacy of the conversation and avoids potential misunderstandings later on.

It's extremely important that the person conducting the interview has a positive attitude towards donation.



STRUCTURE

The donor interview with relatives must have a clear structure, relevant content reflecting all aspects of the donation process (explaining the concept of brain death, the concept of organ donation and transplantation, presenting arguments in favor of donation), and it must be conducted professionally in terms of expression (verbal and non-verbal) and direction.

- At the beginning, frame questions in a way that makes the relatives feel that we are genuinely interested in understanding what kind of person their close relative was;
- Throughout the interview, listen attentively without time restrictions;
- Do not neglect non-verbal communication;
- Focus on questions that relatives perceive as significant;
- Guide the interview towards questions crucial for clarifying the donation process;
- At the end of the interview, determine the next steps in terms of timing.



ARGUMENTS

During an interview about donation with relatives at a time when they have just been informed of the loss of their loved one, it can be emphasized that only with their help and nobility can we assist other people.

Arguments we can offer include:

- **Solidarity and Reciprocity.** Any of us might need such help someday, and therefore we should not exclude ourselves as potential recipients. One can appeal to specific (known or unknown) individuals who require an organ or have undergone transplantation.
- **Utility.** Death is generally cruel, but in the case of donation, it can be useful to someone else. While death marks the end of life's journey, in this instance, the transplantation of a donated organ represents a form of continuity.
- **Satisfaction.** Positive arguments highlighting the donor's memory: nobility (they surely helped their friends and relatives...), reciprocity (they surely would have been grateful to receive a transplant if needed and possible...), acting according to one's beliefs (they surely would have agreed...), love.



EXPLANATION OF BRAIN DEATH

The explanation should start with information on the test results, for example: "I'm sorry, but I must clearly inform you that the test results have confirmed brain death." The patient's death needs to be clarified and explained unequivocally, with the aim of letting relatives deduce on their own that it is an irreversible situation. The finality of death should be explained, taking into consideration the cultural level of the participants and their requirements for the depth of the explanation. At these stages, it is recommended to ask relatives direct questions and then listen attentively to their answers, which inform us of their understanding of the issue. In case of a lack of understanding of the facts and procedures explained, it's essential to present the information again, as simply and vividly as the situation requires. We must be sure that the relatives have understood the concept of individual death, brain death, and the maintenance of vital functions.



EXPLANATION OF BRAIN DEATH

To ascertain if the relatives have understood what we are trying to explain, we can pose a question like, "Your ... due to brain death, is in a state where they can no longer think, feel, speak, breathe, etc. (... pause ...). Did I explain that well and understandably to you? Do you understand? Is there anything unclear? Would you like to ask anything else?" The term "brain death" at this stage needs to be explained from a biological, mechanical, and metaphysical perspective:

- **Biological Comparison:** Differentiate between a vegetative state and brain death, correctly explaining the distinction between the two.
- **Mechanical Aspect:** Depending on the relatives' ability to accept, we can liken the brain to a computer and the heart to a machine. However, care must be taken to ensure that this comparison is not taken out of context.
- **Metaphysical Perspective:** It can be argued that, with the exception of Shintoism in Japan, all other religions accept brain death as the death of the individual.

Understanding the concept of brain death and the level of trust from the relatives up to this point are crucial for the next phase – information about the possibility of organ retrieval.



INFORMATION ON THE POSSIBILITY OF ORGAN RETRIEVAL

Gradually integrating into the conversation, we present information regarding organ retrieval for transplantation purposes. However, in this emotionally charged situation, it's appropriate to initially express condolences for the deceased, offering gestures of support, such as providing a glass of water, tissues, etc. This approach helps in managing emotions, and it's essential to gauge whether it might be best to momentarily halt the conversation, allowing the relatives some alone time, and then continue the discussion a few minutes later, once the emotional atmosphere has settled.

When introducing the possibility of organ retrieval, we must consider the current legal framework in our country, which, for instance, doesn't demand a signed informed consent from the relatives for organ retrieval. This fact, along with an explanation of the "opting-in" and "opting-out" principles, needs to be clarified to the relatives, explaining that we wish to know their stance, especially out of consideration for their feelings.

Before the actual discussion about donation, it's essential to contact the regional transplantation coordinator, who will check or facilitate access to the registry of individuals who, during their lives, declined to donate organs after death.



INFLUENCING FACTORS

Several factors that pertain to both participating parties influence the outcome of the conversation. Approaching the relatives of a donor who are affected by the drama of death with the question of organ donation is not simple. The immediate reaction of relatives to the death of their loved one is identical in all cultures, regardless of social level or education, and includes escape, mental closure, and silence,... For the addressed relatives of the donor, during the decision-making process, or while assessing the entire situation, the question arises as to whether the donor was provided with sufficient and qualified care during emergency pre-hospital care and hospitalization, about which the informer must have adequate information. Social and cultural prejudices play a significant negative role in decision-making, while the ability to accept help and assimilate new information can have a positive impact.

On the side of the person approaching the relatives (the treating doctor or transplant coordinator), there are essentially three matters that influence the decision-making of the donor's relatives: the level of his performance (fear, nervousness), a lack of knowledge about the donation process, and a lack of experience in communicating with people in a similarly challenging situation.

Also, a pressure approach in terms of time negatively impacts – in this situation, there is truly no rush, as time has just stopped for the donor's relatives...



STRATEGY

The transplant coordinator should be introduced to the donor's relatives by the doctor of the department where the potential donor is hospitalized. It is not advisable to skip individual steps of the interview, and it is always necessary to ensure that the other party understands our explanation and reasoning. An acceptable environment for the conversation is a reserved room or office, definitely not a hospital corridor or a place beside the patient's bed, unless the relatives wish otherwise.



HOW TO REVERSE A NEGATIVE ATTITUDE TOWARDS DONATION

Even when the interview is conducted correctly and the approach to the relatives is highly humane, we often encounter a negative attitude from them after the initial conversation. Despite the legislation, we respect their negative decision, but at the same time, we are obliged to identify the reason for their disagreement and strive to find a strategy to overcome the objection. This is especially important because the current legislation in the Slovak Republic does not give relatives the option to refuse organ donation on behalf of their loved one if the individual did not make such a decision during their lifetime.



HOW TO REVERSE A NEGATIVE ATTITUDE

- ❑ **The potential donor has allegedly expressed dissent.** In such a case, there is a registry of individuals who have declined organ donation after death during their lifetime, which can be (and is legally required to be) consulted. If the relatives raise objections in a different form of dissent, it is reasonable to jointly investigate further.
- ❑ Relatives reject donation **without specifying a specific reason.** If the situation persists even after explaining the legislative background and confirming the potential donor's wishes, an individual approach is necessary, along with harnessing the positive attitude of other family members, emphasizing the principles of solidarity and reciprocity.
- ❑ **Complaints about the healthcare system.** It is important to make it clear to the relatives that organ donation has nothing to do with the possible cause of their loved one's death. It is necessary to offer assistance in explaining and clarifying what they perceive as an incorrect procedure, while clearly separating the treatment process from the donation process.
- ❑ **Misunderstanding of the concept of brain death.** It is essential to ascertain the relatives' notions of "life after death" and then patiently and repeatedly explain the concept of brain death without using medical terminology. It is acceptable to use metaphors or examples from nature as long as the relatives do not misinterpret the example.



HOW TO REVERSE A NEGATIVE ATTITUDE

- ❑ **Fear of body integrity loss.** It is not acceptable to hide the fact from relatives that there will be certain marks on the body after the donation. However, it is desirable to reassure the relatives that their loved one's body will be treated with respect and that the hospital staff and subsequently the funeral service personnel will ensure that the body is brought to an acceptable state.
- ❑ **Lack of knowledge about the deceased's will.** Attention should be drawn to the fact that there is a registry of individuals who have declined organ donation after death during their lifetime. If the individual is not found in it, it is assumed that they consented to donation. It is important to emphasize solidarity, nobility, and the deceased's memory.
- ❑ **Religious issues.** It is necessary to explain that practically all religions support organ donation for transplantation as a highly humane principle. Pope John Paul II personally endorsed organ donation by participating in the World Transplant Congress in Rome. If requested by the relatives, we will arrange for a priest to visit the potential donor's bedside.
- ❑ **Social problems.** Economic issues can be addressed as far as the possibilities of the transplant center or hospital, in accordance with current legislative options, typically involving reimbursement of transportation costs. Problems related to the opinions of others can be resolved by guaranteeing anonymity.



CONCLUSION

We will offer assistance to the relatives in handling the formalities after the donation, and we will do everything possible to ensure that the organ or tissue donation does not delay the scheduled date of the funeral (collaboration with the funeral service).

During the donor interview, we must realize more than ever that our primary goal is to help the relatives because, beyond words, it is the only way to **express gratitude**.

