

Potential Donor Audit

K.M. Barber, J.C. Hussey, D. Collett, C.J. Rudge, S.F. Falvey. *UK Transplant, Bristol, UK*

Background: As part of a series of measures to improve organ donation, UK Transplant (UKT) has established a potential donor audit (PDA). No large scale donor audits have been undertaken in the UK since the late 1980s and UKT's PDA aims to provide an up-to-date assessment of the potential for organ donation from Intensive Care Units (ICUs) in the UK.

Methods: Since January 2003, data have been and are currently being collected by donor liaison nurses in the 34 ICUs where they are in post, and by donor transplant co-ordinators and/or link nurses in all other units. An audit form developed in collaboration with other appropriate personnel is being used. One form is completed for each patient death in an ICU.

Results: An evaluation of six months of data (April-September 2003) has shown that at the time of analysis, 273 hospitals (347 ICUs) had reported at least one patient death. Of the 10,390 audited patient deaths, death was diagnosed following brain stem death tests in 545 (5%) patients. In 64 (12%) of 545 families there was no record of any discussion of donation with relatives. Of the 481 patients for whom the possibility of solid organ donation was suggested to relatives, consent for donation was given for 275 (57%) and not given for 206 (43%) patients. Of the 275 patients for whom consent for donation was given, 250 (91%) became heartbeating solid organ donors.

Although this analysis showed that the overall relative refusal rate was 43% (95% CI: 39%-47%), there was considerable variability in this rate over time. The relative refusal rate for April-June 2003 was 48%, for July-September 2003 it was 37%.

Further analyses of the overall relative refusal rate by age, gender and ethnicity were performed. Age was categorised into six groups: 0-17, 18-24, 25-34, 35-49, 50-59 and 60+ years. Due to the small numbers of non-white patients, ethnicity was categorised into two groups: white and non-white. For age, there was no significant difference in the relative refusal rates across the age groups, but there was evidence to suggest that the relative refusal rate was significantly lower in the 18-24 year group. For ethnicity, there was a significant difference in the relative refusal rate ($p<0.01$) with 38% (95% CI: 33%-43%) of relatives refusing consent for white patients compared with 70% (95% CI: 54%-86%) for non-white patients. The relative refusal rates for male and female patients were 41% and 45%, respectively; there was no significant difference in these percentages.

Conclusions: It is hoped that more in-depth analyses of these data will indicate the extent of variation across the UK in the relative refusal rate and the reasons for families not consenting to donation. In the meantime UKT hopes that the national PDA will continue to raise the profile of organ donation and heighten awareness of donation issues amongst all critical care staff. Most importantly, it will allow a realistic estimate to be made of the true potential for organ donation in the UK and the identification of both local and national obstacles to realising the potential.