

Aims

- Determine the potential for solid organ donation
- Identify all patients for whom death was diagnosed following brain stem death tests
- For those who do not become solid organ donors, find out the reasons why they do not
- Raise the profile of solid organ donation
- Heighten awareness of donation issues among critical care staff and other healthcare professionals

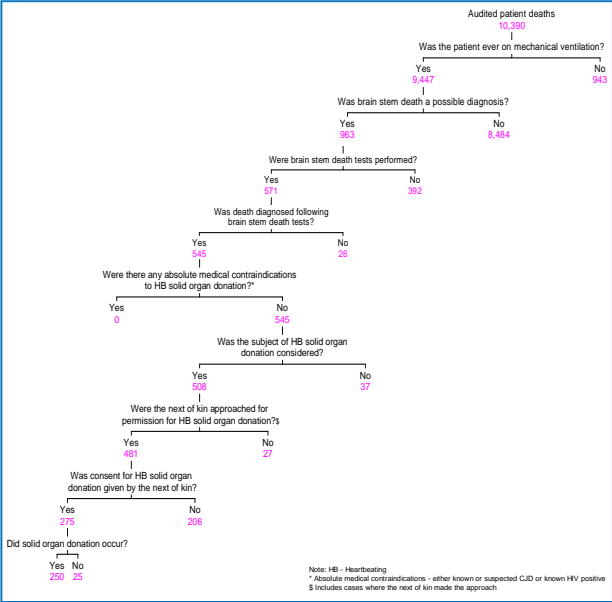
Background

- Audit of deaths undertaken in the late 1980s/ early 1990s
- In 1995 MORI/UKTCA/BACCN reported reasons for relatives' refusal of consent to donation
- Falling numbers of deceased heartbeating donors in the UK and the need to reverse the trend
- The recognised need for an up-to-date assessment of the current potential for solid organ donation across the UK
- Requirement by the UK Health Departments

Implementation

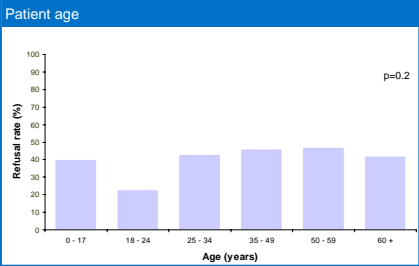
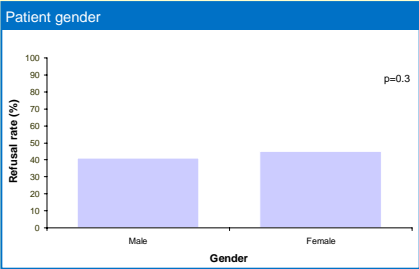
- All ICUs in the UK from 1 January 2003, using an audit form developed in collaboration with appropriate personnel
- Data collected by Donor Transplant Co-ordinators, Donor Liaison Nurses (34 in post from April 2003) and some ICU Link Nurses
- Data collected on every patient death in an ICU
- All completed forms are returned to UK Transplant for data input, validation and analysis

Results: 1 April to 30 September 2003



Refusal rates

The overall relative refusal rate in this six month period was 43%.



Refusal rates were calculated as the number of cases where permission for donation was refused out of the total number of patients for whom death was diagnosed following brain stem death tests, who had no absolute medical contraindications to solid organ donation and whose next of kin were approached for permission for donation (or the next of kin made the approach themselves).

Key points

Audited patient deaths in 273 hospitals (347 ICUs)	10,390	
Patients on mechanical ventilation at some point during their stay in ICU	9,447	(91%) of 10,390 audited patient deaths
Death diagnosed following brain stem death tests (no absolute medical contraindications)	545	(6%) of 9,447 patients on mechanical ventilation
No recorded discussion of HB solid organ donation with next of kin	64	(12%) of 545 families
Consent for HB solid organ donation		
- Given	275	(57%) of 481 cases
- Not given	206	(43%) of 481 cases
Actual HB solid organ donors	250	(91%) of 275 cases with consent

Reason for lack of consent from next of kin*	N
Patient stated in the past he/she did not wish to be a donor	34
Next of kin not sure whether patient would have agreed to donation	50
Next of kin divided over decision	26
Next of kin felt patient had suffered enough	43
Next of kin did not want surgery to the body	44
Other reason for lack of consent [§]	62
Reason not documented	25

* For each patient (N=206) multiple reasons for lack of consent could be recorded
§ Other reasons included: 'Family wanted to be with the patient when the ventilator was turned off', 'Religious reasons/beliefs', 'Family do not agree with organ donation'.

These results should be treated with some caution, as:

- some of the analyses are based on relatively small numbers of individuals
- completed PDA forms are still being returned for deaths from April – September 2003, so these results are subject to change

Future

- There is concern about relative refusal rates identified from preliminary analysis and UK Transplant are looking at ways to address this:
 - set-up expert advisory group of intensive care consultants, nurses and donor transplant co-ordinators (DTxC)
 - develop training programmes for DTxC to share best practice
- Data are currently being analysed in more detail and once more validated data are available a fuller picture will emerge
- The revised audit form will allow assessment of the potential for non-heartbeating donation

We are very grateful to all those who have taken part in the pilot and national studies, to the Intensive Care Societies and Critical Care Networks for their ongoing support for the introduction of the National Potential Donor Audit.