DCD Breakout

What Happens after a Family Says “Yes”?
Personal Story

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What Happens After A Family Says “Yes”
A Hospital Perspective

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Good Samaritan Hospital

- 300 bed community hospital
- neonatal, pediatric and adult surgical and intensive care services
- perinatal program for high risk pregnancies
- no transplant programs
Medical Background

- Newborn patient, with a diagnosis of anencephaly
  - Severe anomaly involving a malformation of the fetal brain
  - Complete arrest in development of cerebral cortex
  - Large opening in the skull with exposed elements of central nervous system
  - Identified by prenatal ultrasound and physical assessment at birth
  - All other organ systems are normal
The Family Request

- Request for organ donation initiated by family
  - discussed with primary obstetrician and maternal fetal medicine specialists
  - Extensive research on their own regarding organ donation options
  - Initiated contact with the California Transplant Donor Network

- Meeting with neonatologist
  - parents highly motivated
  - family history of organ donation in a deceased sibling of the father
  - firsthand experience of the personal value associated with giving a life
Physician Consultations

- Consultation with maternal fetal medicine specialists
  - accuracy of diagnosis by prenatal ultrasound

- Consultation with primary obstetrician
  - coordination with associates
  - timing and mode of delivery
California Transplant Donor Network

- Local CTDN coordinator
  - Had already made contact with the family

- Discussion with the CTDN medical director
  - detailed outline of the steps involved
  - personnel involved in the donation process
  - organ retrieval team availability
  - which organs to be utilized
    - bilateral kidneys
    - hepatocytes
  - window of time for successful transplantation
Bioethics Committee

- Case discussed before the full Bioethics Committee
- Parents invited and each made a presentation of their intentions and commitment
Bioethics Committee

- History of anencephalic organ donation
  - Due to the immaturity of the newborn brainstem, standard criteria for brain death cannot be met in newborn patients less than one week of age

- The use of anencephalic infants for living organ donation has been eliminated due to ethical concerns
Bioethics Committee

- Donation After Circulatory Death
  - a new perspective on anencephalic donation

- Statements from professional organizations
  - American Academy of Pediatrics
  - Canadian pediatric society
  - American Medical Association
  - American Society of Transplant Surgeons
Ethical Principles Involved

- Early transplant practices involved the use of organs retrieved from living anencephalic infants
  - they were considered to have the equivalent of brain death due to the degree of brain malformation
  - this practice was not endorsed by ethicists and was no longer performed after early 1990s
Ethical Principles Involved

- With the successful implementation of *donation after circulatory death* a new approach to organ donation by anencephalic infants is being considered.
  - more recent statements from the American Academy of Pediatrics (2010) and anecdotal reports of successes suggest that this may be considered.
  - necessary criteria:
    - an irreversible and terminal medical condition
    - informed consent of the patient or patient's surrogate
Ethical Principles Involved

- Non-Malefiscence: The performance of painful procedures on a patient when there is no benefit to the patient
  - Donation provides benefit to the recipient but not the donor
    - the experience of pain can constitute harm to the organ donor, and
    - should only be performed with informed consent of the individual experiencing the pain
In the anencephalic infant donor the relatively minimal painful procedures are limited to intubation, blood draws and intravenous line placement.

- although a surrogate decision-maker is present, the pain is still experienced only by the donor.
- reviews by experts in neonatal brain malformations state that the anencephalic infant brain is not capable of experiencing pain.
Hospital Policy on Donation after Circulatory Death

- Required by the Joint Commission
- Current Administrative Policy
  - Addresses the concept of organ recovery after circulatory death
  - Adequately defines the process in generic terms
  - (additional management issues were recommended to be consistent with the American Society of Transplant Surgeons practice guideline)
58 Donation Service Areas

= center where anencephaly donation attempted
Hospital Planning

- After unanimous Bioethics Committee approval, plans were initiated for the process

- A task force was formed with representation from
  - bioethics
  - neonatology
  - obstetrics
  - operating room
  - labor and delivery
  - hospital administration
  - CTDN coordinator
Hospital Planning

• Labor and delivery:
  • labor would be induced to allow for coordination
  • Fetal heart rate would be monitored
    • To assess the viability during labor
    • no heroic interventions (cesarean section, etc.)

• At delivery:
  • The baby would be intubated after birth by the attending neonatologist
Hospital Planning

- Operating room:
  - Schedule and availability would be determined at the time of labor induction
  - When birth appears imminent, a confirmation of the availability would be made by the CTDN team and OR staff
Post Delivery Planning

- The baby would remain with the parents on labor and delivery
  - Intravenous access would be established and IV fluid administered for general maintenance
  - A blood sample would be obtained for tissue typing (turnaround time of 6-12 hr)
Organ Recovery Plans

- After tissue typing results are obtained and the recipient is identified:
  - organ recovery team from CTDN on stand-by in the OR
  - the patient would be extubated

- After extubation:
  - circulatory death would be anticipated within one to two hours
  - at the time that death is determined the patient would be transferred to the operating room (approximately 5 minutes)
  - organ recovery would promptly begin
Summary of Actual Case

- At delivery, physical assessment by neonatology confirmed anencephaly.
- Intubation, blood drawing and IV were all accomplished in the first 20 minutes.
- After results and donor identification, the CTDN team was on standby.
- The patient was extubated at eight hours of age.
- She was held by her parents.
Summary

- Although brief periods of slowing occurred the patient's heart rate sustained beyond three hours.
- CTDN team left after waiting a maximum of three hours.
- The patient remained alive, IV was removed, she was allowed to breast-feed and received comfort care in the hospital.
- She was discharged with the parents on day two.
- She expired at home in the parents arms the following day.
Legends say that hummingbirds float free of time, carrying our hopes for love, joy and celebration. The hummingbird’s delicate grace reminds us that life is rich, beauty is everywhere and every personal connection has meaning.
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Questions?