



**Consent to Interventions for the Purpose of Organ Donation after  
Death Determination by Circulatory Criteria**

TGLN# \_\_\_\_\_

Page 1 of 3

This form may be completed if the patient’s death is imminent and in the opinion of a physician the patient is incapable of giving consent by reason of injury or disease. The patient’s substitute decision-maker (SDM) according to the *Health Care Consent Act* must sign this form (Section A). If the patient’s substitute under the *Gift of Life Act* differs from the SDM under the *Health Care Consent Act*, the patient’s substitute under the *Gift of Life Act* must also sign this form (Section B). See the *Guidelines Appendix* at the end of this document to determine the correct SDM under the *Health Care Consent Act* and the correct patient’s substitute under the *Gift of Life Act*.

I consent to the following pre-mortem interventions to optimize the outcome of organs recovered for the purpose of organ donation after death determination by circulatory criteria. I understand that these interventions are not therapeutic for the patient. In the opinion of the physicians caring for the patient, these pre-mortem interventions present a minimal risk to the patient and will not be used or continued if there is any indication that death will be accelerated as a result. If death does not occur within an appropriate interval, I understand that organ recovery will not proceed, and that the patient will be transferred to an area for continuation of end of life care.

THE INTERVENTIONS REFERENCED ABOVE MAY INCLUDE:

- Tests and procedures including, but not limited to: ultrasound, bronchoscopy or cardiac angiogram required to determine the medical suitability, or to assist in matching of the organs and / or tissues for transplantation, including infectious disease blood testing to determine if there are any conditions that would prevent transplantation.
- A few minutes before or at the time of withdrawal of life sustaining measures, administration of medications to thin the blood, to prevent blood clots from forming within the organ(s).
- Insertion or maintenance of a gastric tube attached to suction to prevent food or liquids being breathed into the lungs or airways.

SPECIAL INSTRUCTIONS: \_\_\_\_\_

I also consent to the hospital and Ontario Health (Trillium Gift of Life Network [TGLN]) using the patient’s personal information to further research into donation and transplantation after death determination by circulatory criteria. This research may include the collection of blood specimens. It may also include the following additional interventions.

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

# Consent to Interventions for the Purpose of Organ Donation after Death Determination by Circulatory Criteria

TGLN# \_\_\_\_\_

\_\_\_\_\_  
PATIENT'S LEGAL FIRST AND LAST NAME

## A Section A – As per the *Health Care Consent Act*

SUBSTITUTE DECISION MAKER (SDM) AS PER *HEALTH CARE CONSENT ACT*:

\_\_\_\_\_  
LEGAL FIRST AND LAST NAME  
SDM AS PER *HEALTH CARE CONSENT ACT*

RELATIONSHIP TO PATIENT: \_\_\_\_\_

**Verbal/Phone Consent. Signature Not Applicable**  
(SECOND WITNESS INFORMATION/SIGNATURE MUST BE COMPLETED FOR VERBAL/PHONE CONSENT)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE SUBSTITUTE DECISION MAKER AS PER *HEALTH CARE CONSENT ACT* DAY MONTH YEAR TIME

### To be completed by the person confirming or witnessing consent as per the *Health Care Consent Act*

I, \_\_\_\_\_ in my capacity as \_\_\_\_\_  
NAME OF WITNESS ROLE

have discussed the pre-mortem interventions required to optimize the outcome of organs recovered for the purpose of donation after death determination by circulatory criteria with \_\_\_\_\_'s  
NAME OF PATIENT

SDM under the *Health Care Consent Act* and have witnessed consent for such interventions and for research purposes from the patient's SDM. To the best of my knowledge, the patient's SDM is giving his/her consent voluntarily and there is no person of the same or closer relationship to the patient who objects to the giving of his/her consent for these interventions. I have explained the nature of the relevant procedure(s) and have answered all questions to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF PERSON WITNESSING CONSENT/CONFIRMATION AS PER THE *HEALTH CARE CONSENT ACT* DAY MONTH YEAR TIME

### To Be Completed by The Second Witness for Oral or Telephone Consent

**Consent/Confirmation Given by Telephone:**

**Date/Time of Call:** \_\_\_\_\_  
DAY MONTH YEAR TIME

#### Second Witness for Consent (Telephone or Oral Consent)

\_\_\_\_\_  
NAME OF SECOND PERSON WITNESSING TELEPHONE CONSENT/CONFIRMATION PER THE *HEALTH CARE CONSENT ACT*

\_\_\_\_\_  
SIGNATURE OF SECOND WITNESS





## Guidelines for the Completion of the Consent to Interventions for the Purpose of Organ

### Donation after Death Determination by circulatory criteria

#### From *Health Care Consent Act, 1996*:

If a person is incapable with respect to a treatment, consent may be given or refused on his or her behalf by a person described in one of the following paragraphs:

1. The incapable person's guardian of the person, if the guardian has authority to give or refuse consent to the treatment.
2. The incapable person's attorney for personal care, if the power of attorney confers authority to give or refuse consent to the treatment.
3. The incapable person's representative appointed by the Board under section 33, if the representative has authority to give or refuse consent to the treatment.
4. The incapable person's spouse or partner.
5. A child or parent of the incapable person, or a children's aid society or other person who is lawfully entitled to give or refuse consent to the treatment in the place of the parent. This paragraph does not include a parent who has only a right of access. If a children's aid society or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent.
6. A parent of the incapable person who has only a right of access.
7. A brother or sister of the incapable person.
8. Any other relative of the incapable person.

A person may give or refuse consent only if he or she:

1. is capable with respect to the treatment;
2. is at least 16 years old, unless he or she is the incapable person's parent;
3. is not prohibited by court order or separation agreement from having access to the incapable person or giving or refusing consent on his or her behalf;
4. is available; and
5. is willing to assume the responsibility of giving or refusing consent.

#### From the *Gift of Life Act, 1990*:

Where a person who has not given or cannot give a consent (for donation) dies, or in the opinion of a physician is incapable of giving a consent by reason of injury or disease and the person's death is imminent,

1. The person's spouse  
or
2. if none or if the spouse is not readily available, any one of the person's children; or
3. if none or if none is readily available, either one of the person's parents; or
4. if none or if neither is readily available, any one of the person's brothers or sisters; or
5. if none or if none is readily available, any other of the person's next of kin; or
6. if none or if none is readily available, the person lawfully in possession of the body\*\* other than, where the person died in hospital, the administrative head of the hospital,

may consent

1. in a writing signed by the spouse, relative or other person; or
2. orally by the spouse, relative or other person in the presence of at least two witnesses; or
3. by the telegraphic, recorded telephonic, or other recorded message of the spouse, relative or other person, to the body or the part or parts thereof specified in the consent being used after death for therapeutic purposes, medical education or scientific research.

No person shall give a consent under this section if the person has reason to believe that the person who died or whose death is imminent would have objected.

Upon the death of a person in respect of whom a consent was given under this section the consent is binding and is, subject to section 6, full authority for the use of the body or for the removal and use of the specified part or parts for the purpose specified except that no person shall act on a consent given under this section if the person has actual knowledge of an objection thereto by the person in respect of whom the consent was given or by a person of the same or closer relationship to the person in respect of whom the consent was given than the person who gave the consent.



## Guidelines for the Completion of the Consent to Interventions for the Purpose of Organ Donation after Death Determination by Circulatory Criteria

The authority to give consent under this section includes the authority to consent to the collection, use or disclosure of personal information that is necessary for, or ancillary to, a decision about the gift.

\* **spouse** means

1. a person to whom the person is married, or
2. with whom the person is living or, immediately before the person's death, was living in a conjugal relationship outside marriage, if the two persons
  - a. have cohabited for at least one year
  - b. are together the parents of a child, or
  - c. have together entered into a cohabitation agreement under section 53 of the Family Law Act.

\*\* **A person lawfully in possession of the body does not include**

1. the Chief Coroner or a coroner in possession of the body for the purposes of the Coroners Act;
2. the Public Trustee in possession of the body for the purpose of its burial under the Crown Administration of Estates Act;
3. an embalmer or funeral director in possession of the body for the purpose of its burial, cremation or other disposition;  
or
4. the superintendent of a crematorium in possession of the body for the purpose of its cremation.

