Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit

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Introduction

Trillium Gift of Life Network's (TGLN's) mission is *saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.* We are committed to creating a culture that that ensures every medically eligible Ontarian is offered the opportunity to donate organs and tissue at the end of their life and one that enables individuals to provide first-person consent. We are dedicated to partnering with healthcare professionals and hospitals to honour a patient's decision to save and transform lives through the gift of organ and tissue donation.

The enactment of legislation requiring designated hospitals to comply with Part II.1 - Notice and Consent of the *Trillium Gift of Life Network Act (TGLN Act)*, known as Routine Notification, occurred in 2006. At that time, TGLN began their focused work on implementation of Routine Notification legislation.

Consistent with the recommendations from the Ontario Auditor General's Report from 2010, TGLN works collaboratively with hospital corporations in Ontario to improve access to organs and tissue and increase the overall rates of donation.

In 2016, Bill C-14 received Royal Assent and is now law. This bill decriminalizes medical assistance in dying (MAID) and as such, this process is now a consideration in quality of end-of-life care in Canada.

TGLN has developed a set of guiding principles for the purpose of advising policy and offering insight to partnering facilities. These principles have been established after broad legal and ethical consultation. TGLN believes that all eligible Ontarians deserve to be offered the opportunity to be an organ and tissue donor. These principles respect the autonomy and dignity of all patients who have the capacity to establish their own end-of-life care plan.

Principle Statements: Deceased Donation Following MAID

1. All efforts should be made to ensure the opportunity to donate organs and tissue is offered to every medically eligible Ontarian as part of high quality end-of-life care.
2. Each patient should be extended autonomy and dignity to provide first-person consent in accordance with their own preference on organ and tissue donation. Every medically eligible patient should be offered an opportunity to speak with an expert in donation from TGLN.
3. Patients who have been confirmed by one physician as meeting the eligibility requirements to receive MAID should be offered the opportunity to be an organ and tissue donor with sufficient time to incorporate donation into their plan for end-of-life care.
4. A patient's decision to seek MAID should be made prior to the initiation of any discussion of organ and tissue donation. The organ donation, procurement, and transplant teams must not influence patient decisions or approval to receive MAID.
5. Confirmation by one physician that the patient meets the eligibility requirements to receive MAID constitutes an "imminent death" and requires designated facilities to notify TGLN in accordance with the *TGLN Act*. In circumstances outside of these designated facilities, patients should be offered the opportunity to speak with an expert in donation to understand the process of organ and tissue donation.

This implementation guide was developed by TGLN to be a resource to designated hospitals, health care facilities and others with questions about the intersection of donation and MAID in the provision of end-of-life care. This guide also enables hospitals across Ontario to provide donation services consistent with the *TGLN Act*.

This guide will help advance knowledge and understanding of the merits of organ and tissue donation and transplantation in conjunction with MAID, and to understand and identify the resources and processes required for successful outcomes for patients.

Although implementation is the responsibility of the hospital, TGLN as partners in the donation process will provide tools to assist in implementation and education of MAID as it relates to organ and tissue donation. TGLN has experience working with hospitals and will proactively assist in identifying common process challenges and provide strategies that have been successful in other centres.

Working together, we can make a difference in the lives of those awaiting organ and tissue transplants while honouring patients' decisions about organ and tissue donation.

Every effort has been made to ensure that all information and references contained in this guide are as up-to-date as possible. However, the constantly evolving world of legislation, guidelines and research can have a direct impact on the contents within this guide. TGLN will do its best to keep you apprised of changes that might have an impact on the process for organ and tissue donation following MAID in your organization.

Organ and Tissue Donation in Ontario

Trillium Gift of Life Network

TGLN was created in December 2000 by the Ontario government. TGLN assumed the role of Ontario's central organ and tissue donation agency with the challenge of significantly increasing organ and tissue donation across the province and improving related processes and functions.

As outlined by the *TGLN Act*, TGLN's mandate is to:

- Plan, promote, coordinate and support activities relating to the donation of organs and tissue for transplant and activities relating to education or research in connection with the donation of organs and tissue.
- Coordinate and support the work of designated facilities in connection with the donation and transplant of organs and tissue.
- Manage the procurement, distribution and delivery of organs and tissue.
- Establish and manage waiting lists for the transplant of organs and tissue, and to establish and manage a system to fairly allocate organs and tissue that are available.
- Ensure that patients and their substitute decision makers have appropriate information and opportunities to consider whether to consent to the donation of organs and tissue and to facilitate the provision of that information.
- Provide education to the public and to the health care community about matters relating to the donation of organs and tissue and to facilitate the provision of such education by others.

Legislation and Ontario Hospitals

The *TGLN Act* governs all aspects of deceased donation in Ontario. The *TGLN Act* provides TGLN with the authority to:

- Access personal health information for the purposes of donation in all healthcare facilities.
- Designate facilities to report death and imminent death.
- Implement mandatory approach for donation and advise who may approach families for donation.

The *TGLN Act* also states:

- The donation of organs and/or tissue for the purposes of research or transplant is legal.
- The hierarchy of authority for substitute consent (differs from *Health Care Consent Act*).
- Anonymity of donor and recipient must be maintained.
- Two physicians must confirm death for the purposes of organ donation and neither may be associated with the intended transplant recipient.
- When deemed a coroner's case, permission must be obtained from the coroner to proceed with donation.

Accreditation Canada Standards and Organ and Tissue Donation

In 2011, Accreditation Canada introduced new accreditation standards for organ and tissue donation and transplantation.

All hospitals in Ontario with critical care and/or emergency departments must meet the standards for donation integrated in the critical care and emergency department accreditation standards. Hospitals that provide Level 2 critical care services and are designated by TGLN are required only to meet the critical care and emergency department accreditation standards.

Designated hospitals in Ontario are required to meet the notification provisions detailed under Part II.1 – Notice and Consent of the *TGLN Act*. As well, these facilities are required to meet Accreditation Canada's Organ and Tissue Standards for Deceased Donors.

Organ and Tissue Donation Services Framework

The components of a successful organ and tissue donation program are outlined below. These components will help to ensure compliance with *TGLN Act* requirements and Accreditation Canada standards.

Organ and Tissue Donation Policy

A policy establishes an operational framework to enable the activities and resources for organ and tissue donation services. Successful policies often link donation to the hospital's mission and/or values, the *TGLN Act* and Accreditation Canada. For the most up-to-date organ and tissue donation policy template please contact your hospitals' TGLN coordinator.

Organ and Tissue Procedures

Donation procedures or protocols outline how the donation process occurs and how the hospitals' staff can ensure that the legislative requirements of the *TGLN Act* are met. Hospital policies and procedures should ensure that every eligible patient electing to undergo MAID are offered the opportunity to donate organs and tissues, and should also promote medical management to optimize donation outcomes.

Committee Responsible for Organ and Tissue Donation

A designated committee reviews organ and tissue donation activity and performance metrics. The Terms of Reference permit the committee to both recommend and implement corporate wide performance improvement initiatives to improve donation outcomes. The committee is also responsible for donation awareness and promotion within the hospital. The committee reports to senior leadership through the Executive Lead.

Education for Hospital Staff

Hospitals are responsible for ensuring that applicable staff and physicians have the information and knowledge they require to practice in accordance with the *TGLN Act* and to meet Accreditation Canada standards. In successful donation programs, TGLN contact information is integrated into orientation for applicable hospital staff.

MAID Policy and Procedure Development Guidelines

Hospitals creating or revising any policies and procedures related to MAID and organ and tissue donation are encouraged to undertake the following steps:

1. Review any existing organ and tissue donation and MAID policies and procedures in the hospital to determine if the documents incorporate TGLN notification and the opportunity to support organ and tissue donation following MAID.
2. Review the appendices contained within this guideline and identify elements missing from the hospital's existing policy and procedures.
3. Draft donation procedures and MAID processes to reflect donation process steps provided by TGLN; incorporate hospital-specific donation practices.
4. Access TGLN for clarification and support during policy and procedure development and for final review prior to moving through the hospital's approval processes.

The following TGLN-endorsed tools are located in the appendices:

- Medical Assistance in Dying and Donation: Frequently Asked Questions for Patients. See Appendix 1.
- Medical Assistance in Dying and Donation: Frequently Asked Questions for Designated Hospitals, Healthcare Facilities and Health Care Professionals. See Appendix 2.
- Medical Assistance in Dying and Donation: Frequently Asked Questions Designated Hospitals, Healthcare Facilities and Health Care Professionals Following Consent for Donation. See Appendix 3.

Hospitals may also choose to visit TheWell™, a resource for providers to access clinical supports and tools, brought to you by the Centre for Effective Practice (CEP). More information is available in Appendix 4.

Privacy and Trillium Gift of Life Network

TGLN collects personal health information related to organ and tissue donation potential for patients who have died, or where death is imminent from hospitals across Ontario.

The *TGLN Act* requires hospitals to routinely notify TGLN of patient deaths or if death is imminent to ensure organ and tissue donation can be offered to all eligible patients by TGLN staff.

Hospitals are required to respond to TGLN requests for patient/personal health information. Under *Ontario Regulation 329/04, s. 5 (2)* of Ontario's *Personal Health Information Protection Act, 2004* (PHIPA), healthcare facilities are permitted to disclose patient health information for the purposes related to organ and tissue donation.

TGLN requires access to patient health information for the purposes of:

- Determining medical suitability for organ and tissue donation potential.
- Collecting and analyzing data that measures hospital organ donation potential and performance in improving organ donation rates (Health Record Review).
- Providing data and logistical information regarding organ and tissue donation to the Ministry of Health and Long-Term Care.

Legislation Permitting Access:

The *TGLN Act* gives TGLN the authority to collect and use personal information for purposes related to tissue donation, where tissue defined under the *Act* includes organs.

Designated facilities (hospitals) are required to disclose personal information to TGLN for purposes related to organ and tissue donation (*TGLN Act,* Section 8.19 Personal Information)

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h20_e.htm

For more information please contact TGLN's Privacy Officer at 416-363-4001.

Section One:

Organ and Tissue Donation

Organ and Tissue Donation Following Medical Assistance in Dying

Recovery and transplantation of organs and tissues occurs following the provision of MAID and subsequent declaration of death by circulatory determination. This process mirrors donation following the withdrawal of life sustaining therapy in donation after death by circulatory determination (DCD). Patients receiving MAID may be suitable to donate their lungs, liver, kidneys, pancreas, eyes, heart valves, skin, bones, and tendons. See Appendix 5.

Deceased organ donation following MAID is only possible if the MAID provision and subsequent death occurs within the hospital.

In most areas where tissue recovery is possible, tissue donation following MAID may still occur even if the MAID provision and subsequent death occurs outside the hospital at the patients' home.

Process for Organ and Tissue Donors

To explain the activities involved in the donation following MAID process, we have separated the process into six (6) sections:

1. Routine notification
2. Donation discussion
3. Consent and coroner notification
4. Donor testing and screening
5. Organ and tissue recovery planning
6. Surgical recovery procedure

To further enhance understanding, an algorithm followed by a detailed chart of activities associated with each section, and case study with approximate timelines are included on the next few pages.

Routine Notification and Initial Assessment of Suitability

Call Trillium Gift of Life Network (TGLN) when patient submits written request for MAID and one physician confirmation of eligibility is obtained.

TGLN Coordinator collects/reviews basic medical history to assess organ and tissue donation potential. If the patient has an Ontario health card, TGLN will access the Ministry's Registered Persons Database and check for a registered consent decision.

- Eligible
- Not eligible for organ donation. Continue with end-of-life care. Refer to tissue exclusive algorithm if the patient is deemed eligible for tissue exclusive donation.

The Donation Discussion

TGLN Coordinator contacts the Most Responsible Physician (MRP) to discuss plan of care and if applicable develops the approach plan.

TGLN Coordinator conducts the donation discussion with the MAID candidate.

- Consent obtained
- No consent. Continue with end-of-life care. TGLN does NOT need to be contacted at time of death.

Consent and Coroner Notification

TGLN Coordinator notifies the MRP and other coordinating healthcare team members as appropriate. The TGLN Coordinator completes the written consent form and medical/social history questionnaire with the patient and/or their delegate. Together with the MRP, the TGLN Coordinator will facilitate a call with the Office of the Chief Coroner (OCC) asking to speak with the MAID nurse investigator for permission to proceed with donation.

Donor testing and Screening (ongoing medical suitability assessment)

The TGLN Coordinator will discuss specific testing/ screening, interventions needed and monitoring of the patient during the donation process with the MRP, who will then be required to order these investigations. Through this testing TGLN will be able to further determine which organs and tissue may be suitable to donate.

Donor Care/ Management

Vital signs and intake and output volumes can be monitored at a minimum of q12hours or as frequently as the nurse collects them. Invasive hemodynamic monitoring is not required as part of standard donor management if the patient is hemodynamically stable.

Organ and Tissue Recovery Planning

Organ and tissue recovery timing is dependent on the timing of the MAID provision. The TGLN coordinator works with the patient and hospital staff to set a mutually agreeable time dependent on provincial recovery and operating room resources.

Surgical Recovery

Following the MAID provision and the pronouncement of death by two physicians, the patient is transferred to the operating room where organ recovery begins.

Details of the Organ and Tissue Donation Process following Medical Assistance in Dying

1. Routine Notification Process a) Call to TGLN	Consistent with the *TGLN Act*, designated hospitals are required to report all deaths, including anticipated/ imminent deaths. To provide the best possible support to patients, their families and healthcare professionals, TGLN requires notification after a request for MAID is received in writing and one physician has confirmed the patient meets the eligibility requirements. In preparation for the initial notification call to TGLN, we recommend that whomever is making the call (e.g. the Most Responsible Physician (MRP), MAID Coordinator, bedside nurse) completes the *MAID Pre-Provision Intake Form for Routine Notification* (Appendix 6). This will ensure all necessary information is readily available at the time of the call. Patients have told TGLN they want to know about this opportunity early, and those who want to donate need to have information about their donation choices as it may impact the plans they make for end-of-life. Notification later in the process may restrict the ability to honour a patient's wish to help others through organ and tissue donation. Notifying TGLN of a potential MAID candidate does not imply MAID will proceed or that an approach for organ and tissue donation consent will occur. TGLN will work closely with the primary clinician to determine how to best proceed in each case. If a patient inquires directly to TGLN regarding donation in the context of MAID, contact information will be taken from the patient along with their healthcare provider's name and contact information. The patient will be asked for consent for TGLN to discuss the inquiry with their most responsible healthcare provider.
b) TGLN accesses Registered Persons Database (RPDB)	Upon notification to TGLN, if the patient is an Ontario resident/ previous resident and the Ontario health card number is available, TGLN will access the registered consent decision which is stored in a Ministry of Health database and kept confidential until the appropriate time.
c) Initial assessment of suitability	The *TGLN Act* permits the collection of health information for the purpose of donation. Hospital staff are to consult with TGLN to assess suitability to donate. During the initial notification call and during subsequent calls or an onsite chart review performed by a TGLN coordinator, TGLN will request the patient's past medical history and information regarding the patient's current health status and course of illness.

d) Approach plan	If organ and tissue donation potential exists, in addition to the required donor demographic and preliminary screening information, TGLN will request the following information: • Status of the MAID application approval; • Name of the most responsible physician at the time of notification; • Location of the patient at time of notification; • Location of planned MAID provision, if known; • Date and time of planned MAID provision, if known. If the patient is eligible for organ and tissue donation, the TGLN coordinator will facilitate a call with the MRP and any other members of the healthcare team as deemed appropriate by the MRP, to discuss the plan of care. If applicable, an approach plan is developed that is minimally inconvenient and respectful of the patient's wishes. If the patient is not admitted to the hospital at the time of TGLN notification the best way to facilitate the donation discussion is decided upon at this time. The logistics of admitting the patient to the hospital for their MAID provision pending consent is discussed at this time. The TGLN on-call Donation Support Physician (DSP) is available 24/7 for consultation at the MRP's request.
2. Donation Discussion	Whenever possible, the TGLN coordinator will discuss donation opportunities with the patient in-person. If the patient is not currently an inpatient but coming into the hospital for appointments before the scheduled MAID provision, the donation discussion could occur during the hospital visit. In circumstances where an in-person discussion would be inconvenient, not possible or result in additional discomfort to the patient, a telephone discussion can be facilitated by a TGLN coordinator. If possible, patients will be approached directly to provide first person consent. However, patients may defer the conversation to their substitute decision maker (SDM) as appropriate. TGLN coordinators will discuss the donation process and will ensure the following topics are discussed with the patient and SDM if the patient wishes: • The patient may withdraw from the donation process at any point. • For organ donation to occur, death must occur in the hospital in close proximity to the operating room. • Screening for suitability will be required prior to the MAID provision and will involve facilitation of admission to the hospital with enough time to allow for the necessary suitability testing to occur e.g. blood work, chest x-ray, abdominal ultrasound, etc. The suggested admission time is one to two days prior to MAID provision. • Final determination of organ suitability for transplantation is made by individual transplant programs.

	• The patient will not be suitable for organ donation if oral medication is used for the MAID provision. • Heparin administration will be required immediately prior to the administration of the MAID provision medications. • Arterial catheterization is required prior to the MAID provision. If the patient elects not to have arterial catheterization or arterial catheterization cannot be facilitated, TGLN's DSP must be consulted for approval of an alternative method to declare death. • Organ and tissue recovery cannot and will not occur until after the patient is pronounced dead as per standard medical practice mirroring the traditional process of donation after death by circulatory determination (e.g. two physicians; five minute hands off observation period).
3. Consent and Coroner Notification	Following consent, the TGLN coordinator will inform the MRP and any other members of the healthcare team as deemed appropriate by the MRP. Together with the MRP, the TGLN coordinator will facilitate a call with the Office of the Chief Coroner (OCC); identifying that there is consent for potential organ and tissue donation following MAID. The MAID nurse investigator reviews the case and has the delegated authority to provide permission to proceed with donation. The TGLN coordinator completes the *Coroner/Forensic Pathologist Permission Form* (Appendix 7) which is then stored in the patient's chart.
4. Donor Testing and Screening (ongoing medical suitability assessment) a) Donor care/ management	The TGLN coordinator will discuss the specific testing/ screening, interventions required and monitoring of the patient during the donation process with the MRP who will need to order these investigations (Appendix 8). Infectious disease and human leukocyte antigen (HLA) testing is arranged by TGLN at specified provincial labs. Following consent for donation the TGLN coordinator completes a medical/social history questionnaire with the patient and/or their SDM. This information is considered in the assessment of medical suitability for donation. Through this testing, TGLN will be able to further determine which organs and tissues may be suitable to donate. Final determination of organ suitability for transplantation is made by the individual transplant programs. If the patient is hemodynamically stable, they do not require invasive hemodynamic monitoring as part of standard donor management. Vital signs (heart rate, blood pressure, temperature, oxygen saturation) and intake and output volumes can be monitored at a minimum of every 12 hours or as frequently as the nurse collects them.

	Upon admission to the hospital (if the patient is not an inpatient at the time of TGLN notification) a TGLN coordinator will be dispatched on-site to support the donation process.
5. Organ Recovery Planning	When a patient has consented to donation following MAID, organ and tissue recovery timing is dependent on the timing of the MAID provision. Organ and tissue recovery will occur following the MAID provision and subsequent death by circulatory determination. For organ donation to occur, death must take place in the hospital in close proximity to the operating room where monitoring can occur. It is recommended that the MAID provision take place in the same location that withdrawal of life support occurs during a traditional DCD, as outlined in the hospital's DCD policy. If the hospital has a designated area for MAID, which is near the operating room and has monitoring capabilities, it would be suitable to use that location for the MAID provision. The family may be present during the MAID provision if the patient wishes. TGLN personnel, or any physician involved in the surgical recovery or care of the intended recipient, will not be directly involved in the MAID provision. Declaration of death by circulatory criteria is required for organ donation following MAID provision. The preferred method is to document an absent pulse pressure by arterial line and absent respirations by direct observation. In the event that the patient elects not to have arterial catheterization or arterial catheterization is not possible, TGLN's DSP must be consulted for approval of the alternative method to declare circulatory death. Documentation of electrographic asystole in two leads is an acceptable alternative. Continuous electrographic monitoring is not necessarily required throughout the provision of MAID, but can be initiated immediately following respiratory arrest. In either instance, the arterial line or electrographic monitoring should be in place for the entire duration of the five minute observation period. A second physician is required by the *TGLN Act* to confirm death for donation to occur; neither physician can have a relationship with the intended transplant recipient and at least one declaring physician must be independent of the MAID approval and process. Each physician will confirm the absence of pulse pressure monitored by an arterial line, the absence of respiratory effort and the absence of a palpable pulse at the beginning and end of the five minute hands off observation period. Following confirmation of death by the second physician the patient is transferred to the operating room for organ recovery.

6. **Surgical Recovery Procedure**	A multi-organ recovery is a sterile procedure. Similar to other major surgeries, the organ recovery may take up to six (6) hours. There may be as many as four surgical teams, with each recovering a different organ. All members of the team are responsible for ensuring the body is treated with respect at all times during the procedure. For organ donation following MAID, the operating room is prepared and ready to go prior to initiating the MAID provision with the patient. Organ donation following MAID recovery cases happen at a much faster pace to minimize the effect of poor blood flow and oxygen delivery to organs during the process of dying. Similar to traditional DCD, operating room nurses have compared the initial recovery pace to that of a ruptured abdominal aortic aneurysm repair surgery. Surgical preparation and draping occurs in a rapid sequence and includes the abdomen and thoracic regions. A midline incision is made from the bottom of the neck to the groin to expose organs inside the abdominal and thoracic cavity. Access to the organs is initiated and the infusion of cooled organ preserving solution begins. Crushed ice is placed on the liver and kidneys to rapidly cool the organs and prevent deterioration of the organs. If lungs are being recovered, re-intubation and bronchoscopy typically occur around the same time as the surgical prep and draping. Once the bronchoscopy has been completed and the lungs have been determined to be suitable for transplantation, ventilation is started and the lungs are cooled. The heart is taken out of the protective covering and the lungs are removed; they are placed in cold organ preservation solution within sterile containers for transport. The liver is the first abdominal organ to be recovered followed by the pancreas. Kidneys are taken out along with the attached blood vessels and are visually inspected. Considerations for tissue are consistent with tissue recovery post DCD. See Section Two, starting on page 15, for a description of tissue recovery procedure.

Resource requirements to facilitate organ donation following MAID are outlined in Appendix 9.

Organ and Tissue Donation Following Medical Assistance in Dying: An Inpatient* Case Review

Note: Each potential donor case is unique. This case study represents approximate timelines.

Time	Event
Tuesday 1330	50 year-old female with advanced amyotrophic lateral sclerosis (ALS) admitted to general medicine unit with pneumonia. MAID application submitted with one physician confirmation of eligibility. No date/time set for MAID provision. MAID coordinator notifies TGLN of potential MAID candidate.
Tuesday 1500	MAID coordinator notifies TGLN that second physician confirmation of eligibility has been obtained.
Tuesday 1600	TGLN coordinator contacts the MRP to discuss the plan of care. Approach plan developed.
Tuesday 1630	MRP notifies patient that a TGLN coordinator would like to discuss donation opportunities with the patient. Mutually agreed upon time set for Wednesday at 0900.
Wednesday 0800	TGLN coordinator arrives onsite to perform thorough chart review to ensure there are no confounding factors to donation.
Wednesday 0900	MRP introduces TGLN coordinator to the patient and remains present for donation discussion which is led by TGLN coordinator. Written consent to proceed with donation and insertion of arterial line is obtained. TGLN coordinator completes a medical/social history questionnaire with the patient. MRP informs TGLN coordinator that MAID provision is set for Friday at 1000.
Wednesday 1000	TGLN coordinator reviews the necessary tests that need to be ordered to determine organ suitability and assist with allocation of organs. TGLN coordinator discusses the need to insert an arterial line with the MRP.
Wednesday 1030	MRP together with the TGLN coordinator facilitates a call with the Office of the Chief Coroner and speaks to the MAID nurse investigator. MAID nurse investigator reviews the case and provides permission to proceed with donation. TGLN coordinator completes the *Coroner/Forensic Pathologist Permission Form* which is stored in the patient's chart. See Appendix 7.
Wednesday 1200-1800	TGLN requests blood specimens to be drawn for serology and HLA (tissue) typing. Organ specific testing e.g. chest x-ray, blood work, urine/ blood cultures obtained.
Wednesday 1800-Thursday 0800	Organ allocation run as per Ontario algorithms to select recipients. Calls placed and organs offered to transplant programs.
Thursday 0900-1600	Additional organ specific testing e.g. abdominal ultrasound completed. Liver and lungs accepted for transplant by respective programs. Tissue offered to tissue banks. Eyes accepted for transplant. TGLN coordinator confirms the following information: • Location and timing of MAID provision and books the operating room accordingly. • The two physicians who will pronounce death following the MAID provision. • Availability of Anesthetist (or delegate) to intubate patient post-mortem as lungs are being recovered for transplant. • Timing of arterial line insertion. • Heparin dosing and order with the MRP.
Friday 0900	Surgical recovery teams arrive at the hospital and set up the operating room with the operating room team.
Friday 0930	Patient is transferred to MAID provision location and arterial line is inserted.
Friday 1000	MAID provider administers heparin followed by the MAID provision medications. Patient is declared dead by circulatory criteria and is transferred to the operating room for organ recovery.
Friday 1015	Organ recovery begins. Plan set for eyes to be recovered following organ recovery in the morgue.
Saturday 0900	TGLN coordinator calls family as requested and general information is provided regarding donation outcome.

***Hospital admission is required for organ recovery to occur. If MAID candidate is not an inpatient at the time of TGLN notification, the plan for potential hospital admission following consent for organ and tissue donation is to be discussed between the TGLN coordinator and the patient's MRP. The on-call Donation Support Physician (DSP) is available 24/7 for consultation at the MRP's request.**

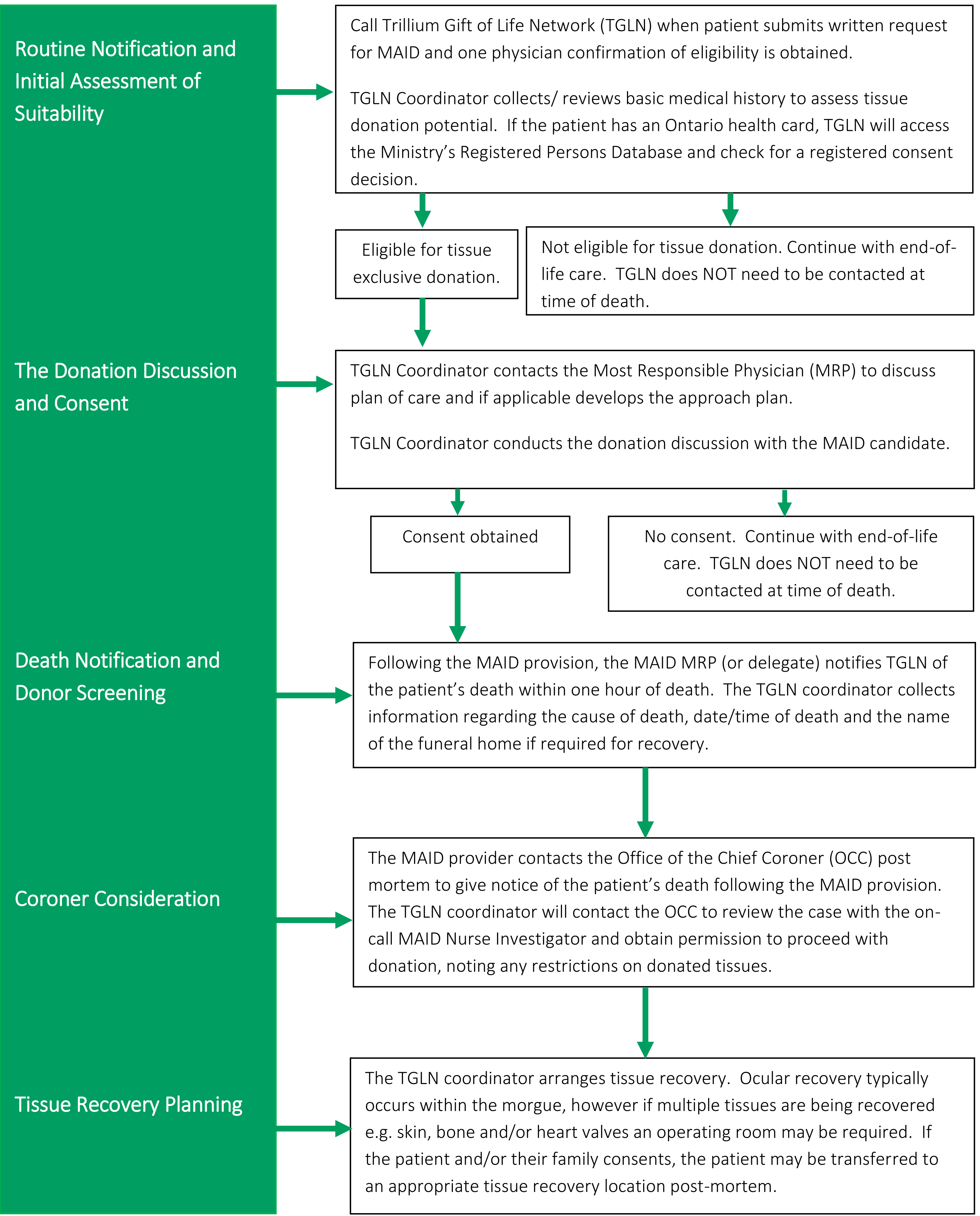
Section Two:

Tissue Exclusive Donation

To explain the activities involved in MAID and the tissue exclusive donation process, we have separated the process into five (5) sections.

1. Routine notification process
2. Donation discussion and consent
3. Death notification and donor screening
4. Coroner consideration
5. Tissue recovery planning

To further enhance understanding, an algorithm followed by a detailed chart of activities under each section and case study with approximate timelines are included on the next few pages.


Routine Notification and Initial Assessment of Suitability
Call Trillium Gift of Life Network (TGLN) when patient submits written request for MAID and one physician confirmation of eligibility is obtained.
TGLN Coordinator collects/ reviews basic medical history to assess tissue donation potential. If the patient has an Ontario health card, TGLN will access the Ministry's Registered Persons Database and check for a registered consent decision.
Eligible for tissue exclusive donation.
Not eligible for tissue donation. Continue with end-of-life care. TGLN does NOT need to be contacted at time of death.
The Donation Discussion and Consent
TGLN Coordinator contacts the Most Responsible Physician (MRP) to discuss plan of care and if applicable develops the approach plan.
TGLN Coordinator conducts the donation discussion with the MAID candidate.
Consent obtained
No consent. Continue with end-of-life care. TGLN does NOT need to be contacted at time of death.
Death Notification and Donor Screening
Following the MAID provision, the MAID MRP (or delegate) notifies TGLN of the patient's death within one hour of death. The TGLN coordinator collects information regarding the cause of death, date/time of death and the name of the funeral home if required for recovery.
Coroner Consideration
The MAID provider contacts the Office of the Chief Coroner (OCC) post mortem to give notice of the patient's death following the MAID provision. The TGLN coordinator will contact the OCC to review the case with the on-call MAID Nurse Investigator and obtain permission to proceed with donation, noting any restrictions on donated tissues.
Tissue Recovery Planning
The TGLN coordinator arranges tissue recovery. Ocular recovery typically occurs within the morgue, however if multiple tissues are being recovered e.g. skin, bone and/or heart valves an operating room may be required. If the patient and/or their family consents, the patient may be transferred to an appropriate tissue recovery location post-mortem.

Details of the Tissue Exclusive Donation Process following Medical Assistance in Dying

1. Routine Notification Process a) Call to TGLN	Consistent with the *TGLN Act*, designated hospitals are required to report all deaths, including anticipated/ imminent deaths. To provide the best possible support to patients, their families and healthcare professionals, TGLN requires notification after a request for MAID is received in writing and one physician confirmation of eligibility requirements has been obtained. In preparation for the initial notification call to TGLN, we recommend that whomever is making the call (e.g. MRP, MAID Coordinator, bedside nurse) completes the *MAID Pre-Provision Intake Form for Routine Notification* (Appendix 6). This will ensure all necessary information is readily available at the time of the call. Patients have told us they want to know about this opportunity early, and those who want to donate need to have information about their donation choices as it may impact the plans they make for end-of-life. Notification later in the process may restrict the ability to honour a patient's wish to help others through organ and tissue donation. Notifying TGLN of a potential MAID candidate does not imply MAID will proceed or that an approach for organ and tissue donation consent will occur. TGLN will work closely with the primary clinician to determine how to best proceed in each case. If a patient inquires directly to TGLN regarding donation in the context of MAID, contact information will be taken from the patient along with their healthcare provider's name and contact information. The patient will be asked for consent for TGLN to discuss the inquiry with their most responsible healthcare provider.
b) TGLN accesses Registered Persons Database (RPDB)	Upon notification to TGLN, if the patient is an Ontario resident/ previous resident and the Ontario health card number is available, TGLN will access the registered consent decision which is stored in a Ministry of Health database and kept confidential until the appropriate time.
c) Initial assessment of suitability	The *TGLN Act* permits the collection of health information for the purpose of donation. Hospital staff consult with TGLN to assess suitability to donate. During the initial notification call and during subsequent follow up calls by a TGLN coordinator, TGLN will request the patient's past medical history and information regarding the patient's current health status and course of illness. If tissue potential exists, in addition to the required donor demographic and preliminary screening information, TGLN will request the following information:

d) Approach plan	• Status of the MAID application approval; • Name of the most responsible physician at the time of notification; • Location of the patient at time of notification; • Location of planned MAID provision, if known; • Date and time of planned MAID provision, if known. If the patient is eligible for tissue donation, the TGLN coordinator will facilitate a call with the MRP and any other members of the healthcare team as deemed appropriate by the MRP, to discuss the plan of care. If applicable, an approach plan is developed that is minimally inconvenient and respectful of the patient's wishes. If the patient is not admitted to the hospital at the time of TGLN notification the best way to facilitate the donation discussion is decided upon at this time. The on-call Donation Support Physician (DSP) is available 24/7 for consultation at the MRP's request.
2. Donation Discussion and Consent	Whenever possible, the TGLN coordinator will approach patients directly by phone. Patients may defer the conversation to their SDM as appropriate. If circumstances indicate that an in-person approach is warranted a TGLN coordinator may be dispatched to complete the donation discussion at the hospital. If the patient would like to defer the consent process to their SDM after death has occurred the TGLN coordinator will determine the most appropriate person to obtain the consent and medical/social history from after death.
3. Death Notification and Donor Screening	To proceed with tissue donation, the MAID provider or delegate, must notify TGLN within one hour of the patient's death. Further information may be requested to help determine suitability for tissue donation and will be used to offer the tissues to the tissue banks. The TGLN coordinator will also obtain and document the following information: • Cause of death; • Date and time of death; • The name of the funeral home if required for recovery. The TGLN coordinator will fax a *Hold Body Form* (Appendix 10) to the hospital which is placed on the patient's shroud prior to being transferred to the morgue. To help maintain tissue integrity: • Instill eye drops in eyes; • Ensure eyelids are closed; • Raise head 30 degrees; • Transfer patient's body to cold storage e.g. morgue as soon as possible.

	Identify/ specify where the patient's chart will be e.g. unit, admitting, health records.
4. Coroner Considerations	MAID providers must give notice of all MAID deaths by contacting the Office of the Chief Coroner (OCC) after the MAID procedure. The MAID team receives report of all MAID deaths and reviews each case to determine if the death ought to be investigated. For MAID cases that proceed to tissue donation after death, the TGLN coordinator will contact the OCC asking to speak with the MAID nurse investigator who reviewed the case as reported by the MAID provider. The MAID nurse investigator has the delegated authority to provide permission to proceed with donation. The TGLN coordinator completes the *Coroner/Forensic Pathologist Permission Form* (Appendix 7), noting any restrictions on donated tissues, and faxes a copy to the hospital to be placed on the patient's chart.
5. Tissue Recovery Planning	**Ocular Tissue Recovery** Eye recovery will be arranged by the TGLN coordinator. Eye recoveries can take place in the morgue, funeral home or in the operating room if the donor is also a multi-tissue donor. A chart review and physical inspection is completed prior to the recovery. The ocular area is prepped and draped and eye recovery is completed. **Multi-Tissue Recovery** During a multi-tissue procedure, the tissues recovered can be any combination of eyes, bones, skin, and heart valves. If the patient is also an organ donor the tissue recovery will occur following the organ recovery. The preferred location for multi-tissue recovery is at the Tissue Recovery Suite at Toronto's Forensic Services and Coroner's Complex. In circumstances where transfer to the multi-tissue recovery suite or another facility is not possible, the TGLN coordinator will work with the hospital to book an operating room specifically for multi-tissue recovery. A multi-tissue recovery is a sterile procedure that must take place in an operating room. The recovery can take anywhere from four to eight (4-8) hours depending on the type and amount of tissue to be recovered. No additional operating room staff are required to assist for the recovery, however a contact in the operating room is required to orient the recovery team and to supply an ice machine location. All members of the recovery team will ensure the body is treated with respect at all times during the procedure.

Resource requirements to facilitate tissue donation following MAID are outlined in Appendix 11.

Tissue Exclusive Donation Following Medical Assistance in Dying: An Inpatient Case Review

Time	Event
Thursday 1030	70 year- old female with end stage bowel cancer admitted to the oncology unit has received approval for MAID after two physicians confirmed she met the eligibility requirements. Bedside nurse notifies TGLN and informs the TGLN coordinator that the MAID provision is scheduled for next Tuesday. The TGLN coordinator completes initial suitability screening and determines that the patient is eligible for tissue exclusive donation.
Thursday 1115	TGLN coordinator contacts the patient's MRP to determine the plan of care and develops the approach plan.
Thursday 1315	TGLN coordinator calls the patient and discusses the opportunity for her to donate tissue following her MAID provision.* Consent is obtained and the medical/social history questionnaire is completed over the phone. The patient's family is aware of the patient's decision and all questions are answered. Instructions are left with the MRP to notify TGLN within one hour of the patient's death following her MAID provision.
Tuesday 1630	Patient receives MAID provision and time of death is 1630. The MAID provider notifies the MAID nurse investigator at the Office of the Chief Coroner (OCC) that the patient has died following MAID provision.
Tuesday 1700	MAID coordinator calls TGLN and notifies the TGLN coordinator of the patient's time of death. The TGLN coordinator faxes a H*old Body Form* (Appendix 10) to the hospital which is placed on the patient's shroud prior to being transferred to the morgue.
Tuesday 1730	The TGLN coordinator contacts the OCC and identifies that there is consent for tissue donation and asks to speak with the MAID nurse investigator. The MAID nurse investigator provides permission to proceed with tissue donation with no restrictions to the tissue being recovered. The TGLN coordinator completes the *Coroner/Forensic Pathologist Permission Form* (Appendix 7) and faxes a copy to the hospital which is placed on the patient's chart.
Tuesday 1830	All eligible consented tissues are screened and offered to the appropriate tissue banks. Both eyes are accepted for transplant by the Eye Bank of Canada.
Tuesday 1845	The TGLN coordinator arranges for a TGLN tissue recovery coordinator to recover the patient's eyes in the hospital's morgue.**
Tuesday 2300	Tissue recovery is completed as per hospital protocol.

***The patient may defer the conversation to their substitute decision maker. If circumstances indicate that an in person approach is warranted then a TGLN coordinator may be dispatched to the hospital to complete the approach.**

****If bones, skin and/or heart valves are accepted for donation, the preferred location for recovery is at the Tissue Recovery Suite located within Toronto's Forensic Services and Coroner's Complex. In circumstances where transfer to the multi-tissue recovery suite or another facility is not possible, the TGLN coordinator will work with the hospital to book an operating room specifically for the multi-tissue recovery.**

Glossary

Donation after Death by Circulatory Determination (DCD)

Donation and recovery of organs and tissues after death by circulatory determination following the withdrawal of life-sustaining therapy (WLST). DCD occurs only where a consensual agreement for WLST has been made, consent for donation has been obtained and planning for donation has occurred in advance of the withdrawal.

Donation Following Medical Assistance in Dying

Recovery and donation of organs and tissues occurs after death by circulatory determination following MAID provision. This process mirrors donation following WLST in donation after death by circulatory determination.

Donation Support Physician (DSP)

Reporting to TGLN's Chief Medical Officer, the DSP promotes a culture of donation in Ontario. The DSP provides medical direction, leadership, consultation and support to TGLN staff and hospital bedside teams by participating in the 24/7 on-call physician telephone support call team. The DSP serves as a clinical resource to improve all aspects of donation in order to maximize the opportunity for potential donation and transplantation.

Donation Team

As defined by Accreditation Canada, a donation team includes the donation coordinator (who may be an employee of an organ procurement organization (OPO)) as well as members of the healthcare team in the hospital.

Executive Lead

In designated hospitals, an Executive Lead is appointed to provide executive sponsorship to the organ and tissue donation program. The Executive Lead holds the role of Vice President, Patient Programs/Services or similar, and is a member of the Executive Leadership Team.

Hospital Donation Physician (HDP) (known as the Physician Champion in smaller centres)

In designated hospitals, an HDP is appointed to provide medical leadership and to champion the organ and tissue donation program. The HDP usually holds the role of a practicing intensivist/internist in the Intensive Care Unit. The HDP is responsible for ensuring that communication related to the mandatory requirements for notice and consent under the *TGLN Act* is disseminated to hospital physicians. Working in partnership with the Executive and Operational Leads, the HDP will ensure the alignment of donation practices and policies across the organization. The HDP will support best practices and ensure that an effective donation program is established and integrated into quality end-of-life care. This supports the ability to provide patients and families with the opportunity to donate.

Medical Assistance in Dying (MAID)

The term MAID, describes

a) The administration by a physician or nurse practitioner of a substance to a person, at their request, that causes their death; or
b) The prescribing or providing by a physician or nurse practitioner of a substance to a person at their request, so that they may self-administer the substance and in doing so cause their own death.

Notification

The act of notifying TGLN of a potential donor. This may also be called routine notification in designated hospitals.

Operational Lead

In designated hospitals, an Operational Lead is appointed to provide operational leadership and to champion the organ and tissue donation program. The Operational Lead holds a Director/ Manager role with responsibility for the Intensive care Unit.

Potential Donor

Organ and Tissue

A patient with a non-recoverable injury or illness, or devastating neurological injury, who is receiving (invasive or non-invasive) mechanical ventilation, or

A patient receiving (invasive or non-invasive) mechanical ventilation, where a withdrawal of life-sustaining therapy or de-escalation of treatment discussion is anticipated or has occurred, including patients at end-of-life with chronic ventilator-dependent conditions (e.g. ALS) or

A patient confirmed as eligible to receive MAID.

For Tissue Exclusively

A patient who has died in any hospital unit.

Note: Only TGLN, in conjunction with respective transplant and tissue banks, is qualified to determine patient eligibility for donation. Hospital staff and physicians should not consider a patient medically ineligible for donation in the absence of communication with TGLN.

Proxy/ Substitute Decision Maker

The appropriate legal authority to consent to donation as defined by the *TGLN Act*. This may be referred to as substitute consent.

Consent for transplant:

3. (1) Any person who has attained the age of sixteen years, is mentally competent to consent and is able to make a free and informed decision, may in writing signed by the person consent to the removal forthwith from his or her body of the tissue specified in the consent and its implantation in the body of another living person. R.S.O. 1990, c. H.20, s. 3(1).

In descending order of priority, the patient's substitute is:

a) The patient's spouse or same sex partner*, or
b) If none or if the spouse or same-sex partner is not readily available, any one of the patient's children, or
c) If none or if none is readily available, either one of the patient's parents, or
d) If none or if neither is readily available, any one of the patient's brothers or sisters, or
e) If none or if none is readily available, any other of the person's next of kin, or
f) If none or if none is readily available, the person lawfully in possession of the body (e.g. executor of the will or administrator of the estate), other than, where the person died in the hospital, the administrative head of the hospital.

*"Spouse" or "same sex partner" means a person (a) to whom the patient is married, or (b) with whom the patient is living, or immediately before the patient's death, was living in a conjugal relationship outside marriage, if they: (i) have cohabitated for at least one year, (ii) are together the parents of a child, or (iii) have entered into a cohabitation agreement under section 53 of the *Family Law Act.*

Regional Medical Lead (RML)

Reporting to TGLN's Chief Medical Officer, the RML promotes a culture of organ and tissue donation in Ontario and supports a system level approach to the planning and implementation of donation related activities. With shared accountability for hospital donation performance, the RMLs work at the regional level to understand the needs of the medical staff and others ensuring policy/ procedural issues are identified and providing education to physicians and others on donation best practices.

Registered Consent Decision

A registered consent decision to donate organs and tissue in the Ontario Health Insurance Program (OHIP) database. Upon notification from hospitals, TGLN accesses the information associated with the referred patient's Ontario health card in the OHIP database. See Appendix 12 for more information on registered consent decisions.

Routine Notification

Hospitals that have been designated by TGLN are required to meet the notification provisions detailed under Part II.1- Notice and Consent of the *TGLN Act,* calling TGLN to report:

a) Patients who meet the notification indicators for high risk of imminent death, or
b) A death or time of death within one hour.

Routine Notification Rate

The overall rate of compliance with legislative requirement for notification of a patient's death or imminent death to TGLN. This is the percentage of all referred cases to TGLN vs. all cases that should have been referred to TGLN. Please see TGLN's public reporting website for more information at http://www.giftoflife.on.ca/en/publicreporting.htm#donors-cal

TGLN Coordinator

Specialist in donation employed by TGLN, who is available to assess eligibility to donate organs and/or tissues, provides support to patient, family members and health care professionals, and facilitate arrangement for organ and tissue recovery.

Withdrawal of Life-Sustaining Therapy (WLST)

Refers to the removal of life-sustaining therapy interventions when these interventions are not expected to provide further benefit to the patient, or when the patient or their substitute decision maker withdraws consent to treatment. After WLST, these interventions are not reinstituted, even if the patient deteriorates. This is distinct from decreasing the patient's level of support as the patient's status improves (weaning) and from continuing medical support to maintain the opportunity for potential organ donation.

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Appendices

Appendix 1: Medical Assistance in Dying and Donation: Frequently Asked Questions for Patients

Who is Trillium Gift of Life Network?

Trillium Gift of Life Network (TGLN) is the Ontario agency responsible for organ and tissue donation and transplantation.

Is organ and/or tissue donation still an option if I opt for medical assistance in dying?

Saving lives through organ and tissue donation is possible for those who choose to receive medical assistance in dying. Your suitability to be a donor will be determined based on your medical status, diagnosis and past medical history.

Who do I let know that I am interested in organ and/or tissue donation?

It is important that you make your decision to donate known to your family and your healthcare professional as part of your medical assistance in dying process so that TGLN can be contacted on your behalf. Once you have expressed your interest in donation, TGLN will work with you and your health care professional to support your wishes and determine how they can be met.

If I have consented to organ and/or tissue donation, can I still change my mind about medical assistance in dying?

Regardless of the circumstances, you may withdraw from the medical assistance in dying process, donation process or both at any point. Your decision to donate is completely independent of your decision to receive medical assistance in dying, and in no way obligates you to proceed with either.

How will organ and/or tissue donation impact my plan for medically-assisted death?

Depending on your medical eligibility, you may need to adjust your plan to accommodate donation. Your medical treatment will not be impacted by your decision to donate organs and/or tissues after death, but there are some things to consider as you discuss your plans with your healthcare professional.

The location of your medically-assisted death need not change for tissue donation to occur. However, if you have provided consent and are eligible for tissue donation, you will be transferred to an appropriate tissue recovery location after death in order to facilitate tissue recovery. For organ donation to occur, your medically-assisted death must take place in a hospital, however your family and friends are still able to be present in this setting. In order to proceed with organ donation the medications used for medical assistance in dying must be given by an intravenous (IV). You are not eligible for organ donation if you choose to self-administer oral medications.

In order to help determine medical eligibility for donation some additional testing will be required. This may include the placement of intravenous (IV) lines, routine blood work and/or diagnostic tests such as x-rays. The initial suitability testing may be done either at the hospital or in an outpatient

setting. In order to facilitate organ recovery, hospital admission prior to your medically-assisted death is required. The suggested admission time is one to two days prior to your provision.

Will my decision to donate and participate in medical assistance in dying be confidential?

Donation is confidential and TGLN will not disclose your choice without your consent. Your primary healthcare professional, the staff at TGLN and the transplant programs will be aware of the donation and the circumstances of your illness and death. The Office of the Chief Coroner is also notified when donation occurs in the presence of medical assistance in dying.

When will donation occur?

Organ and tissue donation will only occur after you have died with medical assistance.

Will I have additional suffering?

No. Your medical care around death and the medications provided for medical assistance in dying will not change in any way if you have consented to organ and/or tissue donation.

Can my family participate in the discussion about donation?

You may include your family and friends when discussing donation with an expert in donation from TGLN.

Can I choose to donate if I do not want to be admitted to hospital?

If medically eligible you may donate tissues such as eyes, bones, skin, and heart valves without changing the location of your medically-assisted death.

Appendix 2: Medical Assistance in Dying and Donation: Frequently Asked Questions for Designated Hospitals, Healthcare Facilities, and Healthcare Professionals

Does a patient who is participating in medical assistance in dying require notification to TGLN under the *Trillium Gift of Life Network Act*?

Yes. Under the *Trillium Gift of Life Network Act* designated hospitals are required to report all deaths, including anticipated/imminent deaths.

NOTE: NOTIFICATION DOES NOT IMPLY MEDICAL ASSISTANCE IN DYING WILL PROCEED OR THAT AN APPROACH WILL OCCUR; TGLN WILL WORK CLOSELY WITH THE PRIMARY CLINICIAN TO DETERMINE HOW TO BEST PROCEED IN EACH CASE.

Are patients participating in medical assistance in dying eligible for organ and tissue donation?

Yes. As with any notification that TGLN receives, each patient is assessed for eligibility to donate organs and tissue on a case by case basis.

When is TGLN notified of a patient participating in the medical assistance in dying process?

After a request is received in writing and one physician has confirmed the patient meets the eligibility requirements, the primary clinician should contact TGLN to assess eligibility to donate.

Why does TGLN need to be notified after the written request in the medical assistance in dying process and not later in the process?

Patients have told us they want to know about this opportunity early, and those who want to donate need to have information about their donation choices as it may impact the plans they make for end of life. Notification later in the medical assistance in dying process may restrict the ability to honour a patient's wish to help others through organ and tissue donation. Patients need to have all pertinent information available to make the decision that is best for them.

If the patient is eligible for donation, how might the location of the medical assistance in dying process change?

Patients participating in medical assistance in dying are more likely to be eligible for tissue donation, rather than organ donation. The location of your patient's medically-assisted death need not change for tissue donation to occur. In order to facilitate tissue recovery, eligible patients who have provided consent for donation will be transferred to an appropriate tissue recovery location post-mortem.

For some patients participating in medical assistance in dying, organ donation may be possible. The medical assistance in dying process must occur in a hospital setting. Notification after the written request can ensure that the patient's eligibility for organ donation is assessed, including an assessment of local hospitals in the patient's area that are capable of the organ donation process.

If the patient is eligible for organ donation, how might the medical assistance in dying procedure change?

For organ donation to occur, death must take place in the hospital near an operating room where monitoring can occur e.g. critical care unit or recovery room. Organ donation can only occur if a clinician administered intravenous medication protocol is used to facilitate medical assistance in dying. The patient is not eligible for organ donation if they choose to self-administer oral medications.

NOTE: PATIENT MAY WITHDRAW FROM THE DONATION PROCESS AT ANY POINT

If the patient is eligible for organ donation, what would be involved in the testing and screening?

Screening for organ donation requires a number of tests to assess organ suitability. These can be done as either an inpatient or outpatient, and will be coordinated to be as minimally disruptive to the patient as possible. These tests may include, but are not limited to:

- Standard blood tests
- Chest x-ray
- Ultrasound of the liver and kidneys

Final determination of organ suitability for transplantation is made by individual transplant programs.

How does TGLN plan the Patient Donation Discussion/Approach with the Primary Clinician?

A specialized coordinator at TGLN will work with the Primary Clinician from the initial notification onwards in order to:

- Understand the status and timing of the medical assistance in drying process;
- Assess health history prior to approach to determine eligibility to donate; and
- Develop a plan together to discuss donation with the patient ensuring it is minimally disruptive and respectful of the patient's wishes.

Who will contact the Office of the Chief Coroner to obtain approval for the donation process?

Once consent has been obtained, together with the MRP, the TGLN coordinator will facilitate a call with the Office of the Chief Coroner (OCC); identifying that there is consent for potential organ and tissue donation following medical assistance in dying. The medical assistance in dying nurse investigator reviews the case and has the delegated authority to provide permission to proceed with donation. In situations where the patient is eligible for tissue exclusive donation, TGLN contacts the OCC after the death has been reported to TGLN by the most responsible health care professional. The medical assistance in dying nurse investigator will provide approval and determine if any restrictions will be applied.

Appendix 3: Medical Assistance in Dying and Donation: Frequently Asked Questions for Designated Hospitals, Healthcare Facilities and Healthcare Professionals Following Consent for Donation

TGLN's mission is to save and enhance more lives through the gift of organ and tissue donation in Ontario, including helping people realize their end-of-life wish to donate organs and tissue as part of their medically-assisted death. The donation process resembles that of a traditional DCD with some variation given the intersection of medical assistance in dying. The goal of this document is to provide guidance and minimize practice variation from the standard medically-assisted death while still allowing donation to happen efficiently with the least impact on the patient and healthcare team.

If the patient is being admitted to the hospital from home to which unit are they admitted?

When possible, individual hospital policy should be followed when determining the admission location. TGLN will work with the hospital to determine the optimal admission location if necessary. Ideally, admission location should be based on both patient preference and proximity to the operating suite to facilitate the medically-assisted death and organ donation, rather than the designation of an accepting service or physician.

Where will the medically-assisted death occur?

For organ donation to occur, death must take place in the hospital in close proximity to the operating suite where monitoring can occur. It is recommended that the medically-assisted death take place in the same location that withdrawal of life support occurs during a traditional DCD, as outlined in the hospital's DCD policy. If the hospital has a designated area for medically-assisted deaths, which is also near the operating suites and has monitoring capabilities, it would be suitable to use that location in the context of organ donation following the medically-assisted death.

Does the critical care team need to be involved?

The critical care team are the local experts in donation and TGLN will help facilitate a consult with the Hospital Donation Physician (HDP) to help answer any questions. If the patient is not admitted into a critical care area, a critical care physician may be called upon to insert the arterial line if appropriate.

What is the minimal amount of blood work required to assess organ suitability?

Minimal baseline blood work (i.e. Group and Screen, CBC, electrolyte profile, liver profile, etc.) will be obtained following the provision of consent for donation to assess for organ and tissue suitability. Blood samples for serology and human leukocyte antigen will also be collected at this time. The TGLN coordinator will work to ensure that the testing process is as minimally disruptive to the patient as possible.

What additional tests may be required to assess organ suitability?

The TGLN coordinator will advise what additional tests are required to assess organ suitability. These may include but are not limited to:

- Urinalysis
- Urine albumin to creatinine ratio
- Urine culture
- Chest x-ray
- Abdominal ultrasound

A pre-mortem bronchoscopy will <u>not</u> be required as part of the suitability assessment if lungs are being considered for transplant. However, an intraoperative bronchoscopy will be performed following death to confirm that the lungs are suitable for transplant.

Final determination of organ suitability for transplantation is made by individual transplant programs.

What additional blood work is required after confirmation of organ acceptance?

Upon acceptance of an organ by a transplant team, and under the direction of the TGLN coordinator the following additional testing is required:

- Blood cultures (one set)
- Repeat baseline blood work <u>only</u> if requested by accepting transplant team

Does the patient require hemodynamic monitoring?

No. If the patient is hemodynamically stable, they do not require invasive hemodynamic monitoring as part of standard donor management. Vital signs (HR, BP, T, SPO2) and intake and output volumes can be monitored at a minimum of q12 hours or as frequently as the nurse collects them.

Why will the medical assistance in dying provider be asked to administer a large dose of heparin prior to organ donation?

Heparin administration is common for all organ donors and increases the number and quality of organs that can be donated. Informed consent for heparin administration is obtained from the patient by the TGLN Coordinator. Heparin dosing is determined by the transplant team and will be communicated via the TGLN Coordinator. Heparin is administered shortly (approximately 5 minutes) before administering the MAID medications to allow circulation time.

What is the most acceptable way to declare death following the provision of medical assistance in dying?

Declaration of death by circulatory criteria is required for organ donation following a medically-assisted death. The preferred method is to document an absent pulse pressure by arterial line and absent respirations by direct observation. Upon cessation of spontaneous circulation, a five-minute,

hands off observational period will take place to confirm the continuous absence of pulse pressure as monitored by an arterial line, no respiratory effort and no palpable pulse at the beginning or end of the five-minute period. In the event that the patient elects not to have arterial catheterization or arterial catheterization is not possible, TGLN's Donation Support Physician (DSP) must be consulted for approval of the acceptable alternative method for declaring death.

In Ontario, the *TGLN Act* governs the practice of organ and tissue donation and states that for the purposes of post mortem transplantation, death must be determined by two physicians. One declaring physician must also be independent of the medical assistance in dying process and approval.

Can the medical assistance in dying provider, if an anesthetist, also be the intubating anesthetist if the lungs are accepted for transplant?

Yes. As when lungs are accepted for transplantation following traditional DCD, if the medical assistance in dying provider is an anesthetist they can intubate the patient for the purposes of lung donation following the medically-assisted death and the declaration of death by two physicians.

The anesthetist will also be required to assist with the intraoperative bronchoscopy and management of the ventilator during the recovery period until the trachea is clamped. Lung recruitment manoeuvers are also required throughout the procedure. The approximate time commitment of the anaesthetist is one hour or less from commencement of donor organ recovery.

Appendix 4: Centre for Effective Practice: Medical Assistance in Dying Resource

TheWell™ is brought to you by the Centre for Effective Practice (CEP) as a part of their mission to close the gap between evidence and practice for health care providers. CEP is a national not-for-profit organization that acts as a catalyst to improve health care outcomes for Canadians. TheWell™ is a resource for providers where they can access clinical supports and tools.

Their MAID resource tool summarizes the requirements outlined in the federal legislation and guidelines by various provincial regulatory colleges and presents them in a logical, sequential order to support clinicians with a patient request for MAID. The CEP's resource also highlights key considerations and recommends processes for the provision of MAID by medical and nurse practitioners based on extensive consultations with key stakeholder organizations, regulatory bodies, and target end-users.

The complete MAID resource tool can be accessed online using the following link: https://thewellhealth.ca/maid/

Medical Assistance in Dying (MAID): Ontario

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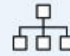
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- Defines eligibility criteria and provides resources to support eligibility assessments
- Outlines key considerations for the development of the MAID care plan

Introduction

Recent amendments made to Canada's *Criminal Code* establish a federal framework for the lawful provision of Medical Assistance in Dying (MAID).[1]

MAID, as denoted by federal legislation,[1] refers to:

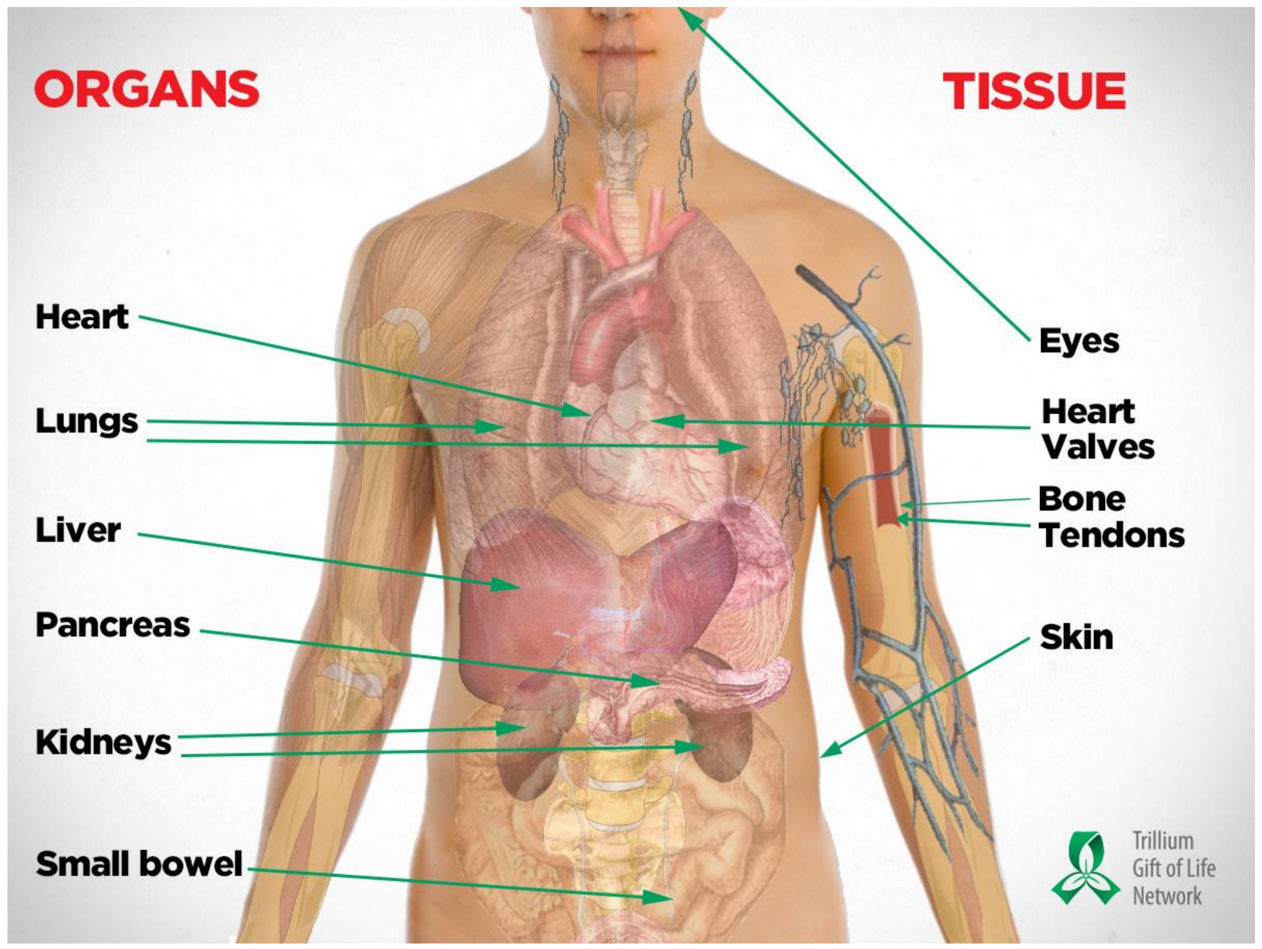
- The administering by a medical practitioner or nurse practitioner (NP) of a substance to a person, at their request, that causes their death; or
- The prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance, and in doing so, cause their own death.

The Ontario Ministry of Health and Long-Term Care (MOHLTC) engaged the Centre for Effective Practice (CEP) to develop a resource to support Clinicians (medical and nurse practitioners) in the provision of MAID and to facilitate a consistent approach for the implementation of MAID within Ontario.

This resource highlights key considerations and recommends processes for the provision of MAID by Clinicians based on extensive consultations with key stakeholder organizations and regulatory bodies. It is intended to supplement, not circumvent, existing legal requirements, regulatory body requirements, or institutional processes that have been established.

While this resource is based on the best available information, there may be gaps in the process that cannot be addressed at this time. Every effort will be made to incorporate updates as new information becomes available.

Appendix 5: Organs and Tissue That May be Donated for Transplantation



Appendix 6: TGLN MAID Pre-Provision Intake Form for Routine Notification

Page 1

Medical Assistance in Dying (MAID):
Pre-provision Intake Form for Routine Notification

Call TGLN at 1-877-363-8456 or 416-363-4438

Complete prior to calling & have the patient chart available, if applicable

1. **Inform the TGLN coordinator immediately that this is a planned MAID provision**
2. **Name of patient:** ______________________ Contact #: __________________
3. **Date of birth:** DD ___ MM ___ YY ___
4. **Gender:** Female ❑ Male ❑
5. **Medical record number (if applicable):** ______________________
6. **OHIP number:** __________________________ **Version code:** ___

   TGLN number: [ ] *(Document as per policy)*
7. **Date MAID application approved:** **#1** DD ___ MM ___ YY ___

   #2 DD ___ MM ___ YY ___
8. **Most responsible physician:** _________________ Contact #: ______________
9. **Current location of patient:** Home ❑ Hospital ❑ Other: ❑

   If admitted, which unit _______________ Contact # ________________________
10. **Location of planned MAID provision:** __________________________________
11. **Date/Time of planned MAID provision:** DD ___ MM ___ YY ___ HH ___
12. **Planned date of admission to hospital** (**if applicable**): DD ___ MM ___ YY ___ HH ___
13. **Diagnosis**: ____

    If a neurological condition (e.g. ALS or Parkinson's), is there a family history?

    Yes ❑ No ❑ Unknown ❑
14. **Clinical history:** Use the sidebar on the right to indicate a positive history of any of the conditions listed or ❑ No known history
15. **NOK Information:** Name: ____________________ Relationship: ______________

    Cell #: __________________________ Home #: __________________________

Eligibility assessed by TGLN on a case-by-case basis

Note any of the following:

- ❑ **HIV**
- ❑ **Hepatitis B**
- ❑ **Hepatitis C**
- ❑ **MRSA (current)**
- ❑ **VRE (current)**
- ❑ **C. Diff (current)**
- ❑ **ESBL**
- ❑ **CJD (Mad cow)**
- ❑ **Rabies**
- ❑ **TB**
- ❑ **Alzheimer's**
- ❑ **Parkinson's**
- ❑ **ALS**
- ❑ **MS**
- ❑ **Leukemia**
- ❑ **Lymphoma**
- ❑ **Documented Sepsis**
- ❑ **Isolation precautions**

After conversation with TGLN the patient is:

❑ **Eligible for Organ Donation –** TGLN will arrange to contact patient/NOK

❑ **Eligible for Tissue Donation –** TGLN will arrange to contact patient/NOK

❑ **Not Eligible for Organ or Tissue Donation** – No further call required

Call Initiated by: ____________________________________ **MAID Provider, MD, RN, RPN, RN (EC), RT**

Print Name/Signature

Please retain as per policy

March 2018

Page 2

Language to Connect families with TGLN (for reference only)

Introducing and normalizing donation at end-of-life.

"One of the things we let all our patients know is that you may be eligible for organ and tissue donation. We will be notifying Trillium Gift of Life Network and if you are eligible we will help facilitate a conversation with a coordinator about the opportunity to help others through donation."

Follow up with patient following the call to TGLN for routine notification and eligibility.

If patient may be eligible to donate:

"We have talked with TGLN and they would like to arrange a call with you."

If patient is not eligible to donate:

"We have spoken to TGLN and learned you are not a candidate for donation."

Responding to Questions

How do I respond if the patient states "I don't want to speak to TGLN" or "I don't want to donate"

TGLN suggested response:

"We encourage all our patients to speak with TGLN as sometimes people aren't aware of new information on who can be helped or may have misunderstandings about the process."

Follow up response if the person still does not wish to speak to TGLN after this recommendation:

"If you feel strongly that this is not something you would like to have happen, we can advise TGLN you do not wish to speak to them."

How do I respond if the patient has questions about who can donate and eligibility criteria?

"TGLN staff are the specialists in this field. Criteria is updated frequently, so we rely on their expertise regarding this."

Thank you for your notification.

Appendix 7: TGLN Coroner/Forensic Pathologist Permission Form

Trillium Gift of Life Network

CORONER/FORENSIC PATHOLOGIST PERMISSION

Patient Information:

Name: **DOB:** **TGLN #:**

Investigating Coroner Information:

Name: **Tel:** **Fax #:**

Regional Supervising Coroner (RSC) and Forensic Pathologist (FP) Involvement:

Permission Provided: YES NO

Name (RSC): **Name (FP):**

Date/Time: **Date/Time:**

Tel: **Tel:**

<u>NOTE:</u> RSC involvement not required if donation is authorized by the coroner and/or no post mortem examination will be completed.

Type of Donation: Please initial box(s) to indicate organs/tissues approved for procurement below

ORGAN

Approval	Heart	Lungs	Liver	Kidney	Pancreas	Small Bowel/ Stomach
Yes						
No						

VASCULARIZED COMPOSITE ALLOTRANSPLANTATION (COMPOSITE TISSUE)

Approval	Hand		Hand/ Forearm/ Shoulder		Face and underlying structures	Other
Yes	R	L	R	L		
No	R	L	R	L		

TISSUE

Approval	Eyes	Bone	Skin	Heart/Valves*
Yes				
No				

In the event of this patient's death, (Donation after Death by Circulatory Determination), I give permission to proceed with organ/tissue procurement as noted above.

TGLN Coordinator's Name: ____________________ **TGLN Coordinator's Signature:** _______________ **Date:** ___________

Coroner's Signature: ________________________ **or ☐ Not Applicable, phone authorization**

*For heart-valve donors, TGLN should inquire whether cardiac tissue post-dissection should be returned to the Office of the Chief Coroner/Ontario Forensic Pathology Service

Form must be faxed to the following based on Scenario:

1) All consented organ and/tissue cases to the Office of the Chief Coroner, to 416-314-4030
2) All consented MAiD cases to the Office of the Chief Coroner, to 416-848-7791
3) Any Coroner's case that is being recovered at the Forensic Services & Coroner's Complex to 416-314-0888

Last Updated: June 19, 2018

Appendix 8: Physician Communication Suitability Screening Tool

Trillium Gift of Life Network

483 Bay Street, South Tower, 4th Floor
Toronto, ON M5G 2C9
Tel: 416-363-4001 (in Toronto) or
1-800-263-2833
Fax: 416-363-4002

Dear Dr.______________________,

Your patient __________________ has consented to organ donation following their MAID procedure. Please arrange to have the following tests completed prior to their hospital admission.

Do not hesitate to contact ______________ at __________________ if you have any questions.

Monitoring

☐ Weight: ___________________ kg ☐ Height: ___________________ cm

☐ Most recent documented vital signs (blood pressure and heart rate)

Laboratory Investigations

☐ Date and time of last resulted blood work ___________________________________

☐ Blood for Serology and Human Leukocyte Antigen (only to be collected after consult with Trillium Gift of Life Network)

Hematology, Coagulation, Blood Bank

☐ CBC ☐ APTT ☐ INR ☐ Group + Screen (including subtype)

Chemistry

☐ Electrolytes	☐ Protein Total	☐ Albumin	☐ Bilirubin (total and direct)
☐ Creatinine	☐ Calcium	☐ ALT	☐ Lactate
☐ Glucose	☐ Magnesium	☐ AST	☐ Lipase
☐ BUN	☐ Phosphate	☐ ALP	☐ Amylase
☐ LDH	☐ GGT		
☐ Urinalysis	☐ Urine albumin to creatinine ratio		

Microbiology, Virology

☐ Blood C+S ☐ Urine C+S

Additional Lab Orders

☐ ____

☐ ____

Diagnostic Tests

☐ Chest x-ray

☐ Abdominal ultrasound

- ☐ Assess kidney size, cortical thickness, presence of cysts, doppler flow
- ☐ Assess liver size, presence of cirrhosis and/or steatosis

Sincerely,

Dr. Andrew Healey MD FRCPC
Chief Medical Officer
Trillium Gift of Life Network

August 23, 2017

Ontario
Trillium Gift of Life Network

Appendix 9: Organ Donation Resource Requirements

The organ donation process requires convergence of diverse resources in a timely manner to optimize outcomes for donors, their families and waiting recipients. The following outlines the basic requirements to care for and assess an organ donor. In addition to basic requirements, additional tests or resources that assist in advanced assessment by imaging technology have been identified.

Critical care resources need to provide organ donation services

The critical care team are the local experts in donation and TGLN will help facilitate a consult with the Hospital Donation Physician (HDP) to help answer any questions. If the patient is not admitted into a critical care area, a critical care physician may be called upon to insert the arterial line if appropriate. A critical care physician may also be called upon to assist with the declaration of death by circulatory determination following the MAID provision.

The following are a list of services and resources that are commonly required as part of donation services in an organization.

Resources to facilitate information transfer and consent

- Quiet room for donation discussion

Diagnostic Services

Organ function tests, electrolyte levels and diagnostic test such as chest x-rays or ultrasound are often required for assessment of suitability of an organ for transplant.

Services required:

- Blood group typing
- CBC, APTT, INR
- Electrolytes, Calcium, Magnesium, Phosphate
- Total Protein, Albumin, Bilirubin (total and direct)
- ALT, AST, ALP, GGT
- Amylase, Lipase
- LDH, lactate
- Urinalysis
- Urine albumin to creatinine ratio
- Blood culture
- Urine culture
- Serology and HLA (completed at an outside lab; only collected after consultation with TGLN)

Additional tests or resources that assist in advanced assessment of organ function:

- Capability to email diagnostic imaging results (e.g. CXR or CT) to external physicians for consults
- Pre-printed order sets e.g. Physician Communication for Organ and Tissue Donation Following MAID: Suitability Screening (*Appendix 3*)

Pharmacy services/ medications

Medications are routinely ordered and provided to organ donors to maximize organ function. The list of medications to be available and accessible 24/7 includes:

- Methylprednisolone
- Antibiotics
- Heparin
- Intravenous MAID provision medications

Perioperative services

- Operating room (OR) staff for urgent surgeries
- Anesthesia services
- Sternal or oscillating saw (if unavailable, TGLN will bring one upon request)
- Bronchoscopy tray
- Major abdominal tray
- Major orthopedic tray

Priority access to the OR is often required. To minimize the damage to the organs between recovery and transplant into the recipient, timing of the recovery surgery for abdominal and thoracic organs is critical. The OR should be booked on an urgent basis.

For non-perfused tissue (heart for valves, skin or bone donation), an operating room may be required for tissue recovery. Alternatively the patient may be transferred to the Tissue Recovery Suite in Toronto Forensic Services and Coroner's Complex or another facility for tissue recovery. Eyes may be recovered in the morgue or designated area according to hospital policy.

Appendix 10: TGLN Hold Body Form

CSF-9-3

Trillium Gift of Life Network

TGLN#: ______________

Hospital Fax #: ______________

Patient's Surname: ______________

Patient's Given Name: ______________

Hospital: ______________

Hospital Card / Patient Addressograph

HOLD BODY FORM

Consented Tissue Donor

Please Call

Trillium Gift of Life Network

PRIOR to release of body for Autopsy/Funeral Home

(416) 363-4438 or 1-877-363-8456

Available 24 hours

Please hold the body until TGLN confirms tissue recovery is complete. For any questions or concerns, please call the above number.

CORONER'S CASE	AUTOPSY
☐ YES Coroner's Name: ______________	☐ YES
☐ NO	☐ NO
☐ Unknown	☐ Unknown

TGLN SPECIAL REQUESTS: Please complete the following before the patient is transferred to the morgue

- ☐ Original consent accompanies body; copy on chart
- ☐ Slightly elevate patient's head
- ☐ Instill saline drops in each eye
- ☐ Ensure eyelids are closed
- ☐ Place put in cold storage or apply small ice packs to eyes

Draw:

- ☐ ______ Purple Top Tubes (EDTA-6 mls)
- ☐ ______ Red Top Tubes (No Additive 7 mls)

Note: all blood specimens must be labeled with a patient identifier, date and time of collection

____

____

____

June 19, 2017

Appendix 11: Tissue Donation Resource Requirements

The tissue donation process requires convergence of diverse resources in a timely manner to optimize outcomes for donors, their families, and awaiting recipients. The following outlines the basic requirements needed for a tissue exclusive donor.

The following are a list of services and resources that are commonly required as part of donation services in an organization.

24/7 resources to facilitate information transfer and consent

- Fax machine
- Quiet room for donation discussion

Lab and diagnostic service results (24/7 access required)

- Access to the hospital record (chart) at time of recovery
- Access to pre-transfusion/ pre-fluid resuscitation blood samples for accurate serological testing (when applicable)

Access to the morgue (24/7 access required)

For eye exclusive donors, TGLN will require assistance to move or turn a body in order to complete proper examination of the body.

Call to TGLN before release of the body to the funeral home

This function is performed by different staff members at different hospitals, including medical records, admitting or communications.

Porter or attendant services (24/7 service required)

If multi-tissue recovery is scheduled to occur at the hospital a porter or attendant is required to bring the deceased donor from the morgue to the operating room. The porter, or designated individual is also required for transfer of the donor back to the morgue following recovery. TGLN will also require assistance to move or turn a body in order to complete proper examination.

Perioperative Services

A contact in the OR for booking rooms and to orient tissue recovery staff.

Appendix 12: Registered Consent Decisions: Becoming an Organ and Tissue Donor in Ontario

How is consent to become an organ and tissue donor registered in Ontario?

Anyone 16 years or older, with a photo I.D health card or red and white health care, can register online at **beadonor.ca**, or by visiting a ServiceOntario centre. If you have previously registered a decision of "Yes" to donate organs and tissue with Ontario Health Insurance Plan (OHIP), you do not need to re-register.

At or near death, how is the registered consent decision communicated to the healthcare team members?

If this information is readily available during your conversation with the TGLN coordinator, you will be made aware of a registered consent decision.

What is a person wants to be a donor but has not yet registered consent with the ServiceOntario office or has not yet made a decision?

The choice to donate can also be communicated by healthcare directives or by family members. When a person's donation decision is not known, specially trained TGLN coordinators work with families and the healthcare team to learn what the person would have wanted if they were able to make the decision.

Why is registering consent through beadonor.ca or a ServiceOntario office the best way to communicate the choice to donate?

Access to registered donation consent decisions in the Ministry's Registered Persons Database is available at any time, day or night. In this way, a person's consent to donate can be determined whenever it is needed.