

Clinical Process Instruction Manual

Directed Donation Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) is committed to ensuring that organs from deceased donors are allocated to patients on Ontario's waiting list in a fair and equitable manner. As such, TGLN's established organ allocation algorithms reflect considerations of patients' needs and the effective use of organs. TGLN's practice, in general, is to allocate organs first to patients who need them most ("non-directed deceased donation"). In certain circumstances, however, TGLN may facilitate "directed deceased donation".

With directed donation, a donor or the donor's family directs an organ to a designated individual. TGLN accepts the practice of directed donation only when the designated recipient is a family member/relative or an individual with whom the donor or donor's family has had a long-standing emotional relationship ("close friend"). Directed deceased donation respects the donor or donor's family's wishes and the special bonds and strong personal commitments that exist between family and close friends. The practice is consistent with living organ donation, in which the recipient is most often closely related to the donor.

TGLN will consider requests made for directed deceased donation to a family member or close friend on a case-by-case basis, using the principles and guidelines outlined in this process instruction.

Process:

Directed Donation Acceptance Criteria

1. TGLN will consider a request for deceased organ directed donation that meet the following criteria:
 - 1.1 Appropriate consent documentation has been obtained, where consent is unconditional, meaning that donation will proceed if directed donation cannot be realized. It is of key importance that consent for donation is unconditional and that donation proceeds if TGLN is unable to facilitate the request for directed deceased donation. Consent documentation must meet legal requirements per the Trillium Gift of Life Network Act and the request for directed donation is documented on the *Consent Form* as the request being unconditional.
 - 1.2 There are no other patients in urgent clinical need of the organ (death imminent within 72 hours), who may be disadvantaged by a request for the organ to be allocated to the named individual going ahead. TGLN will prioritize high status patients in need of the organ.

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1.3 The specified relative or close friend is on the current transplant waiting list, or could be considered to be placed on the wait list and meets the following criteria:

- meets organ-specific working groups' listing criteria;
- work-up is complete, and/or
- the need for a transplant is clinically indicated and evaluation for transplant has been completed for the intended recipient, as determined and confirmed by the appropriate transplant program.

1.4 Even if there are no high status patients who take priority, TGLN will advise all individuals and/or next-of-kin exploring directed deceased donation that there may be patients in greater need of a transplant than the patient they intend to direct the organ to.

2. Upon accepting consideration of directed donation, the individual and/or next-of-kin is advised that donation may only proceed if the donor organ is medically compatible to the intended recipient.

Directed Donation Declination Criteria

3. TGLN reserves the right to decline a request for directed deceased donation based on conditions below:

3.1 Directed deceased donation will not be considered in cases where an individual or his/her next-of-kin places conditions on the member of a group, class or organization to whom should be in receipt of the organ (e.g. he/she will not donate to patients with history of drug/alcohol abuse, or will only donate to paediatric patients).

3.2 TGLN will not proceed with directed donation if there is indication of monetary exchange, value consideration and/or coercive inducement have been involved in the directed donation.

4. In the event that a patient in need of an organ is in greater need of the organ than that of the intended recipient of the directed donation, TGLN will decline or halt directed deceased donation from proceeding. The urgent need for an organ is determined by the patient's high status listing. High status is defined for the following organs as follows:

- Heart: 4, 4S
- Liver: 4F, 3F
- Liver-Bowel: 4F, 3F
- Kidney: Medically urgent patients may be considered in lieu of high status patients

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Directed Donation Implementation

5. When a directed donation is requested, the required information and documentation will be obtained by the Organ and Tissue Donation Coordinator (OTDC)/Clinical Services Coordinator (CSC) and reviewed with the Director of the Provincial Resource Centre (PRC) and/or the Manager On-Call. TGLN's Chief Medical Officer – Transplant will also be contacted. Acceptance of allocation of an organ using the principles of directed donation is ultimately at the discretion of TGLN.
6. Where the request for directed organ donation falls outside of the parameters of this Policy, the OTDC/CSC will notify the Director of the PRC and/or the Manager On-Call.
 - 6.1 The Director of the PRC and/or Manager On-Call will consult with the CMO-Transplant, Administrator On-Call and legal counsel as required.
 - 6.2 The donor's next-of-kin will be notified if the request falls outside of the scope of TGLN's process instruction and will be made aware that further consultations may be necessary prior to proceeding any further with the option of directed donation.

Records:

- *No records.*

References:

- *Trillium Gift of Life Network Act*
- *Requested Allocation of a Deceased Donor Organ, UK Health Administrations*