

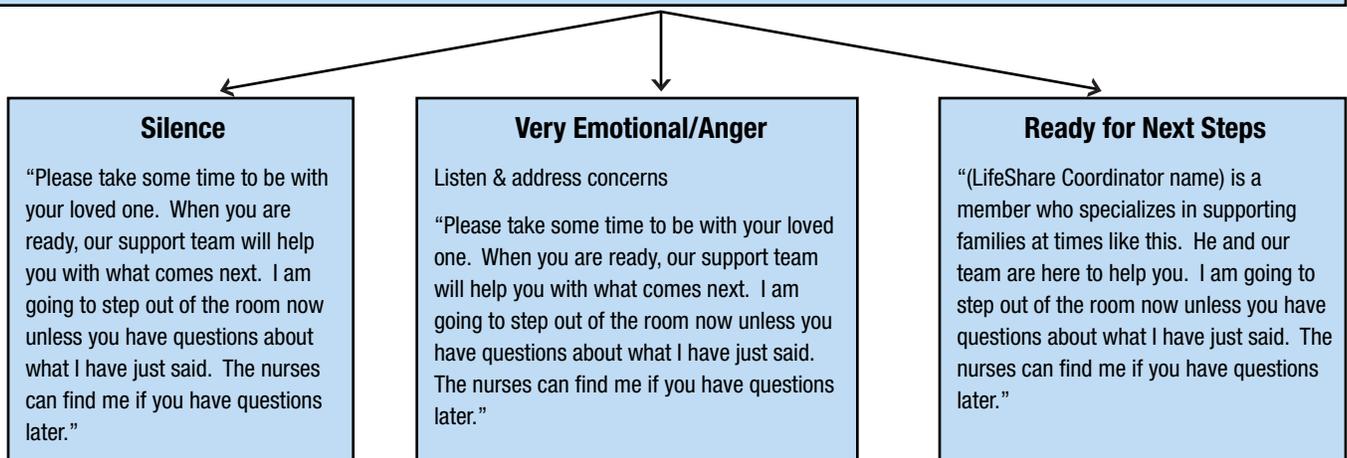
Donation is an end of life decision. It is important not to mention donation prior to brain death determination because:

- Pre-death mention of donation can lead to distrust.
- The patient could be a registered donor (1st person authorization).
- Surveys indicates families need time to process brain death diagnosis before they can move on to consider donation and research demonstrates families are more likely to donate if they understand the brain death diagnosis.
- Donation is not a “yes” or “no” question. A full discussion of end of life goals must occur.

What if the family brings up donation? Tell them, “My commitment is to care for your loved one. Donation could be a possibility. I will contact an expert in that field and ask them to speak with you.”

Critical Elements of Communicating Brain Death

- 1. Physician shares plan for BD exam with healthcare & donation team**
 - Determine if family will be allowed to observe brain death exam
- 2. Physician offers family the opportunity to observe neuro exam**
 - Physician performs appropriate brain death tests
- 3. Team member escorts family to a private room for physician led discussion of test results**
 - Everyone is introduced (team and family)
- 4. Physician reviews pt’s clinical course in simple, easily understood terms**
 - Initial injury, interventions, etiology of neurological decline
 - Use visual aids to enhance family understanding – CT, CBF study, models/drawings, etc.
- 5. Physician reviews neurologic findings from brain death exam**
- 6. Physician pronounces death**
 - “Sadly, this means your loved one has died. His death certificate will show that he died at _____ today.”
 - Offer condolences
- 7. Take a breath... “allow silence to do the heavy lifting”**
 - Physician bases next steps on the family’s response



References:

Pearson, et. al. Australia and New Zealand Intensive Care Society Statement and Guidelines on Brain Death and Model Policy on Organ Donation. *Anesthesia and Intensive Care*. 1995; 23: 104-108.
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