



# Frequently Asked Questions for Healthcare Professionals

## 1. Who is eligible to donate organs at death?

- Only patients who have **sustained a nonrecoverable injury** and are **on life-sustaining therapy** (i.e. ventilator and IV medication to support hemodynamics) at the time of notification to Trillium Gift of Life Network (TGLN) may donate organs.
- Most organ donation occurs after the person has been pronounced dead by neurological criteria.
- The opportunity to donate organs after cardiac death exists when patients do not meet criteria for neurological death.
- Only 1.5% of all patient deaths are eligible to donate solid organs at death.
- The organs that may be donated for transplant include: heart, lungs, liver, kidneys, pancreas, and bowel.

## 2. Who is eligible to donate tissue at death?

- All patients have the *potential* to donate tissue after death.
- Tissues do not require blood flow at the time of recovery and therefore the opportunity to donate tissue is possible for most patients and families.
- Tissues that can be donated include: ocular (eyes), musculoskeletal (bones), cardiac (heart valves) and skin.
- Ocular tissue for transplantation requires recovery within 12 hours of death. Other tissues can be recovered within a 24 hour

time period if the patient has been transferred to the morgue after death.

## 3. What are the benefits of donation for patients and families?

- Families who donate consistently report they were 'grateful' to have the opportunity to donate and help other people.
- Donation can create a legacy of hope for donor families as it provides a sense of something positive coming from a tragic situation.
- 93% of Ontarians support donation for transplant.

## 4. I know organ donation saves lives, how does tissue donation help other people?

- Donated tissue restores independence and improves the quality of life of thousands of Ontarians every year.
- Eye donation restores sight after disease, injury or congenital blindness.
- Bone donation restores mobility and prevents amputation.
- Heart valves repair congenital heart defects, primarily in children.
- Skin donation provides life-saving wound covering for patients with burns.



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## 5. How does the timing of a referral impact the outcome of donation?

- To provide the best possible support to families and healthcare professionals, TGLN requires notification **prior** to a family discussion by the hospital team regarding withdrawal of life sustaining therapy or testing to confirm neurological death.
- Consultation between TGLN and the healthcare team is crucial prior to the donation discussion with the family to provide the best information possible about donation potential.
- To learn if a registered donation consent decision is on file prior to approaching the family about donation, contact TGLN.

## 6. What is neurological death?

- Neurological death involves the irreversible loss of brain stem reflexes, such as cough, gag, pupillary response to light and response to painful stimuli.
- The capacity for consciousness has been irreversibly lost.
- The ability to breathe is no longer present (apneic) and mechanical ventilation is required.
- A known etiology capable of causing death by neurologic criteria must be established.
- To preserve the opportunity for donation, ventilation and IV medication to support hemodynamics must continue.
- The time of the first completed determination of neurological death is the legal time of death for that person. This is the time that is written on the death certificate.
- Prior to organ donation, neurological death is always diagnosed by two physicians.

## 7. What needs to happen before donation is discussed with the family?

- Contact TGLN to determine donation potential and learn the patient's registered donation decision on the back of their

Ontario Health Card and in the OHIP database.

- To donate organs, the patient must be on a ventilator and their heart must continue to beat; organs need to be perfused with oxygenated blood until they are recovered for transplant.
- Statistics show a joint approach involving a member of the healthcare team and a TGLN coordinator with special training on speaking to families about donation is the most successful method in offering the opportunity for donation.

## 8. What are some conditions that may lead to neurological death?

Many conditions may result in neurological death. Some of the most common include:

- Intracranial hemorrhage
- Cerebral ischemia
- Anoxia/hypoxia
- Traumatic brain injury
- Brain tumor
- CNS infection

## 9. What is donation after cardiac death (DCD)?

- Organ donation after cardiac death – or DCD- is a procedure whereby organs for transplantation are recovered following pronouncement of death based on cardio-respiratory criteria rather than neurological criteria.
- In situations of organ donation after cardiac death, the patient has sustained a **non-recoverable injury**, but **does not meet the criteria for neurological death**.
- DCD is a possibility for families **only after a consensual** decision between the healthcare team and family has been made to withdraw life sustaining therapies, but **before** the actual therapy is discontinued.
- Contact TGLN **prior** to discussion of withdrawal of life sustaining therapy with families to determine donation potential and patient's registered consent decision on file.

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- For more information on Donation after Cardiac Death please contact TGLN and request the “*Donation After Cardiac Death, Frequently Asked Questions for Healthcare Professionals.*”

## 10. When do I call TGLN?

Call when there is a plan for mechanically ventilated patients to:

- Perform testing to confirm neurological death.

### OR

- Set a planned time with the family for withdrawal of life sustaining therapy (extubation or removing ventilator or IV medication supporting hemodynamics).

### Also:

- As per hospital policy and/or established Clinical Triggers.
- Prior to offering the opportunity for donation to families.
- When the patient/family is requesting information about organ and tissue donation.

## 11. How does Coroner involvement impact the donation process?

- In coroner’s cases, permission from the Coroner to recover organs and tissues is required. The Coroner’s office works closely with TGLN to honour the decision of patients and their families to donate.
- If the Coroner requests an autopsy, organ and tissue recovery occurs before the autopsy is performed.

## 12. What is the process for organ donation following neurological death?

- Identification of the patient as a potential donor and contacting TGLN to establish initial medical suitability are the first steps of the donation process.
- In cases of neurological death, a thorough neurological examination (testing of all brainstem reflexes, including an apnea test) is conducted by a physician to confirm

neurological death. A second neurological examination must be completed by a different physician prior to proceeding with organ donation.

- After death is pronounced, the family is provided with a time of death.
- The family is offered the opportunity of donation after they have had time to understand the death of their loved one has occurred.
- In situations where families are asking about donation prior to an expected death, the conversation about donation may occur before neurological testing. A TGLN coordinator should be involved in this discussion.
- The patient must remain on a ventilator and continue to receive support to maintain hemodynamic stability.
- Thorough testing, such as frequent blood work, chest x-rays, an echocardiogram and bronchoscopy, may be required to further determine which organs are suitable to donate.
- Infectious disease testing is performed by TGLN.
- When organ donation occurs after neurological death, the family will have the opportunity to say goodbye to their loved one while the body remains ventilated prior to the transfer of the patient to the operating room for organ recovery.
- When organ donation occurs after cardiac death, the family may be present during the withdrawal of life sustaining therapy.
- Surgical recovery of organs is done in the operating room. The procedure can take up to 4-6 hours. Once the organs no longer need to be perfused and oxygenated, the ventilator is turned off.
- After organ recovery, the care of the body is completed in the OR. If the family has requested to view the body following recovery, arrangements to find an appropriate location to facilitate this request will be made.

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- Upon request, TGLN will contact the family when recovery is complete. A letter will be sent to the family to thank them for their gift.

## 13. What is the process for tissue donation?

Notify TGLN:

- Within one hour of the patient's death.
- As per hospital policy and/or established Clinical Triggers.
- When the patient/family is requesting information about organ and tissue donation.
- During the initial call, TGLN will collect demographic information and ask baseline questions to determine if there is the opportunity to donate tissue. A TGLN number will be provided to document in the medical chart.
- If the patient's preliminary eligibility to donate tissues has been established, a TGLN coordinator who is a specialist in the area of both donation and speaking with families, will arrange with the healthcare provider to speak to the family by phone while they are at the hospital.
- If the family is not at the hospital the healthcare provider will be asked to provide contact information to TGLN for follow-up with the family.
- Blood samples as well as eye care instructions may be requested by TGLN
- TGLN will collect further information about the patient's current admission and past medical history prior to contacting the families in situations where the family is not at the hospital.
- As directed by TGLN, the body is then transferred to the morgue while the recovery is organized (eyes *may* be recovered on the unit where death occurred).

- An operating room is required for the recovery of skin, bone and cardiac tissue. Recovery staff and OR will be arranged by TGLN.

- Upon request, TGLN will contact family when recovery is complete.
- TGLN (or the Eye Bank of Canada if appropriate) will send a letter to the family to thank them for the donation and to inform them of the donation outcome.

## 14. Does communication occur between the donor families and recipients?

- The identity of both donor families and recipients are protected through the *Trillium Gift of Life Network Act* and kept anonymous and confidential by TGLN.
- Donor families and recipients are encouraged to write and exchange anonymous letters to one another. These letters are screened for any identifying information and are forwarded through TGLN.
- Many donor families and recipients are comforted by the correspondence they receive.

## 15. Where can I find additional information related to organ and tissue donation?

- For clinical questions about organ and tissue donation, or to refer a potential donor; contact the Provincial Resource Centre (available 24/7) at 416-363-4438 or toll-free at 1-877-363-8456.
- TGLN's website provides a complete section for healthcare professionals, including an on-line manual for "*Routine Notification in Ontario Hospitals*". Please visit us at [www.giftoflife.on.ca](http://www.giftoflife.on.ca)
- Pamphlets and education materials are also available from TGLN.



Ontario

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