



## **UNSUBSTANTIATED CLAIMS ABOUT DONATION AFTER CARDIAC DEATH MISLEAD CANADIANS**

*Coalition provides facts about stringent rules surrounding accepted medical practice*

OTTAWA, ON, September 17, 2010 – Recent media coverage about donation after cardiac death (DCD) may have left some Canadians with the false impression that donation and transplantation procedures occur before a donor has actually died, and that family members are being misled into thinking otherwise. This is simply not true.

Intensive care, organ donation and transplantation experts from across Canada at Alberta Hope North, Atlantic Canada's Legacy of Life, British Columbia Transplant, Canadian Blood Services, Québec Transplant, and Trillium Gift of Life Network (TGLN) in Ontario jointly condemn these unsubstantiated claims. The sensational call for a moratorium on this type of organ donation is simply unfounded and detrimental to efforts to offer families the opportunity to donate organs for transplantation and ultimately save lives.

“The recent coverage represents an extreme minority view, and no Canadian needs to fear that organ retrieval will ever occur unless the patient is deceased, regardless of what part of the country they live in,” said Dr. Sam Shemie, Intensive Care Unit (ICU) Physician at Montreal Children's Hospital, Loeb Chair University of Ottawa, and Executive Medical Director of Organ Donation at Canadian Blood Services. “DCD is an extremely well-established medical practice that accounts for 20 to 50 per cent of organ donations in the top performing countries worldwide, it responds to family requests for organ donation, and has tremendous potential to address the serious donor shortage in Canada.”

Most importantly, the issue of DCD has already undergone thorough and vigorous debate in Canada. In 2001, the Canadian Critical Care Society established a moratorium on DCD until a national dialogue could occur. The Canadian Council on Donation and Transplantation (now part of Canadian Blood Services) responded to that request and organized a national expert consensus forum to address the matter.

At that consensus conference, more than 120 of the top experts in donation and transplantation— including bioethicists, health law experts and spiritual advisors—developed stringent ethical, legal and medical guidelines for DCD activity in Canada. They included protocols to protect the interests of dying patients, for full disclosure and informed consent, procedures around the withdrawal of life-sustaining treatments, standards for death determination after cardiac arrest, and the separation of duties of the ICU and donation team from the transplant team. The protocols established at that conference are among the most thorough and comprehensive of any in the world.

DCD is carried out only after a prior and independent decision by the family and treating physician to withdraw life-support treatment. No discussion of organ or tissue donation occurs until after the family and physician have agreed to withdraw life-sustaining measures.

The first DCD case in Canada took place in Ottawa in 2006, when Emile and Beth Therien made the decision to remove their daughter, Sarah Beth from life support and honour her wish to be an organ donor.

“Because of DCD, we were able to fulfill Sarah Beth’s wishes,” said Mr. Therien. “Even though her passing was extremely painful to us, we believe that donating her organs has been beneficial to many Canadians and it has given our family some comfort. Stopping DCD in Canada would be a step backwards, and a real blow to those who are on wait-lists for organs, and to families who want to see something positive come out of the loss of a loved one.”

There are over 4,000 Canadians waiting for an organ transplant, and more than 200 Canadians die every year waiting. While nine of 10 Canadians are supportive of organ donation, only half of Canadians have decided to be organ donors when they die, and fewer still have taken any action to indicate their wishes to authorities or to their family members.

The agencies listed earlier urge Canadians to discuss organ and tissue donation with their families and, most importantly, share their wishes and register their intentions with their provincial body.

- In Ontario, you can register your consent at a ServiceOntario office, by completing and mailing the form available at [www.giftoflife.on.ca](http://www.giftoflife.on.ca), or by calling 1-800-263-2833.
- In British Columbia, individuals can register their decision on organ donation online by visiting [www.transplant.bc.ca](http://www.transplant.bc.ca), or by calling 1-800-663-6189
- In Alberta, call the HOPE program at 1-866-407-1970 or send an email to [UAH\\_Hope@albertahealthservices.ca](mailto:UAH_Hope@albertahealthservices.ca)
- In Quebec, please visit [www.quebec-transplant.qc.ca](http://www.quebec-transplant.qc.ca) for more information
- In Nova Scotia, please visit [www.legacyoflife.ns.ca](http://www.legacyoflife.ns.ca) for more information

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Supporting regional quotes:

**Ontario** – “DCD has preserved and saved hundreds of Canadian lives since 2006,” said Dr. Sonny Dhanani, ICU physician and Medical Director of Donation for Trillium Gift of Life Network (TGLN). Ontario and TGLN have been leaders in offering this option to patients, and programs have also been established in Quebec, BC, Nova Scotia and Alberta. Donor families have been very satisfied with this process, as demonstrated in a Quebec DCD project. “The methodology is organized, the rules strict and the physicians follow the procedures. The mandate of all medical staff is to try to save the life first, and only then follow the wishes of the donor and his or her family so that other lives can be saved.”

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**Ontario** - “Canadian DCD practice meticulously ensures that the process is completely transparent and that all involved (families, health care professionals, Organ Donation agencies) fully understand each step in the process—there are no misunderstandings and no one is misled or misinformed.” - Dr. Joe Pagliarello, Intensive Care Physician at The Ottawa Hospital

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**Quebec** – Le protocole de don après décès cardiocirculatoire (DDC), comme pour toute forme de don, fait l’objet d’un encadrement strict. Après que tout ait été tenté pour sauver la vie du patient, qu’il n’y a plus aucun espoir de survie, l’option du don peut être envisagée afin d’honorer la volonté du patient de donner ses organes à son décès. Selon Dr Michel Carrier, directeur médical chez Québec-Transplant, « l’approche étagée a été retenue au Québec pour l’implantation du DDC à partir du printemps 2007, avec l’aval des autorités médicales et éthiques compétentes, dont le Collège des médecins du Québec. Dans la perspective d’assurer les meilleures pratiques, Québec-Transplant effectue une révision systématique de tous les

dons réalisés avec cette approche, afin de veiller tout particulièrement à ce que les volontés du donneur et de la famille aient été respectées tous au long du processus .»

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**British Columbia** - "The assertion that families are being misled on the issue of donation is unfounded," said Dr. Greg Grant, ICU physician and Provincial Executive Director of BC Transplant, an agency of the Provincial Health Services Authority. "We safeguard the families who choose to give this gift of life by upholding Canada's strict DCD guidelines. Not only must a doctor first pronounce the patient deceased, they must then wait at least five minutes. At that point, a second physician joins the first and they must both confirm that there has been no change in the patient's condition. Neither physician is a member of the transplant team."

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**Alberta** – "The DCD process in Northern Alberta has undergone extensive development over the past four years with representation from legal, ethical, and medical experts," said Dr. Demetrios Kutsogiannis, Medical Director, HOPE North, Alberta. "Families of patients who have suffered catastrophic irreversible neurological injuries and who are not brain dead have been able to consent to the donation of their loved ones organs for over one year. Priority has been given to protecting the interests of the dying patient—most importantly, the assurance by experts that death is imminent in these patients prior to engaging in any discussion around organ donation."

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**Atlantic Canada (NS)** –The Nova Scotia donation program, Legacy of Life, has developed a Donation after Circulatory Death (DCD) program which has been very successful to date. "We have supported the development of a DCD program because it serves the needs of the potential donor families," said Dr. Stephen Beed, Medical Director, Legacy of Life, Nova Scotia. "At this difficult time in their lives, the death of a loved one, we have heard that the chance to help someone else and thus to find some good in what is otherwise a tragedy, is extremely important to them. We began our program as a family-driven initiative which has been very well received by these families as well as the members of the healthcare teams working with them. This has been done with the utmost respect for the wishes of the patients and their families and is a component of the delivery of optimal end-of-life care which our critical care program embraces."

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**Media contacts:**

Canadian Blood Services: Ron Vezina, Director, External Communications, 613.739.2044

BC Transplant: Gabrielle Nye, Communications Leader, 604.790.0034

Trillium Gift of Life: Maryse Belanger, Media Relations Advisor, 416-619-2363 or 416-689-7711

Alberta Hope North: Kerry Williamson, Senior Media Relations Advisor, Alberta Health Services – Edmonton, 780-407-2602

Nova Scotia's Legacy of Life: John Gillis, Media Relations Advisor, 902-220-1419

Québec Transplant: Brigitte Junius, Communications Advisor, Québec-Transplant, 514-286-1414 x 216