

Donation after cardiac death (DCD)

Who is eligible for DCD?

In Ontario, organ and tissue donation after cardiac death (DCD) is now a possibility for patients who do not meet the strict criteria for neurological or brain death. Patients who meet the criteria for DCD are critically ill and dependent on mechanical ventilation. DCD is a possibility for families who have decided to withdraw life sustaining therapy after a physician has determined that there is no long-term prognosis for recovery.

What is the policy around withdrawal of life sustaining therapy?

Each hospital has policies related to end-of-life and withdrawal of life sustaining therapy. The medical staff at the hospital and TGLN personnel will consult with the family regarding timing of withdrawal. Typically, withdrawal of life sustaining therapy is carried out under the care of the physician caring for the patient. Other physicians, depending on the specific hospital policy, may also be involved. TGLN personnel or any physician involved in the surgical recovery or care of the intended recipient will not be involved in the withdrawal of life sustaining therapy.

It is important to note that in all settings where life sustaining therapy is withdrawn, patient comfort measures are of utmost concern and should follow hospital or physician standard practice. The attending physician may administer analgesia or other medications for comfort based on clinical judgment and hospital protocol. Regardless of whether or not support is withdrawn in the intensive care unit (ICU) or in the operating room (OR), end-of-life care follows the same standard of care as with a patient for whom organ donation is not possible.

Where does withdrawal take place?

Withdrawal of life sustaining therapy may occur in the ICU, the OR or another area close to the OR. Withdrawal in the OR setting is optimal to promote the best transplant outcomes. The decision will be discussed between the family, hospital and TGLN personnel.

When is death pronounced in situations of DCD?

Death is pronounced as per the hospital policy on withdrawal of life sustaining therapy. 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 recipients. The legal time of death is the first pronouncement of death. Each physician will confirm the absence of spontaneous respiration and the absence of a pulse pressure for a pre-determined period of time (usually five minutes) after the first pronouncement of death.

What if the patient does not die within the timeframe needed for successful transplant?

If the patient does not die within an expected timeframe established with the transplant programs (usually 60-120 minutes), end-of-life care will continue and the patient can be transferred to a previously agreed upon location.