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WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

ANAESTHETISTS AND ORGAN DONATION

INTRODUCTION

Anaesthetists will sometimes be involved with organ donation procedures.

It is important to understand the psychological implications of this involvement, as well as those issues related to anaesthesia techniques for the donation process.

ANAESTHESIA ISSUES

Anaesthetists likely to be involved in organ donation procedures should be familiar with the Australasian Transplant Co-ordinators Association National Guidelines (1) which document the anaesthetic management of the organ donor after brain death (DBD).

The person who provides anaesthesia for donation after brain death should ideally be the anaesthetist who will be best able to optimize organ perfusion in a potentially unstable donor.

Donation after cardiac death (DCD) is becoming more frequent and guidelines are available in ANZICS Statement on Death and Organ Donation (2).

Anaesthesia for donation after cardiac death may pose a logistical challenge for many anaesthesia departments. The donor must be promptly re-intubated after cardiac death if lungs are to be donated.

Anaesthesia staff should be able to seek advice/assistance from donor/transplant co-ordinators in each case.

PSYCHOLOGICAL ISSUES

Many anaesthetists find organ retrieval stressful.

Reasons for this include:

- a lack of familiarity or certainty regarding the diagnosis of brain death.
- any death in theatre (including multi-organ donors) may elicit an emotional response from those involved.
- the theatre resources allocated to organ donation may impose a considerable workload.

Any clinical or ethical concerns should be resolved by the anaesthetic staff involved prior to the donation procedure.

If the anaesthetist is unclear about the diagnosis of brain death, he/she should consult the clinicians who made the diagnosis.

The Australia and New Zealand Intensive Care Society (ANZICS) Statement on Death and Organ Donation is adhered to in Australia & New Zealand (2)

Anaesthetists, as team leaders or team members, should endeavour not to transmit negative attitudes about the donation procedure to other staff members.

Donor/transplant co-ordinators attend the donation, so they may be a useful intra-operative resource, as a second pair of hands, or to enhance liaison with the surgical team.

Dealing with a donor's family may be very stressful, particularly during parental separation from a paediatric donor. Poor communication may cause additional stress to families of donors.

It is advisable to use the donor's name when discussing her or him with a family member, and eg use the term "mechanical ventilation" rather than "life support".

Donor/transplant co-ordinators are available to provide debriefing, and some limited confidential disclosure of clinical outcomes of donor organs. Anaesthetists should avail themselves of the debriefing service if they find the any part of the process stressful.

Debriefing after organ donation may be valuable for staff involved. It offers the opportunity

- to promote building of trust and teamwork
- to permit team members to seek clarification of what transpired
- to increase staff awareness of resources open to them, including donor co-ordinators and counsellors.
- to allow teams and team members to learn practical approaches to assist in dealing with stressful and difficult situations in the future.

CONCLUSIONS

- Organ donation is increasingly common.
- Anaesthetists should be familiar with anaesthetic requirements for donors after brain or cardiac death if they are likely to be part of the donation team.
- Donor co-ordinators are available in each case, and may be a useful resource before, during, and after the donation.
- Anaesthetising for organ donation can be time-pressured, stressful and emotionally difficult. Debriefing may be useful to address some of these issues.

References

1. Information for anaesthetic staff on the management of the multi-organ donor. ATCA National Guidelines (www.ATCA.org.au).

2. ANZICS statement on death & organ donation edition 3.1

Further reading

Salas E. et al
2008. Debriefing Medical Teams: 12 Evidence-Based Best Practices And Tips. The Joint Commission Journal on Quality and Patient Safety; Vol 34, 9.

Ormrod JA, Ryder T, Chadwick RJ and Bonner SM.
2005 Experiences of families when a relative is diagnosed as brain stem dead: understanding of death, observation of brain stem death testing, and attitudes to organ donation. Anaesthesia 2005 60: 1002-1008.

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