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BC Transplant

Donation after MAiD Toolkit for Healthcare Workers

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Introduction

Each year, thousands of Canadians receive transplants from deceased organ and tissue donors while many hopeful recipients remain on the waitlist. In 2016, the federal government introduced new legislation to allow Canadians to seek Medical Assistance in Dying (MAiD) as an end-of-life care option. In the same year, organ donation after MAiD was also established using a modified donation after death by circulatory criteria (DCC) pathway. The protocols and procedures have been slightly modified from standard in-hospital DCC cases to accommodate for the MAiD patient's needs and family circumstances. National groups were organized to review ethical concerns and to inform guidance and policy around MAiD and donation. This guidance document helped inform our process at BC Transplant (BCT).
https://www.cmaj.ca/content/195/25/E870

Using compassion, collaboration and innovation, BCT's mission is to save lives through organ donation, transplant and research. We believe that all eligible British Columbians have the right to be an organ and/or tissue donor at the end of life. The primary goal of developing this toolkit is to inform MAiD programs and other healthcare partners throughout BC about donation after MAiD.

Guiding Principles Supporting Organ Donation After MAiD

1) All eligible patients have the right to be offered and receive adequate information on organ and tissue donation at the end of life. Every eligible patient should have the opportunity to speak with an organ and/or tissue donation expert with sufficient time to incorporate donation into their care plan.

2) Eligibility to donate should remain separate and secondary to the decision to seek and be approved for a MAiD provision. The BCT team, including those involved with organ and/or tissue donation, procurement, and transplantation, must not influence the patient's decision or approval for MAiD or donation.

3) All patients have the right to make autonomous decisions surrounding their own care. Whenever possible, first-person consent will be obtained when proceeding with organ and/or tissue donation.

4) Patient comfort and maintaining dignity at the end of life are critical components in the donation after MAiD process. BCT will strive to ensure the donation process minimally impacts the MAiD provision while ensuring safety in transplant.

Donation after MAiD programs should be consistent with the guiding principles above.

Organ Donation in BC: Our Story

BC Transplant Overview

BC Transplant has been engaged in organ donation and transplantation for more than 30 years. As of 2024, more than 6,000 British Columbians are alive because of an organ transplant.

Vision: All British Columbian residents will be offered the option of organ donation at the end of life and all eligible for a transplant will receive one.

BC Transplant:

- Is responsible for all organ donation in the province of BC, and directs, delivers or contracts for all organ transplant services across BC.
- Is funded through the BC Ministry of Health Services, and is a program of the Provincial Health Services Authority (PHSA)
- Follows the legal framework of the Human Tissue Gift Act (Provincial), Consent to Donation Regulations (Provincial), and Health Canada Regulations/CSA Standards (Federal)

Organ Donation in BC: Our Story

Who We Serve

At BCT, we have a commitment to serve everyone who is a resident of BC. We work with each health authority throughout the province to ensure organ and tissue donation is an option for all eligible patients as a part of quality end-of-life care.

History of Solid Organ/Transplantation in BC

- **1968**: First renal transplant
- **1976**: First living related kidney transplant
- **1985**: BC Transplant Society created
- **1988**: Heart Transplant Program established
- **1989**: Lung, Pancreas and Liver Transplant Programs established
- **2001**: First living related liver transplant
- **2002**: First islet cell transplant
- **2007**: First paired kidney exchange
- **2008**: First Donation after death by circulatory criteria (DCC)
- **2017**: First MAID solid organ donation (modified DCC)

Legislation and Referral

Each province has specific legislation that guides the practices around donation of organs and tissues. In BC, the Human Tissue Gift Act (HTGA) outlines when referring organizations need to notify BC Transplant and the Eye Bank of BC about a potential donor. It states that *a facility must notify the agency immediately in the event of the death, or impending death, of a patient 75 years of age or younger, in its care.*

BCT encourages MAiD programs to practice in a manner that is consistent with the HTGA. Therefore, practice should include universal referral of all 'eligible' patients who have had both assessments and are deemed eligible for MAiD (see Appendix C and D).

HTGA:
https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96211_01

Donation Framework in BC

Currently in BC, deceased donation can be planned at any site that is able to maintain a ventilated patient and has access to an OR for the recovery of organs. BCT follows the dead donor rule, which is a widely accepted ethical standard across Canada. This ensures that organs for transplantation can only be recovered after the patient is determined clinically deceased either through neurological or circulatory criteria. In BC, both pathways need to have two licensed medical practitioners (DNC), or 2 licensed practitioners/Nurse Practitioners (DCC) assess the patient to determine death.

Death by Neurological Criteria (DNC): Also referred to as "brain death." By definition, the brain has permanently lost all neurological function and death has been declared using neurological criteria. Neurological death is confirmed through clinical testing by two physicians and ancillary testing when required. For donation of organs, the patient will go to the operating room on all life sustaining therapies when declared brain dead. 2 Medical Practitioners are required to declare death.

Death by Circulatory Criteria (DCC): Is an option for patients who have suffered an injury or illness with no meaningful chance of recovery. Withdrawal of life-sustaining treatments (WLST) takes place in the ICU under a controlled setting. When a person's heart permanently stops beating, they experience circulatory death. The process of WLST to facilitate retrieval of organs after circulatory death is coordinated between BCT, intensive care unit, operating room, and the patient's family. After the patient is pronounced deceased, the patient is quickly moved into the operating room to begin the organ recovery. 2 Medical Practitioners and or Nurse Practitioners are required to declare death.

- **Donation after MAiD (mDCC:)**This is a modified version of the DCC pathway. Instead of WLST, medications are administered to ensure a peaceful and controlled death followed by donation. Currently in BC, this needs to take place in a hospital setting in order to facilitate solid organ donation.

Organs and Tissues Recovered in BC

BC Transplant: Heart, lungs, liver, pancreas (whole or islets), kidneys

Eye Bank of BC: Corneas, sclera

NOTE: BC Transplant and Eye Bank of BC are separate entities but work closely together to maximize a patient's donation opportunity for organs and tissues.

Deceased Donation: Solid Organs and Tissue

- **Donation after Death by Neurological Criteria (DNC)**: Heart, lungs, liver, pancreas (whole or islets), kidneys, cornea, sclera
- **Donation after Death by Circulatory Criteria (DCC and mDCC)**: Lungs, liver, kidneys, pancreas for islets, cornea, sclera
- **Postmortem Donation**: Cornea and sclera only

Donation after MAiD Process

The Donation after MAiD process is a **modified DCC pathway**. Steps for the process can be broken down into eight categories:

1) **Routine Notification**
2) **Donation Discussion**
3) **Consent Process**
4) **Donor Testing and Screening**
5) **Logistical Planning**
6) **Day of Provision and Determination of Death**
7) **Surgical Recovery**
8) **Post-Surgical Recovery**

Donation after MAiD Process

1) Routine Notification

- As per the HGTA facilities are required to report all impending deaths to BCT/Eye Bank of BC to assess for organ and tissue donation potential.
- After a patient has submitted their request for MAiD and are found eligible, their death can be considered impending.
- If the patient is 80 years or younger, the MAiD provider/program should fax referral form to 604-708-2764 or call 1-877-Donor BC if provision is planned in <10 days.
- While HTGA states mandatory referral for patients 75 years or younger, in some cases patients between the age of 76-80 may still be able to donate kidneys due to advances in transplantation.
- The following exclusion criteria applies for solid organ donation:
    - Age > 80 years old
    - Metastatic cancer* (primary non-metastatic cancer will be reviewed by BCT medical director)
    - HIV
- The following exclusion criteria applies for eye donation:
    - Age >75 years old
    - ALS, MS, Alzheimer's and Parkinson's disease

Once the referral has been received by BCT, the Organ Donation Specialist (ODS) will complete a thorough review to determine eligibility for organ donation. They will also check the Organ Donor Registry (ODR) to determine if that patient has registered their wish to become an organ donor. The eligibility status will be communicated to the MAiD representative. If there is no eligibility, the MAiD provider/program may continue end-of-life care planning without the option of donation.

NOTE: Criteria for donor acceptance may change based on recipients on the current wait list.

Donation after MAiD Process

2) Donation Discussion

- After the second assessment, the MAiD provider/program will inform the patient that they have the option to speak with a donation expert if they are interested in incorporating donation into their end-of-life care plan. A language document is available in Appendix B to help guide this discussion.
    - The patient may also have expressed interest in hearing more about organ donation on their patient request form (HLTH 1632).
- If the patient is interested, referral to be made to BC Transplant/ Eye Bank of BC (see referral form Appendix D)
- The ODS will contact the patient to discuss in detail the donation process, including all testing required. The patient will be informed that the provision would need to occur in a hospital setting, close to the OR for timely recovery of organs.
- They will ask the patient their preferred hospital and plans for their provision.

If patient not interested, no further action required.

3) Consent Process

- If the patient chooses to consent for organ and/or tissue donation, a formal consent form will be signed. Two ODS will meet with the patient to review the consent. This can also be done by telephone if the patient prefers.
- This consent can be revoked at any time throughout the process if the patient chooses a different direction for their end-of-life care plan.
- The patient will have the option to consent for all organs and tissues or may choose only specific organs and/or tissues they wish to donate. The ODS will ask the patient to notify BCT once their date is set.
- If the patient does not consent to organ and/or tissue donation, the ODS will notify the MAiD program so they can then continue end-of-life care planning without donation.

Donation after MAiD Process

4) Donor Testing and Screening Process

- In most cases, donor testing and screening will not start until the patient is within 30 days of their provision date as their health status may change.
- The ODS will conduct a medical-social questionnaire to assess the patient's previous medical/social/behavioral history. This questionnaire is mandated by Health Canada and is required for all potential organ donors.
- A physical assessment form will need to be completed by an RN or MD. BCT may ask the MAiD provider or family physician to complete this. The goal is to minimize any inconveniences for the patient (see Appendix E).
- Closer to the provision date (ideally within two weeks), the patient will be required to have blood work drawn through their local hospital or Life Labs. This blood work is sent to test for communicable diseases, HLA tissue typing to find matching recipients, and assess organ suitability. Blood, urine, and sputum cultures may also be collected.
- Patients may be required to have diagnostic testing including: chest xrays, CT scans of the chest and/or abdomen ultrasounds. This is to further assess individual organ suitability and will vary depending on organs being evaluated for transplant.
- BCT will work with the patient's GP and/or local hospital to arrange for in-hospital diagnostic as required.
- Patients will be required to have a COVID test within 5 days of provision/donation. This may be done on admission the hospital when possible.

Donation after MAiD Process

5) Logistical Planning

- If the patient has consented for solid organ donation, the coordinator will make every effort to accommodate the patient's preference of hospital. If the hospital does not have a DCC and/or mDCC program already established, BCT will work with the hospital to establish a process ad hoc and accommodate the patient's wishes.
- If this is not possible, the patient will be offered another hospital within the same health authority.
- BCT will collaborate with MAiD program on admission plan, time and location.
- The patient will need to be admitted to the hospital in a room close to the OR, change into a hospital gown, placed on a cardiac monitor and have an RN to care for and monitor the patient.
- Two licensed physicians and or Nurse Practitioners need to be arranged to determine death. One physician/NP can be the MAiD provider.

Donation after MAiD Process

6) Day of Provision and Determination of Death

- On the day of provision, a huddle will be organized by the ODS. It may consist of the MAiD provider (and nurse if applicable), Surgical Recovery Specialist, bedside RN, OR team, SW, and any other healthcare professionals involved in the donation after MAiD process. The process and each person's role will be briefly reviewed, and a moment of silence is observed to honor the patient's gift of life.
- Once the patient is admitted they change into a hospital gown and are placed on a stretcher and cardiac monitor. Additional blood work may also be collected at this time if required.
- At some point in the provision, a large dose of IV Heparin will be given to help minimize any micro clotting at the organ level.
- Once the provision is started, the second physician/NP/RN/BCT coordinator will monitor the patient until circulatory death occurs.

Death must be confirmed as per the BCT Confirmation of Circulatory Death form (http://www.transplant.bc.ca/Documents/Statistics/ODHD-GEN.04.019.pdf).

Donation after MAiD Process

6) Day of Provision and Determination of Death Cont'd

- Once death is confirmed by one physician/NP, a five-minute observation period to confirm the irreversibility of circulatory death is required prior to determination of circulatory death. This is a “hands off” period where no interventions should be taking place. This does not apply to family members who may be saying their last goodbyes.

- ***After the five minutes has been completed, both licensed physicians and/or NP’s will confirm there has been a five-minute period with:***
  - ***Continuous absence of pulse pressure as monitored by arterial line or palpable pulse OR continuous absence of apical heart sounds with asystole via electrocardiogram monitoring***
  - ***No evidence of spontaneous respiratory effort No***
  - ***pupillary response***
  - ***No response to periodic noxious stimuli***

- Pronouncement of death is now fulfilled, and the Confirmation of Circulatory Death Form is completed.
- The patient is moved quickly into the operating room for organ recovery.

Donation after MAiD Process

7) Surgical Recovery

- All deceased donor surgeries are conducted with the utmost respect and dignity for the patient. The organ recovery surgery is a fully sterile procedure and may take several hours to complete.
- The OR is completely prepared prior to initiating the MAiD provision with the patient.
- If the lungs are being recovered, the patient will be intubated to re-inflate the lungs and a bronchoscopy may be performed.
- In the OR, the organs are perfused with cold preservation solution to allow for the time required to recover the organs and transport them to the transplant ORs.
- The organs are then recovered and sterilely packaged, labeled, and locked in coolers for transport to the transplanting OR.
- Once the suitable organs are removed, the patient's incision is sutured closed and the body is cleaned, placed in a body bag and transported to the morgue.

7) Post-Surgical Recovery

- If eyes have been accepted, the Eye Bank of BC recovers the eyes within eight hours of the patient being deceased.
- If requested, families of the donors may be updated by a BCT coordinator.
- The BCT Family Services Facilitator follows up with all donor families through phone, email, or mail to ensure they are supported in the days, months and years following donation.

Program Development/Education

BCT supports the donation work done through the entire province encompassing seven distinct health authorities for organ donation. BCT is committed to ensuring every person involved in a donation case is supported through education and development of policies that guide the work of the bedside staff and administrators. We employ an organ donation specialist (ODS) and a Surgical Recovery Specialist (SRS) with every case to ensure it runs smoothly for the staff involved and also to support each patient, along with their family.

Each health authority, and facilities within, are responsible for developing and implementing their own policies and protocols in relation to organ and tissue donation after MAiD. BCT supports these health authorities with policy development and implementation. We work with each MAiD program to provide education on organ and tissue donation as necessary.

At BCT, we believe that by working together with each health authority and MAiD program, we can honor the final wishes of patients.

Aftercare for Donor Families

BC Transplant has a family services program, facilitated by a social worker, which provides continuity of care for donor families following the organ donation process.

The program facilitator connects with donor families by telephone, mail and/or email to provide limited information on the outcome of the organ donation, as well as grief and loss support and resources that fit with their individual experiences and needs.

Many donor families wish to reach out to transplant recipients to express hope for good health and share some context about their loved one who became an organ donor. BC Transplant's family services program facilitates anonymous written correspondence between donor families and transplant recipients who wish to establish contact with each other.

In the year following organ donation, the donor family is invited to BC Transplant's annual donor medal ceremony where the organ donor is honored for giving the gift of life.

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Appendix A: Glossary

Bronchoscopy: A diagnostic procedure used to assess suitability for lung donation. In MAiD cases, this is often done once the patient is pronounced deceased and in the operating room to minimize any discomfort to the patient during their initial workup.

Death by Circulatory Criteria (DCC): Patients within critical care, who are going to have withdrawal of life sustaining therapies, have the opportunity to become a DCC donor. Once the patient has had these therapies removed and their heart permanently stops, they have experienced circulatory death. They then move quickly into the operating room to for organ recovery.

Donation after Death: Donation after death pertains to eye donation only. After a patient is pronounced deceased, on any ward in the hospital, the eye bank has up to eight hours for retrieval of the eyes for cornea and sclera donation.

Human Tissue Gift Act (HTGA): Legislation that supports all imminent deaths be referred to BCT to determine eligibility and registration status for organ and tissue donation for patients 75 years and younger.

In-Hospital Coordinator (IHC): The IHC is responsible for the education and policy development within their assigned hospital and health region. They also support the ODHD team as Organ Donation Specialists.

Medical Social Questionnaire: A critical component in identifying the risk versus benefit for moving forward with organ donation and determining eligibility. The questionnaire consists of questions that screen for: transmission of bacterial/viral/prion-associated diseases, evidence of diseases or conditions that may make organ specific donation unsuitable and increased risk for infectious disease transmission.

Appendix A: Glossary Cont'd

MAiD Program: For the purpose of this document, "MAiD program" may consist of MAiD provider, assessor, coordinator, care clinic staff.

Death by Neurological Criteria (DNC): This means the patient has lost all function of the brain and a clinical diagnosis of brain death has been determined by two licensed physicians through clinical testing (and sometimes ancillary testing). This is also referred to as brain death.

Organ Donation Registry (ODR): The registry allows residents of BC to register their decision in regard to organ donation using their BC Personal Health Number (PHN). This can be done when renewing their driver's license or online at our website: https://register.transplant.bc.ca/

Organ Donation Specialist (ODS): They receive referrals from the hospitals/MAiD programs, and support patients and their families through the donation process by obtaining consent and completing the medical/social questionnaire. The ODS is responsible for organ allocation. They assist the hospitals with managing potential donors and coordinate all aspects of donation until the OR where they hand off the case to the SRS.

Surgical Recovery Specialist (SRS): They take over the role of coordinator once the patient goes to the operating room (OR). They coordinate activities in the OR including preserving, packaging, and labelling of organs as they are recovered and transported to recipient hospitals. They help facilitate importing and exporting of solid organs for transplantation from out of province/country.

Appendix B: Language Guide

Scenario 1: Once the second assessment is completed and the MAiD provider is discussing the patient's options.

Have you ever considered Organ donation as a part of your end-of-life plan? I can have someone from BCT provide you more information if you would like to explore this further.

OR

I am required to provide you with all of your options at end of life and organ donation is one of these. I am happy to put you in touch with a knowledgeable Organ Donation Specialist at BCT to provide you with more information.

OR

I'd like to talk to you about your options for end of life. One of those options includes organ donation after your provision. If this is something you are interested in, I can put you in touch with someone from BC Transplant to go over the process with you.

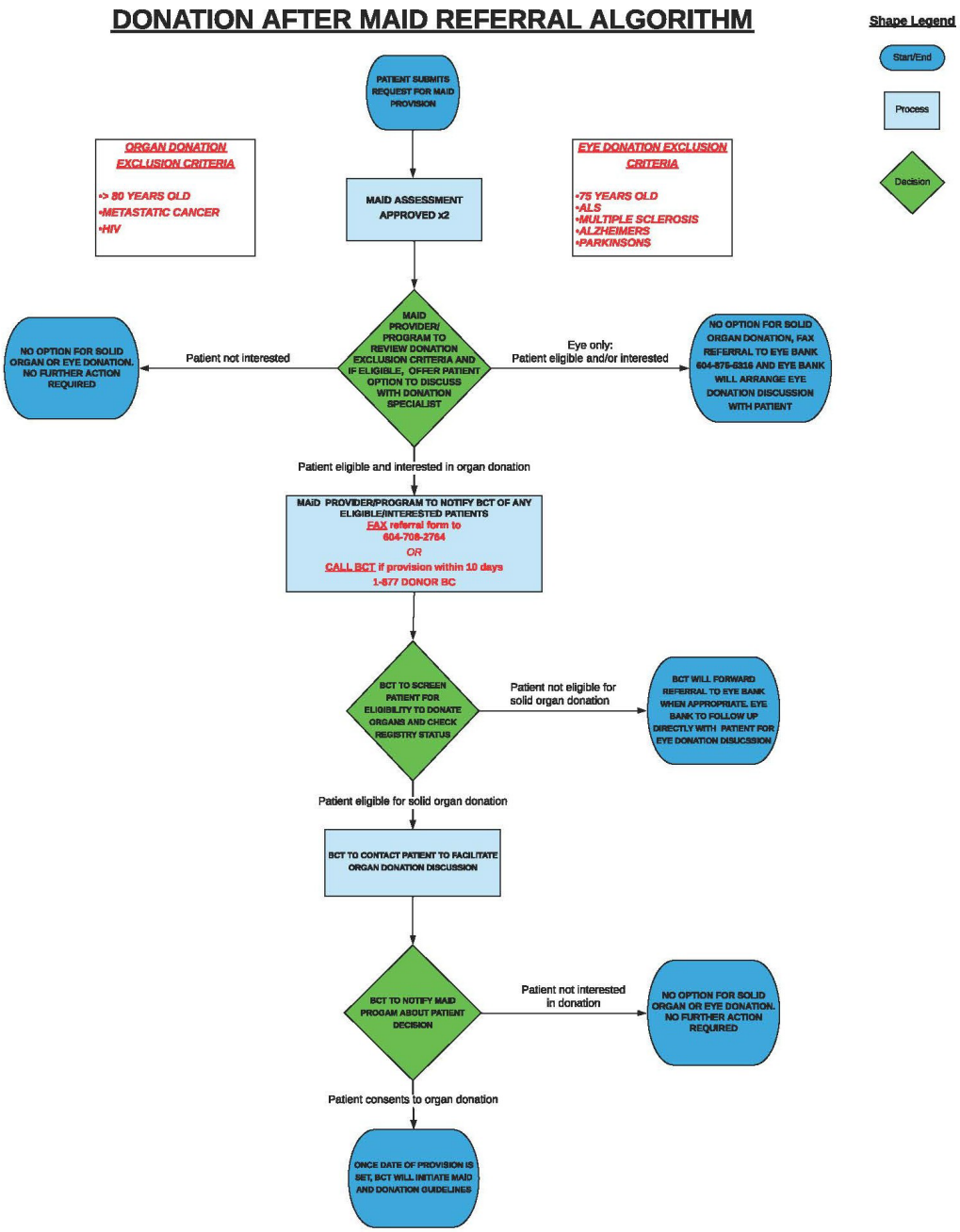
Scenario 2: After 1st assessment is completed and the patient asks if organ donation would be an option.

Organ donation is possible at end of life in some cases. After your second assessment is complete, I would be happy to contact BCT to determine if this would be an option that aligns with your end-of-life planning.

Scenario 3: A patient with metastatic cancer inquiries about options around organ donation at any point in their MAiD assessment.

Unfortunately, due to your diagnosis of cancer, solid organ donation is not an option' however, we can certainly call the Eye Bank following your provision as there may be an opportunity for eye donation.

Appendix C: Referral Algorithm



APPENDIX D: REFERRAL FORM

BC TRANSPLANT

Organ/Tissue Donation after MAiD Referral

FAX OR EMAIL REFERRAL FORMS TO 604-708-2764 / BCTmaidreferrals@phsa.ca
IF MAID PROVISION IS LESS THAN 10 DAYS FROM REFERRAL DATE, CALL 1-877-DONOR-BC AND DO NOT FAX
REFERRALS CAN BE SUBMITTED BY MD/NP/RN/MAID COORDINATOR

ORGAN DONATION EXCLUSION CRITERIA

- HIV
- >80 YEARS OLD
- METASTATIC CANCER

EYE DONATION EXCLUSION CRITERIA

- ALS
- MULTIPLE SCLEROSIS
- ALZHEIMERS
- PARKINSONS
- >75 YEARS OLD

- Patient approved for MAiD by 2 assessments? ☐
  NOTE: BCT requires both assessments be completed before referral for organ donation
- I confirm my patient DOES NOT meet the exclusion criteria for organ donation (see across) ☐
- I confirm my patient DOES NOT meet the exclusion criteria for eye donation (see across) ☐

Referral Date _____ Medical diagnosis for requesting MAiD _____

Anticipated Provision Date _____ No date set ☐

Patient Information

LAST NAME _____ FIRST NAME _____ DOB (D-M-Y) _____

BC PHN _____ CITY (of residence) _____

Home Phone _____ Cell Phone _____ E-mail _____ ☐ Non-Verbal

Most Appropriate Contact Person (if different than above):

NAME _____ PHONE _____ E-mail _____ Relationship to patient _____

Referring Person

NAME _____ PHONE _____ E-mail _____ Relationship to patient _____

Special Instructions

Appendix E: Physical Assessment

BC TRANSPLANT

Name:_____

PHN:_____

Patient Label

Physical Examination Form for Potential MAiD Donors

To Be Completed By a Physician, RN or qualified BC Transplant Coordinator

PHYSICAL EXAM COMPLETED BY: _____ _____ _____

PRINT NAME and CREDENTIALS | SIGNATURE | DATE

PART 1 – Complete for All Potential Donor Physical Examinations

_____ Weight (Kg): _____ Height (cm): _____

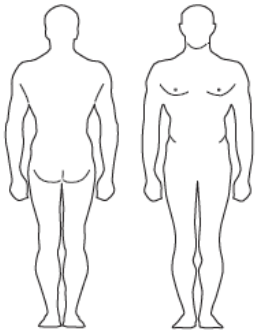
Patient Name (Please print)

ASSESS FOLLOWING FOR ALL POTENTIAL DONORS	
Unexplained lymphadenopathy	☐ Yes ☐ No
Unexplained mass	☐ Yes ☐ No
Unexplained mucocutaneous lesions	☐ Yes ☐ No
Needle tracks or other signs of injection drug use	☐ Yes ☐ No
Active infections of clinical significance	☐ Yes ☐ No
Unexplained jaundice, hepatomegaly, or icterus	☐ Yes ☐ No

Note: Yes responses must be reviewed for potential Exceptional Distribution.

Integumentary:
If applicable, mark corresponding letter on diagram:

A	Abrasion(s)
B	Bruise(s)
C	Contusion(s)
D	Dressing(s)
H	Hematoma(s)
L	Laceration(s)
N	Needle track(s)
P	Piercing(s)
R	Rash(es)
S	Scar(s)
T	Tattoo(s)
Q	Lesion(s)



Does the Physical Exam reveal any abnormal findings with regards to Respiratory, Cardiovascular, Abdominal, or Musculoskeletal systems including hardware from past surgeries (e.g., sternal staples or mesh)? ☐ Yes ☐ No

IF YES DESCRIBE:

Does the patient have any upper airway abnormalities, which may make intubation difficult? ☐ Yes ☐ No

IF YES DESCRIBE:

Part 2: Directed physical examination is required when any high risk behavior is suspected or if requested by BC Transplant. Yes responses must be reviewed with physician for potential Exceptional Distribution.

☐ **Directed Physical Exam Not Required** ☐ **Directed Physical Exam Required – Complete page 2**

PART 2 – DIRECTED PHYSICAL EXAMINATION

ASSESS FOLLOWING FOR FEMALE POTENTIAL DONORS	
Signs of sexually transmitted diseases such as genital ulcerative disease, herpes simplex, syphilis, or chancroid (*If yes, send for gynecological exam*)	☐ Yes ☐ No ☐ N/A

ASSESS FOLLOWING FOR MALE POTENTIAL DONORS	
Signs of sexually transmitted diseases such as genital ulcerative disease, herpes simplex, syphilis, or chancroid	☐ Yes ☐ No ☐ N/A
Physical evidence of anal intercourse including perianal condyloma	☐ Yes ☐ No ☐ N/A

ASSESS FOLLOWING FOR MALE AND FEMALE POTENTIAL DONORS	
Physical evidence of non-medical percutaneous drug use such as needle tracks, including the examination of any tattoos that may be covering needle tracks	☐ Yes ☐ No
Physical evidence of recent tattooing, ear piercing, or body piercing	☐ Yes ☐ No
Oral thrush	☐ Yes ☐ No
Generalized vesicular rash (generalized vaccinia) and/or	☐ Yes ☐ No
Presence of an infection or malignancy (e.g., by means of inspection and palpation)	☐ Yes ☐ No

Any Yes responses to evidence of High Risk behaviours require review and comment in donor chart

Adapted from CBS KPD Protocol: Physical Examination Form for Living Donors FB00857

Appendix F: FAQ

Can a patient have their MAiD provision at home and still donate?

Currently in BC, a patient must be willing to have the MAiD provision in hospital in order for BCT to facilitate solid organ donation. However, eye donation may still be possible for MAiD provisions at home.

My patient has very specific timing or ceremonial requests around their provision. How does BCT accommodate this?

The requests of each patient are very important to us, and we do our best to accommodate a patient's timing or ceremonial request. To facilitate donation and recovery of organs, we work closely with the MAiD provider and the OR to secure a time for the provision and recovery. Timing may not always align with the patient's request and therefore it is the patient's decision if they want to still proceed with donation. In some circumstances ceremonial requests may not allow for organ donation due to time constraints once death is pronounced.

My patient has a specific hospital where they want their provision to take place. Are you able to accommodate this request?

We will work to accommodate all patient requests, including hospital preference. If a requested hospital does not have a donation after MAiD program, we will work with the hospital administrator, critical care and operating room to establish one. In the event this is not possible, we will find a hospital within the same health authority to accommodate donation after MAiD

Appendix F: FAQ

What if the patient doesn't want their family to know they have requested Donation after MAiD?

At BCT, we respect that it is the patient's right to maintain confidentiality around donation after MAiD. If the patient plans to have their family present during their in-hospital provision, facilitating donation without them knowing would not be possible due to the timing of the process and logistics involved. A BCT Coordinator can work with patients who want to explore organ and tissue donation and help them find language to speak with their families. We are also available to be with patients to help them navigate this difficult conversation with their family. If a patient's family is not going to be at the provision, donation may proceed with respect to the patient's request to maintain confidentiality at end of life.

Do the drugs given for the MAiD provision affect the viability of organs?

No, drugs given to complete the MAiD provision do not affect the viability of any organs being transplanted. Many organs have been successfully transplanted following a MAiD provision.

My patient is Hepatitis C positive; can they donate?

Hepatitis C positive serology does not rule someone out for donation. Our criteria for recipient selection changes frequently, influencing eligibility for donation. If you are unsure of your patient's suitability, we encourage you to call BCT to speak with an Organ Donation Specialist

Appendix F: FAQ

What is expected of me as a MAiD provider to ensure I follow legislation?

After your patient has been approved for MAiD by two assessors, your patient is considered an imminent death. If your patient is 75 years of age or younger, the MAiD program is responsible for notifying BCT or the Eye Bank of BC and providing information about the patient. BCT/Eye Bank of BC will determine eligibility.

What is expected of me (as a MAiD provider) if my patient consents to Donation after MAiD?

In some cases, BCT may request you document a physical assessment of the patient. On the day of the provision, we will ask you to arrive at the hospital at least 30 minutes prior to the provision time to meet with the BCT team and participate in the team huddle. We will ask you to administer the IV heparin dose immediately prior to provision. After the provision is completed, you will be required to pronounce the patient deceased and sign the Declaration of Death BCT form.

My patient wants to take the oral medication for their provision, can they still be an organ donor?

As the oral route has an unpredictable time frame to death, this may cause prolonged ischemia in the organs making them no longer suitable for donation. Due to the quick time frame from beginning of provision to pronouncement of death, only patients receiving IV administration are eligible for donation after MAiD at this time.

Appendix F: FAQ

After reading the Donation after MAiD toolkit I feel comfortable sharing information regarding this process with my patient, is this okay?

While we appreciate you bringing up the initial mention of donation with your patient, we always prefer that an Organ Donation Specialist be the person to provide the patient with detailed information about the donation process.

After reading the toolkit I still have so many questions about donation. Where do I go to get more information?

BCT coordinators are happy to provide one-on-one or group in-servicing about the donation process. You can call to speak with the on-call coordinator or reach out to the IHC for your health authority. There are several resources on our website for healthcare professionals: **http://www.transplant.bc.ca/**. Our partners at Canadian Blood Services also have educational material available for physicians: **https://profedu.blood.ca/en/organs-and-tissues/courses/canadian-clinical-guide-organ-donation.**

If I don't refer, will I get in trouble for breaking the law?

While referral is mandatory as per legislation for facilities, MAiD does not technically fall under the healthcare facilities act at this time. The option of organ donation is an important component of end-of-life care. We believe by offering this option, patients have the opportunity to make their own decisions about what is best for them.