**BC Transplant**
**Donation Following MAiD – Information Town Hall**
**April 28 & May 12, 2021**

## Q&A Summary

1. **Please verify for the many who have asked…SHOULD be referred or MUST be referred. Who is checking?**

   The language in the law ensures the option of organ donation is available to everyone as part of end-of-life care. Though it is imperative to refer – i.e. 'must' refer – it is neither enforced nor punitive. The emphasis is on the presentation of options: by neglecting to offer organ donation to our patients, we inadvertently make decisions on their behalf.

2. **Is there a good reason BCT requires their own referral form that needs to be filled in addition to the already labored form for MAID?**

   The BCT referral form was developed in consultation with the MAiD provincial steering committee and the Ministry of Health. Though this form is the current standard for the referral process, BCT continues to accept and review feedback.

3. **Can admission be to any hospital? Or specific hospitals?**

   There are specific centers with more resources to facilitate organ donation after MAiD; however, BC Transplant will always consider and evaluate the patient's first choice and/or closest hospital as the provision site.

4. **Why can the 1634 not simply be copied to BCT if I tick the box that patient wants to donate? I.e. sent from the co-ordination service and BCT can follow with the patient?**

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5. **A lot of MAID patients have circulatory arrest prior to rocuronium administration. I imagine that would complicate the timing somewhat but when I'm doing a MAID provision at present, I don't check for circulatory arrest prior to pushing the roc... can you comment on this timing? Should someone be auscultating throughout the med administration phase?**

   The current consensus is to administer all medications without stopping to perform any assessments. There is no expectation to modify your current practice.

6. **Will an in-person assessment by someone from BCT be possible throughout the province even in remote settings and in a timely manner?**

   BCT coordinators are stationed in many areas across the province. In-person assessments may occasionally be limited by geography; however, BCT will always coordinate telephone and virtual meetings as a secondary option.

7. **In FHA, are we using all hospitals or just the big 3 for provision and organ donation?**

   There is an effort to use all hospitals in FHA to facilitate organ donation, however some are more ready than others.

8. **Do you need to put onto the form #1634 the reason that you didn't refer to BC Transplant?**

   No. There is room to amend this in the future once the process becomes more familiar.

9. **I would like to hear the details about eye donation: who notifies whom?**

   The eye bank is generally notified of an eligible donor by a health care professional via the eye bank's direct phone line. An eye bank technician will coordinate with the team to facilitate the donation and an eye bank coordinator is available to the family for support and resources.

10. **So does the referral form get sent in even though the patient refuses? Because the MAID form looks like it does, and so does the mandatory notification policy you cite.**

    If the patient is not interested, or was not approached for any reason, there is no requirement to submit the referral form.

11. **Can you speak further on what support is offered to the patient's family after donation**

    BCT has a family services coordinator who works closely with all donor families that wish to be contacted. He offers a host of support services that are available to donor families indefinitely.

12. **Which noxious stimuli is checked for? (Bearing in mind the whole family may be present**

    A trapezius squeeze is generally recommended.

13. **I would purposely use bupivacaine in these cases- should that not become routine?/If the patient does not have a cardiac arrest for some minutes after all the normal drugs are given we usually give bupivacaine. Am I right in thinking that this will be forbidden in heart donation patients but would be OK in all others?**

    Bupivacaine would facilitate a quicker circulatory arrest, however BCT does not want to influence your MAiD process in any way. We are in support of following whatever process/medications the prescriber deems appropriate in these cases.

14. **My understanding is that the conversation re organ donation does not occur until the prescriber assessment. Is this correct? How would you advise MAiD coordinators to advise patients if they ask prior to that?**

    It is recommended that organ donation is not raised by the MAiD coordinator or prescriber until the second assessment to ensure a separation between the two decisions. In this presentation, several scenarios describe how to approach a scenario where patients inquire about donation prior to the second assessment.

15. **If we know that the patient has exclusion criteria, are we still expected to ask them if they want to talk to donation person?**

    No. Please check both solid organ and eye exclusion criteria as the patient may still be a candidate for eye donation (or vice versa).

16. **Why can't people that have ALS/MS/Parkinson's' and Alzheimer's be EYE donors?**

    ALS/MS/Parkinson's'/Alzheimer's are not rule-outs in and of themselves; because diagnosis is contingent on brain biopsies, patients with symptoms alike Creutzfeldt-Jakob disease are ruled out for eye donation.

17. **Have you had to navigate many cases where the patient is keen on donation but next of kin aren't? Tips?**

    We ensure that sufficient information is provided to the next-of-kin and allow as much engagement as possible, e.g. inclusion of NOK at patient meetings, opportunities for questions.

18. **Form 1634 section 7 asks if the patient has been offered the option of speaking to BC transplant. The two answers are 'yes' or 'no'. If the answer is 'yes' the only option is to submit the referral form. There is no option to say 'yes' to the patient being offered and then say they refused. If we change 1634 to give this option so that all providers can obey the requirement to offer donation but can also say the patient is not interested will BCT and the regulations have any objections to that?**

    No objections to this. BCT will continue to work with Ministry of Health in developing this option further in the future.

19. **Who is responsible for administering the heparin? Maid Provider or ICU support Nurse? And how will the team obtain the heparin dose (acute e-pharmacy? or unit omni-cell)?**

    In BCT's experience, the provider generally provides the heparin. The dose is pre-ordered and picked up at the pharmacy.

20. **In the home, how is an eye recovery performed?**

    The recovery is performed in the funeral home. Arrangements will be made with the individual/family prior to provision to ensure the facility is an appropriate setting for recovery.

21. **How does the provider arrange a direct admission to hospital? Most of us don't have direct admit privileges.**

    Admission privileges vary between health authorities and hospitals. BC Transplant in-hospital coordinators will assist with arranging admissions.

22. **Are there any issues with the small rural northern hospitals as long as there is an OR? What OR resources from the local hospital are required?**

    At this time, BC Transplant in-hospital coordinators are working on establishing a procedure for any hospital, as long as there is an operating room. Patients are however, advised that the

hospital they have selected may not be able to facilitate donation after MAiD. A scrub nurse, a circulating nurse, and anesthesia (lungs only) are generally required from the local hospital, provided that it is accessible to a procurement team flying in.

23. **It sounds like this provision is going be a lot more time intensive than our usual provisions - will it be possible to do these organ donations on the weekends when the provider might have more time?**

    Yes. The timing is primarily based on the patient's wishes, and secondarily, the availability of the OR and the required resources.