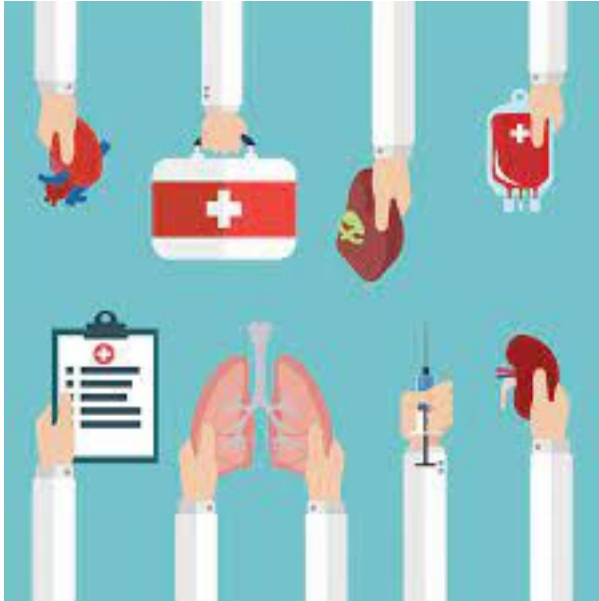


THE ULTIMATE GIFT

ORGAN
DONATION
FOLLOWING A
MEDICALLY
ASSISTED
DEATH

OBJECTIVES



- Review literature on emerging practice of organ donation following cardiorespiratory death
- Discuss opportunities, challenges for organ donation with MAiD
- Reflect on patient and family experiences



Brittany Nicholson

Regional Admin Director NHB Organ And
Tissue Program

Amy Carter, Tissue Bank Specialist



NB Organ and Tissue Program
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IN 2016

CANADA LEGALIZED
MEDICAL ASSISTANCE
IN DYING
(MAID)



SINCE 2016, MORE THAN

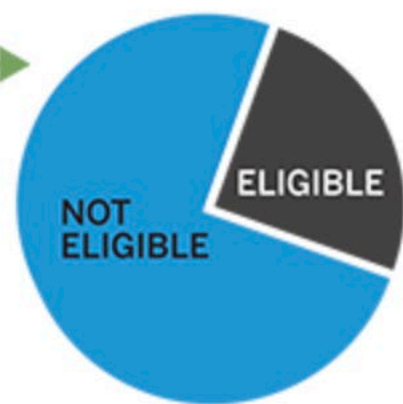
13,000

PATIENTS WITH A **SERIOUS,
IRREVERSIBLE MEDICAL CONDITION**
HAVE OPTED FOR THE PROCEDURE

CLOSE TO

2/3

OF MAID PATIENTS





“BOTH MAID AND
ORGAN DONATION
ARE INCREDIBLY
COMPLICATED BY
THEMSELVES, SO
PAIRING THEM IS
AKIN TO A SPACE
SHUTTLE LAUNCH. ”

— DR. IAN BALL



'DEAD DONOR RULE'

- Cause of death cannot be organ donation
- Donation after cardiocirculatory death - DCD -





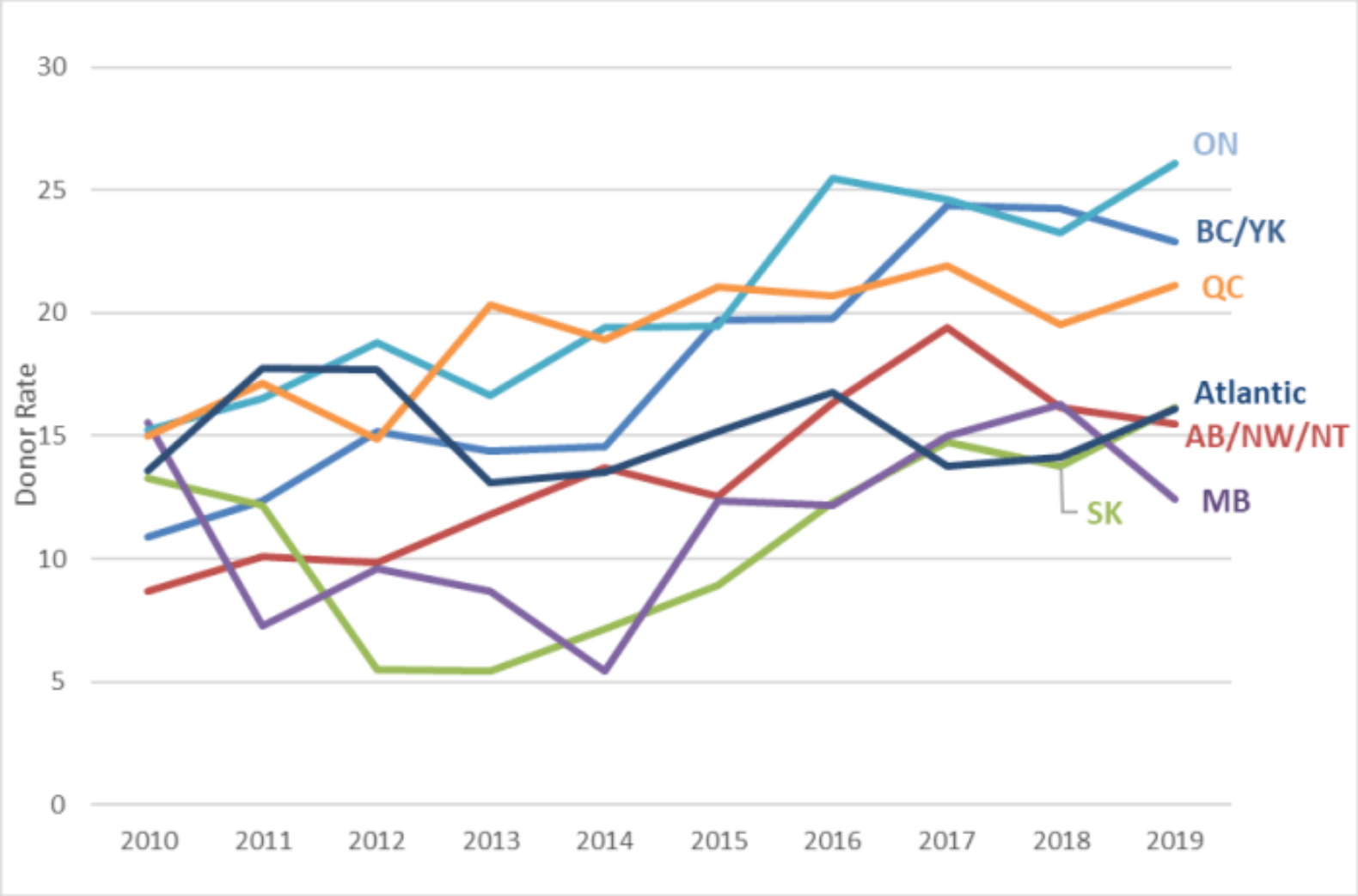
**DECEASED
ORGAN
DONATION -
2017**

- Neurologic determination - 75%
- Circulatory - 25%

Prior to MAiD - unconscious, incapable, critically ill patient not expected to survive the withdrawal of life-sustaining measures (WLSM).



DECEASED ORGAN DONOR RATE IN CANADA, BY REGION, 2010-2019





REQUESTS FOR DONATION

- Legalization of medical assistance in dying (MAiD) 2016
- Increase in requests by patients with advanced neuromuscular diseases choosing withdrawal of life supporting measures

“The ability of donors to give first-person consent for both MAiD or WLSM and organ donation creates emotional and moral challenges for health care professionals, and raises unprecedented ethical and practical challenges for patients, families, health care professionals and institutions, and society.”

CMAJ 2019 June 3;191:E604-13. doi:
10.1503/cmaj.181648





UPDATED VERSION, June 11, 2019

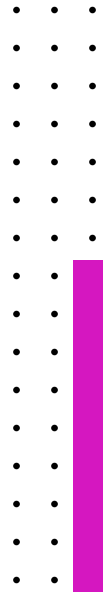
GUIDELINE | GUIDANCE FOR POLICY 

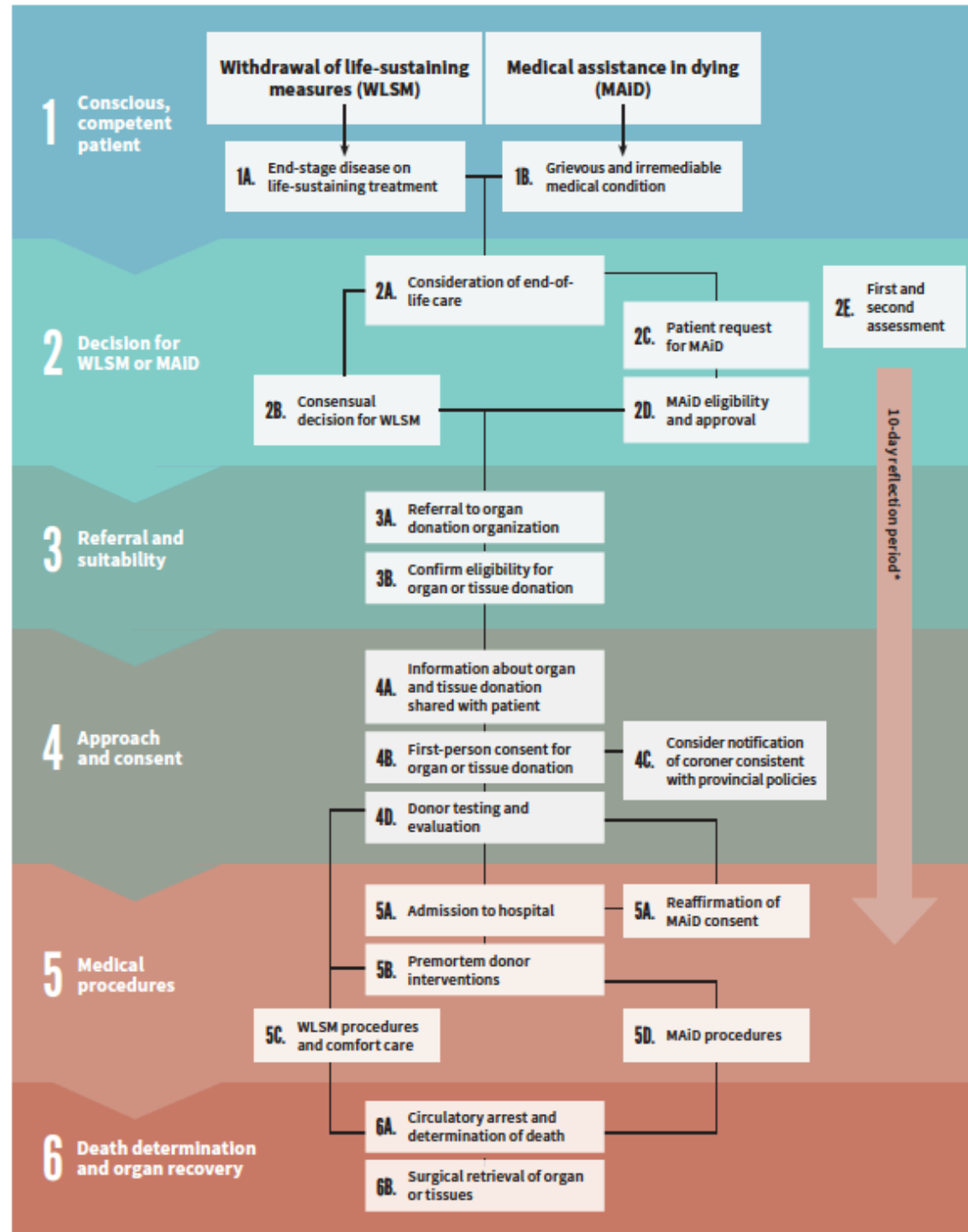
Deceased organ and tissue donation after medical assistance in dying and other conscious and competent donors: guidance for policy



KEY POINTS

- First-person consent for organ donation after MAiD or WLSM should be an option where MAiD/WLSM donation after circulatory determination of death is allowed.
- Ensure discussion about organ donation takes place only after the decision for MAiD or WLSM is made.
- Medically suitable, conscious and competent patients who provide first-person consent to end-of-life procedures should be given the opportunity to donate organs and tissues.
- People with ALS and other nontransmissible neurodegenerative diseases should be offered the opportunity to donate organs after their death.












Jurisdiction	Terminal Illness Requirement	Minors	Mental Illness	Advance Requests	Methods of Provision
Netherlands	No	Yes*	Yes	Yes, 12+	Both
Belgium	No (yes for minors)	Yes*	Yes	Yes*	Euthanasia*
Luxembourg	No	No	Yes	Yes*	Both
Switzerland	No	No*	Yes	No	Assisted suicide
Spain	No	No	Yes*	Yes	Both
Canada	No	No	Yes, in March 2024	No	Both
Colombia	No*	Yes*	Yes*	Yes	Both
United States²	Yes*	No	No	No	Assisted suicide
New Zealand	Yes	No	No	No	Both
Australia³	Yes	No	No	No	Varies across states

<https://www.dyingwithdignity.ca/blog/medical-assistance-in-dying-around-the-world/>

Oct 28, 2022

Practice and challenges for organ donation after medical assistance in dying: A scoping review including the results of the first international roundtable in 2021

Johannes Mulder^{1,2}  | Hans Sonneveld¹  | Dirk Van Raemdonck³  | James Downar⁴  |
Kim Wiebe⁵ | Beatriz Domínguez-Gil⁶  | Andrew Healey^{7,8}  | Bruno Desschans³ |
Arne Neyrinck³ | Alicia Pérez Blanco⁶ | Ingeborg van Dusseldorp⁹ | Gert Olthuis¹⁰ 

- Organ Donation after Euthanasia performed 286 times up to 2021; 837 received organs
- Canada 136 ODE



1: Patient residence



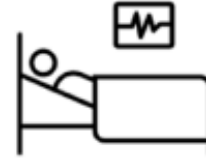
Private
versus
 Presence of
 medics/paramedics and
 monitoring
versus
 Private with just family
 and MAiD provider

2: Transport to hospital



Private
versus
 Deceased
versus
 Under sedation or
 anesthesia

3: Hospital stay

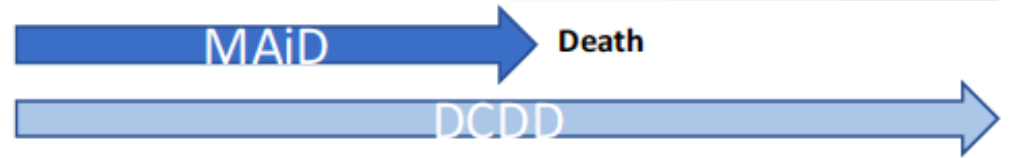


Awake, presence of
 medics/paramedics and
 MAiD provider
versus
 Deceased
versus
 Under sedation or
 anesthesia

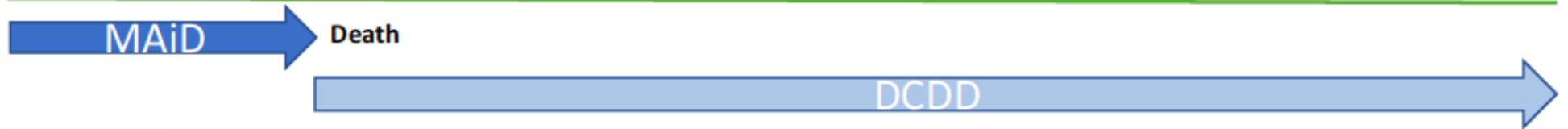
4: Transplantation



A: ODE



B: Canadian ODEH: MAiD completed at residence, followed by lung-only DCDD



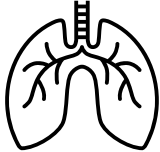

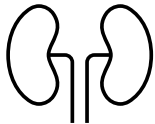

Canada performing more organ transplants from MAID donors than any country in the world

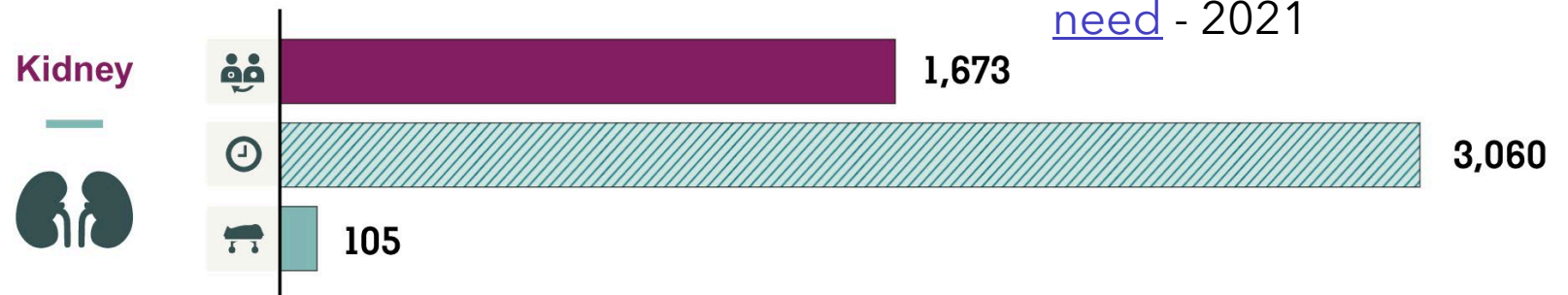


Data from the Canadian Institute for Health Information confirms this new source of transplant organs accounted accounts for six per cent of all transplants from deceased donors in Canada in 2021.

<https://www.ctvnews.ca/health/canada-performing-more-organ-transplants-from-maid-donors-than-any-country-in-the-world-1.6234133>. Jan 18, 2023

ORGANS FOR DCD

- ✓ Lungs 
- ✓ Liver 
- ✓ Kidney 
- ✓ Pancreas 



[https://www.cihi.ca/en/organ-transplants-in-canada-donations-and-need - 2021](https://www.cihi.ca/en/organ-transplants-in-canada-donations-and-need-2021)

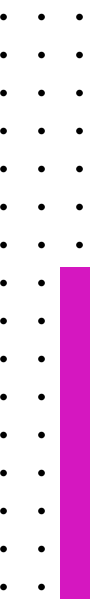
PATIENT DRIVEN DEMAND

“Organ donation after MAiD was two-sided for me. I did not want to lose the love of my life, but knowing Yvonne was able to make her own decisions as to how and when she left us, were both devastating and rewarding.”

- Dan

<http://www.transplant.bc.ca/about/news-stories/organ-donation-transplant-stories/bc%E2%80%99s-first-organ-donation-after-maid-case-tells-a-beautiful-story-between-husband-and-wife-duo-dan-and-yvonne>

- Offers the individual possibility of doing good
- Conscious, competent donors
- Protection of autonomy and nonmaleficence
- Decision and approval MAiD comes first
- Ethical concerns: reasons for MAiD





NB Organ and Tissue Program
Le Programme d'organes et de tissus du N-B

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Our stakeholders



**Canadian
Blood
Services**

BLOOD
PLASMA
STEM CELLS
ORGANS
& TISSUES



RÉSEAU DE SANTÉ

Horizon
HEALTH NETWORK



RÉSEAU DE SANTÉ

vitalité

HEALTH NETWORK



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**Public Health
Agency of Canada**

Agence de la santé
publique du Canada



Agenda

- **Who comprises the NBOTP Team?**
- **MAiD & Donation**
- **Notification**
- **Exclusion Factors**
- **Process of donation**



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Our Team





Our Team



Team members NBOTP

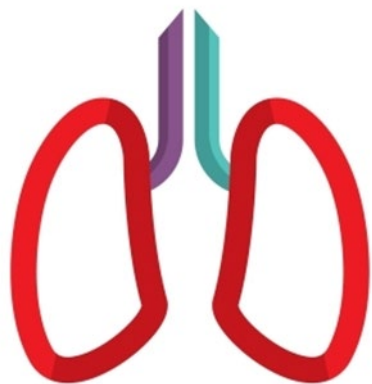
- NBOTP is a Provincial Program that operates within Horizon Health Network but serves both HHN's.
- Director: Brittany Nicholson
- Manager : Organ/Tissue: Jessica Bonnelly
- Manager: Ocular: Debbie Jefferson
- Organ Donor Coordinators: 2 Registered Nurses
- Tissue bank specialists: 5 TBS + Clinical Lead
- Certified eye bank technologist: 3 Nurses
- Medical Directors – all 3 divisions





**HUMAN
ORGAN**

FOR TRANSPLANT



What can be donated?

MAiD patients are considered a subcategory of DCD donation, thus the following can be donated:

Organ: Lungs, liver, pancreas, kidneys

MS tissue: Bones & tendons

Ocular: Cornea's

Body to medical science: Partnership with Dalhousie Univeristy



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Exclusion factors



Organ (Solid): Patients must be under the age of 80, no active cancer in previous 5 years (except basal cell carcinoma and squamous cell carcinoma)

MS Tissue: Patients must be under the age of 75, no history of cancer (except basal cell carcinoma), no active COVID in last 10 days, no neurological conditions (MS, Dementia, Parkinson's, ALS, etc.), septic at time of death and no high-risk lifestyle

Ocular: Patients must be under the age of 75, no history of blood cancers (Leukemia, lymphoma, multiple myeloma), no COVID in last 10 days, no neurological conditions (MS, Dementia, Parkinson's, ALS, etc.), septic at time of death and no high-risk lifestyle

DCD Donation

- **Donation after Cardiocirculatory Death (DCD)**

DCD donation occurs by the cessation of spontaneous circulation by means of cardiac arrest. There must be a five (5) consecutive minute period of continuous observation by two (2) physicians to which the following hemodynamic criteria must be met to confirm death:

- Continuous absence of pulse by arterial catheter.
- Continuous absence of palpable pulse/or the presence of a non-perfusing rhythm (asystole and/or PEA and/or V-fib).
- Absence of spontaneous respiratory effort.



How to Notify NBOTP

- **When can I reach out to start the process?**
 - Once the patient is approved for MAiD, anytime following that you can reach out.
- **My patient has been approved and wishes to discuss donation now what?**
 - Form for DCD MAiD will be completed to assess suitability for donation by an Organ Donor Coordinator
- **Who can I speak to if I as the provider have questions?**
 - Any and all questions are welcomed and we encourage you to reach out to our team via MBMD, e-mail or our answering service



Brief Overview of the Process

1. The patient is seeking out donation services/ MAiD provider gives information about donation possibilities to patient
2. MD to reach out to ODC via MBMD/ phone (506)643-6848
3. Preliminary screening completed by ODC following MAiD approval & notification.
 - PMHx, EHR, health portal, family MD records, etc.
4. Following preliminary screening, no contraindications found then some prerequired testing may be requested by the ODC



Brief Overview of the Process

5. The month prior to the provision date all testing is to be completed
 - Lab investigations
 - Diagnostics
 - HLA & Serology testing (arranged by ODC)
 6. Consent, Donor Risk Assessment Interview, physical inspection with the donor are completed by ODC
 7. Pt admitted to CHUGDH ICU the day of the provision.
- *Admission 2-4 hours prior to provision suggested**
6. Introduce team to family, repeat labs if necessary and insert Art Line
 7. Following provision, declaration of death completed & patient brought to OR



MAiD in an ICU Setting

- All efforts made for as little time in hospital for patient and family, 2-4 hours prior to provision is all that is needed
- Family may be present for provision
- Family explained about the 5 minutes of “Hands off time” to ensure cessation of cardiac activity.
- Following declaration of death, patient is swiftly taken to OR where the transplant team is awaiting the patient.
- Follow up phone calls are made to family to provide them with information of what organs were procured.
- Following donation NBOTP reaches out:
 - Letter writing program, Medal Ceremony, etc.



Time Frames for Donation

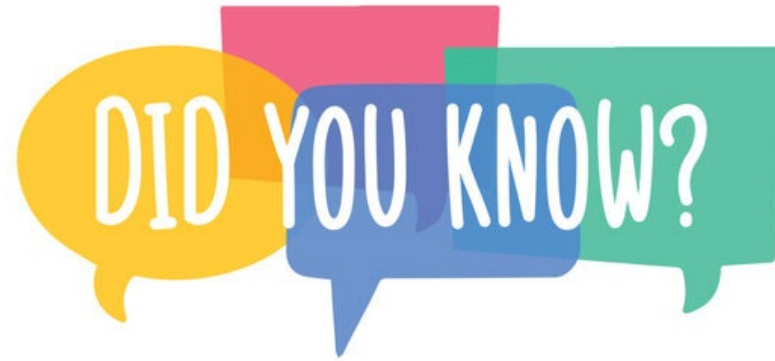


During the withdrawal process, patients who have a slow progressive demise may become unsuitable candidates as organs can be irreparably damaged by warm ischemic injury during the dying process

If the death has not occurred within the required timeframe organ donation is no longer an option and the ICU team resumes responsibility of the patient and their end of life care

*** These time frames can be altered by the transplant team**





- Currently only 2 hospitals offer DCD donation (SJRH & CHUGDH), and due to staffing utilizing only CHUGDH
- Patient can change mind at any point
- Allocation of organs is determined in the days prior to, even day of depending on wait list, transplant teams, etc.
- Consent is not presumed for everything, can be individual preference. ODC will go through in-depth consent



Did you know that?



More than 4,400 Canadians are **waiting** to receive an organ transplant



A **single organ donor** can save up to **eight lives**



One tissue donor can improve the lives of up to **75 people**



You can find out more about being a donor at organtissuedonation.ca



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THE ULTIMATE GIFT

THANK YOU

DISCUSSION