



The Organization for Transplant Professionals

**Core Competencies
For the Requestor**

August 2006

NATCO gratefully acknowledges the contributions of the following individuals:

**Gigi Vulgamott, RN, BSN, Leader, Core Competencies for the Requestor
Donna Ennis, RN, BS, Professional Practice Co-chair
Dennise Shulman, RN, Professional Practice Co-Chair
Carrie Comellas, RN, BS, Board Liaison, Professional Practice Committee**

**Contributing Practitioners:
Kathryn Calderon, RN, BS, CPTC
Julie Crumbacker, MSW, LCSW-C
Dereck Mushayamunda, M.Div, BCAC
David Stiltner, MS, CT, BCETS
Drew Toler, MDiv., MS, BCC
Boyd Ward, M.Ed**

Assumption Statements

This document outlines the core competencies for the Requestor.

These general coordinator competencies are broad in scope to acknowledge the diverse professional practices unique to each OPO and donor hospital.

The competencies are meant to be applicable to both adult and pediatric age groups.

The term “Requestor” shall be used in this document to denote the individual coordinating and leading the request for donation. This term is interchangeable with the many titles often used such as Family Advocate, Family Services Coordinator, Organ Procurement Transplant Coordinator, Designated Requestor, etc.

The term “first person consent” is interchangeable with donor designation.

All references to first person consent (donor designation) in this document are subject to the current standards established by the Uniform Anatomical Gift Act (UAGA) or specific state legislation.

Abbreviations

AAN	American Academy of Neurology
ABTC	American Board for Transplant Certification
CPTC	Certified Procurement Transplant Coordinator
CMS	Center for Medicare and Medicaid Services
DCD	Donation After Cardiac Death
DCDD	Donation After Circulatory Determination of Death
DPOA	Durable Power of Attorney
DSA	Donation Service Area
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
ME	Medical Examiner
NATCO	North American Transplant Coordinators Organization
OPO	Organ Procurement Organization
OPTC	Organ Procurement Transplant Coordinator
OPTN	Organ Procurement and Transplantation Network
UAGA	Uniform Anatomical Gift Act
UNOS	United Network for Organ Sharing

I. Legal Status and Historical Background of Organ Donation/Transplantation

The Requestor recognizes significant historical events related to the fields of donation and transplantation. The Requestor adheres to all national, state and local regulations/statutes while making the request for donation.

The Requestor

- 1) Displays knowledge of the evolution of brain death criteria and statutes relating to determination of neurologic death.
 - 1968 - Harvard Criteria
 - 1970 - Kansas is the first state to recognize cessation of brain and brainstem function as a definition of death.
 - 1981 - Uniform Determination of Death Act (President's Commission) recognizes cessation of brain and brainstem function as a definition of death.
- 2) Possesses an awareness of significant transplant milestones.
 - 1954 First successful kidney transplant.
 - 1966 First successful kidney/pancreas transplant
 - 1967 First successful liver transplant.
 - 1968 First successful heart transplant.
 - 1983 First successful lung transplant.
- 3) Fully understands the UAGA (1968, 1987) defines, by statute, the hierarchy of legal next-of-kin status
- 4) Can appropriately convey that organs are not bought or sold in the United States.
- 5) Maintains an awareness of the impact of the CMS Conditions of Participation on the donation process.
- 6) Possesses appropriate knowledge of respective state legislation regarding common law marriages, guardianships, DPOAs, and ME issues/decisions.
- 7) Clearly understands respective state legislation that governs the donation process in the Donation Service Area (DSA).
- 8) Appropriately engages risk management and/or legal counsel when disputes arise.

II. Practice Standards

A. Professional Practice

The Requestor practices with the highest degree of professionalism.

The Requestor

- 1) Maintains the highest standards of professional practice.
- 2) Assures informed consent for organ and tissue donation.
- 3) Protects the rights of patients, their legal next-of-kin/family and health care team members.
- 4) Respects individual privacy and holds confidential all information pursuant to the donation process.
- 5) Assures open and clear communication with patients, legal next-of-kin /family and health care team members without bias or discrimination.
- 6) Plans, conducts and evaluates educational presentations, workshops and seminars utilizing materials developed for professional education.
- 7) Assures that quality and performance improvement standards are implemented and maintained.
- 8) Evaluates self-performance by comparing actual outcomes to expectations.
- 9) Maintains current knowledge and complies with institutional policies and procedures.
- 10) Monitors referrals, evaluations and consent outcome to meet performance standards set by HRSA, employer and personal expectations.
- 11) Maintains cooperative relationships with other health care professionals.
- 12) Acts to protect public trust when health care and safety are endangered.

- 13) Assists transplant centers and other community organizations with education presentations and information on dual advocacy appropriate to the needs of the various groups.
- 14) Stays current on emerging best practices and complies with institutional (OPO and hospital) policies and procedures.

B. Professional Development

The Requestor seeks to obtain increased knowledge to enhance individual performance in the organ and tissue donation profession.

The Requestor

- 1) Reviews and integrates into practice the current professional literature and guidelines in the requesting, procurement and hospital development fields.
- 2) Attends practice-related conferences and education offerings.
- 3) Participates in donation/transplant organizations.
- 4) Shares knowledge and experience with other Requestors.
- 5) Participates in and supports ongoing research within the OPO and publishes results as appropriate.
- 6) Actively reviews potential and actual donor cases for quality assurance and quality improvement.
- 7) Reviews and integrates into practice the current professional literature in the field of organ, and tissue donation and organ and tissue requesting.
- 8) Evaluates self professional performance through supervisor and/or peer review.

C. Hospital Development

The Requestor promotes a positive donation environment while working with hospital staff and the patient's legal next-of kin.

The Requestor

- 1) Displays knowledge of hospital systems and the ability to work within it.
- 2) Maintains an awareness of individual hospital donation policies and procedures and accesses those policies in real-time when necessary.
- 3) Maintains awareness of in-hospital resources that may assist in the donation process (i.e., physician/nurse champions, spiritual wellness, advocates, in-house coordinators, critical care consults, etc).
- 4) Notifies appropriate health care team members that an OPO representative is on-site.
- 5) Clearly conveys to the appropriate health care team members the intent to offer the donation opportunity to the patient's legal next-of-kin.
- 6) Demonstrates ability to direct health care team members toward a positive request for donation.
- 7) Documents in patient's chart patient evaluation, legal next-of-kin/family interactions/donation discussions, consent/declination for donation, Medical Examiner/Coroner interests, and plan of care.
- 8) Notifies the Hospital Development Coordinator of case outcome, as appropriate.
- 9) May assist in real-time hospital education.
- 10) May assist with post-donor debriefing conferences.

III. Clinical Practice

A. Clinical Evaluation & Management of the Potential Organ Donor

The Requestor participates in the assessment of donor suitability, within the scope of their practice.

The Requestor

- 1) Exhibits ability to generally identify appropriate candidates upon referral.
- 2) Identifies requirements for evaluation.
- 3) Utilizes resources within the health care team (i.e., Medical records, nurse, physician, ancillary staff) to gain understanding of the patient's current/past medical history.
- 4) Identifies absolute and relative contraindications for donation.
- 5) Identifies possible co-morbidities which may impact the donation.
- 6) Alerts clinical coordinator and/or medical director of significant findings.
- 7) Reviews vital signs and alerts procurement coordinator of instability.
- 8) Reviews lab values and alerts procurement coordinator of significant imbalances.
- 9) Requests on-site clinical evaluation by appropriate resource should donor instability occur.
- 10) Recognizes symptoms of diabetes insipidus and confers with procurement coordinator on course of treatment.
- 11) Recognizes high risk medical conditions and/or high risk social conditions that may impact donation.
- 12) Understands that many conditions affect donor suitability and assessment of donor suitability is an on-going process.

B. Medical/Social History and High Risk Behavior Interview

The Requestor completes a comprehensive medical/behavioral interview with the legal next-of-kin, in accordance with all OPTN/UNOS guidelines.

The Requestor

- 1) Is highly skilled in communication and competent in medical terminology.
- 2) Is able to negotiate and facilitate family conversations when there is tension and disagreement within the family. Has strong crisis and conflict resolution skills.
- 3) Is versed in both the OPO and Hospital organ donation policies, as they apply to obtaining consent for donation.
- 4) Is able to explain the donation process in terms that is easily understood or translated, to ensure the legal next-of-kin has entered into a legal informed consent.
- 5) After the legal next-of-kin is determined and consent obtained, is able to assess if the legal next-of-kin knew the donor well enough to complete the interview, or if another person(s) is more knowledgeable about the donor's medical and/or social history, and therefore, should be included in the interview process.
- 6) Completes additional medical/social interviews if there are other individuals who may be able to offer additional information about the donor's health and/or behavioral history (i.e., roommates, friends, life partners, other family members, etc.).
- 7) Is knowledgeable about the respective legislation as it relates to marital status, guardianships, Power of Attorneys, Medical Examiner or Coroner roles, and all other laws that govern medical decisions.
- 8) Fully understands and is able to explain all the questions on the medical/social questionnaire.
- 9) Conducts the interview with sensitivity towards the legal next-of-kin and in accordance with all HIPAA and confidentiality regulations.

- 10) Presents the medical/social interview in its entirety, probing for additional information when necessary and asking families to elaborate on any questions that are answered “yes”.
- 11) Obtains additional medical/social information from physicians, other health professionals and medical records, if necessary.
- 12) Is able to explain to families the reason and rationale for the medical/behavioral interview and acknowledges the importance of honesty for the sake of the intended recipients safety.

IV. Medically and Ethically Sound Practice

A. Neurological Death

The Requestor’s practice is guided by a thorough understanding of neurologic death and the tests frequently used to determine neurological death in infants, children and adults.

The Requestor

- 1) Understands American Academy of Neurology (AAN) practice parameters for neurological determination of death.
- 2) Demonstrates the ability to convey the concept of neurological death on a level meaningful to the legal next-of-kin/family.
- 3) Demonstrates the ability to adequately describe the criteria and tests utilized for the determination of neurological death.
- 4) Recognizes that varying degrees of education about neurological determination of death will be required for individuals of different ethnicities, cultures, religions and socio-economic backgrounds.
- 5) Facilitates the family’s understanding of neurological death through the use of radiologic examinations, meetings with the health care team, family presence during the clinical examination and on-going dialog about the diagnosis.
- 6) Displays sensitivity to the legal next-of-kin/family’s need to ask questions and convey concerns.
- 7) Delays the donation discussion until the legal next-of-kin/family has a basic understanding that death has been pronounced.

B. Medically & Ethically Sound Donation After Cardiac Death (DCD) practice

The Requestor adheres to the Institute of Medicine (IOM) DCD practice recommendations (also known as Donation after Circulatory Determination of Death, DCDD) as well as hospital specific DCD policies/procedures.

The Requestor

- 1) Develops a basic understanding of the IOM recommendations.
- 2) Understands that the request for organ donation must be made independent of and secondary to the legal next-of-kin's decision to discontinue artificial support.
- 3) Knows the legal/historical cases that have impacted medical practices related to elective death (i.e., Nancy Cruzan, Karen Ann Quinlan, etc).
- 4) Is familiar with DCD patient selection criteria (OPO specific).
- 5) Communicates the donation opportunity to the legal next-of-kin in a compassionate and caring manner.
- 6) Obtains written consent consistent with the hospital's DCD policies/procedures and OPO standards.
- 7) Understands rationale for pre-mortem administration of anti-coagulants and cannulation (when applicable) and demonstrates the ability to explain these interventions to the legal next-of-kin.
- 8) Is familiar with the ethical concepts and laws related to Terminal Sedation and the Double Effect Rule.
- 9) Provides appropriate anticipatory guidance to the legal next-of-kin on the dying process and the actual process of organ recovery, as appropriate, with respect to the legal next-of-kin's unique needs.
- 10) Prepare the legal next-of-kin for the possibility that organ donation may not occur due to timing of the patient's dying process or other circumstances that might inhibit/prevent successful transplantation of organs.

- 11) Contributes to the plan for ongoing support of the legal next-of-kin and patient care should the patient not expire within the preset time frame for donation. The plan includes location of continued patient care, legal next-of-kin support resources and ongoing medical oversight.
- 12) Identifies appropriate resources within the hospital and/or organ procurement organization to facilitate the DCD process.

C. Medical Ethics

The Requestor utilizes various medical ethics concepts to guide moral and ethical decision-making.

The Requestor

- 1) Applies theories and concepts which govern ethical decision-making with regard to significant ethical dilemmas that may arise during situations involving end-of-life concerns, first person consent, confidentiality, full disclosure of the donation process, etc.
- 2) Has a basic understanding of and can differentiate between utilitarian, deontological, and teleological theories of ethical decision-making.
- 3) Applies Beauchamp's and Childress' Four Principles of Biomedical Ethics when problem-solving an ethical dilemma.
- 4) Communicates ethical dilemmas with other resources such as the hospital's ethicist or ethics committee.
- 5) Is familiar with the procedure to activate a hospital ethics consult when needed.
- 6) Understands that the definition of *Moral Distress* varies, but two primary components consistently included are:
 - an ethically appropriate action is warranted and that action is temporarily yielded or precluded,
 - the action taken contradicts ones' personal and professional values, thus causing distress.
- 7) Realizes that the term *Moral Distress* (sometimes referred to as *Moral Sensitivity*) in the context of the medical field, is most

commonly associated with the nursing and physician staff – generally at critical times including end of life issues.

- 8) Identifies that a morally distressing incident may elevate an already stressful situation and repeated exposure adversely impacts the physical and emotional well-being of the parties involved.
- 9) Understands that *Moral Distress* has the potential to impact others involved in the situation (i.e., - family members, OPO/hospital staff, Chaplaincy, etc.).
- 10) Implements effective communication strategies during a *Morally Distressing* situation.
- 11) Utilizes available resources to address a *Morally Distressing* situation (i.e., use of the medical facilities, ethics committee or similar consulting authority).

V. Family Advocacy

A. Family Dynamics

The Requestor ensures the next-of-kin and involved family members are supported in a caring, compassionate manner. The Requestor also uses knowledge of family dynamics as a basis for successful family interactions.

The Requestor

- 1) Realizes that the term “family” may incorporate other individuals besides those who would “normally” be considered biologic family, extended family and/or legal surrogates.
- 2) Understands that the term “family” holds different meanings/connotations to different people, race, cultures, ethnicities, spiritual/religious affiliations and societies.
- 3) Realizes that the traditional family is defined by biological or marital relationships but due to life circumstances, there may not have been any contact or limited contact among them for an extended period of time. As such, these individuals unite at an end-of-life situation to support the family unit, as well as for their shared love, respect, and concern for the patient.

- 4) Recognizes that family dynamics evolve over the course of time. At times of critical incidents, especially the death of a loved one, those dynamics can manifest into a very confusing scenario – not just for the family involved, but to those who attempt to support the family during these difficult situations.
- 5) Anticipates different family members will react differently to a given situation. Certain situations influence the response(s) of family members to the loved one's impending death or actual pronouncement of death.
- 6) Understands that family members sometimes have clearly defined roles and relationships, but these previously shaped responsibilities may shift or diminish as events change.
- 7) Respects all members of the family and makes no discrimination in the provision of support.
- 8) Practices effective communication skills with staff and family and realizes that any breakdown or miscommunication can result in confusion, error(s), or degradation of support.
- 9) Communicates with staff prior to family contact and collects as much information as possible regarding the family understanding of the clinical situation as well as actions/reactions of each family member.
- 10) Communicates with appropriate staff members regarding specific cultural, spiritual, or other elements/dynamics relating to the patient or the patient's family that have already been identified, addressed, or pending.
- 11) Determines the need for additional assistance or resources before meeting with family and develops plans for the potential usage/engagement of same. This additional assistance covers a broad support spectrum including the determination of the most appropriate location and availability of a private area to meet the family as well as personnel needed such as physician, nursing, clergy, interpreter, or other individuals/specialists that may be required to meet the needs of the situation.
- 12) Appropriately introduces self, or has the staff clearly introduce you, to the family.
- 13) Determines the family members' understanding of the clinical situation and sensitively inquires as to any decisions the family has

reached regarding end of life concerns such as the discontinuation of artificial support from their loved one.

- 14) Asks the family about specific cultural practices, spiritual practices, rituals, or norms that either the patient or the family practices, that may be addressed or coordinated. Exercises caution in advising the family members that any/all specific requests will be honored, but every effort will be made to assist. Ability to honor such requests will be dependent upon resources and circumstances.
- 15) Compassionately provides the family with an overview of their specific opportunities for donation.
- 16) Fully explains first person consent, when applicable, pursuant to state/commonwealth and/or federal statutes.
- 17) Ascertains the family's understanding of their options and ensures that the rights of their loved one, or the family's rights, pursuant to donation are protected.
- 18) Addresses any questions, concerns, or needs of all family members as appropriate.
- 19) Understands that family dynamics may/will change during the course of family interactions or the donation process, and continually seeks ways to support that family.
- 20) Advocates for family support while affiliated with any donation/potential donation situation regardless of direct contact with the family or outcome.
- 21) Recognizes own limitations and requests additional resources or assistance as needed.

B. Grief Facilitation

The Requestor supports the legal next-of-kin/involved family throughout the donation process and assists with grief facilitation practices.

The Requestor

- 1) Develops a basic understanding of the grief process and its effect on one's physiological, psychological, relational, and spiritual self.
- 2) Introduces self (or is introduced) and extends condolences to the legal next of kin/family/friends.

- 3) Makes appropriate inquiries to the legal next-of-kin in an effort to offer support regarding the loved one's death/impending death.
- 4) Communicates and supports each person while understanding that individual coping mechanisms and abilities vary.
- 5) Understands that a compassionate presence, even moments of silence, can be the best form of grief support.
- 6) Understands that a death represents change(s). These changes will impact all aspects of home life, school and/or work situations as well as personal, social, and professional relationships.
- 7) Understands that all of the following effect survivors' reactions to death and the grief process: age, mental and emotional development, personality, values and beliefs, cultural, religious, and social dimensions, relationship to the deceased, mode/manner of the death, previous loss history, and the exacerbation of daily stressors.
- 8) Recognizes that different ethnicities and cultures view death and grief from different perspectives.
- 9) Understands that the nature of the attachment, and the relationship with the deceased, affects the survivor's grief responses.
- 10) Understands that certain factors may impact grief such as a traumatic, unexpected death (i.e. traumatic injury, suicide, homicide, child loss, multiple deaths, disaster, terrorism and war). These types of deaths may be precursors for complicated grieving.
- 11) Coordinates time for the legal next-of-kin, involved family and/or friends to be with their loved one and advocates for their needs.
- 12) Asks family about any/all customs, rituals, or norms at the time surrounding death (those practiced by the patient and the family), and makes every effort possible to honor them (dependent upon situation and resources).
- 13) Identifies resources that may assist with grief facilitation (OPO resources, spiritual wellness, clergy, nursing staff, physicians, patient/family advocates, child life coordinators, social workers, interpreters, approved volunteers, brochures, or similar items regarding the donation process, grief facilitation, appropriate etc.).

In certain situations, military and federal/state/local government entities may have additional resources available.

- 14) Explains to the loved ones the nature of clinical exams or procedures that may briefly interrupt visitation.
- 15) Participates and coordinates memorial-type activities such as a bedside prayer, moments of silence, holding, washing, hand impressions, linen memorial, hair lock, or other appropriate remembrance activity.
- 16) Develops a plan with the family/loved ones regarding departure from the medical facility and communicates this plan to all appropriate entities.
- 17) Maintains an awareness of potential resources available to the legal next-of-kin/family. Some of these providers may be community/municipality, state/commonwealth, and/or federal resources.
- 18) Responds quickly to any questions, concerns, or needs of the family/loved ones and provides follow-up contact information before departure from the medical facility.
- 19) Participates in all end-of-life discussions and serves as a resource for funeral arrangements and autopsy

C. Grief Reactions in Different Age Groups

The Requestor recognizes the differences in grief reaction for persons of varying chronologic and psychosocial ages and provides care appropriately.

The Requestor

- 1) Recognizes that individuals in different age groups grieve differently.
- 2) Have a basic knowledge of psychosocial theory.
- 3) Assesses the person's psychosocial development with regard to how that will impact expressions of grief based on one or more theories of development.

- 4) Displays an ability to convey age-appropriate language and support.

D. Cultural Differences & Sensitivity

The Requestor advocates for the cultural needs of diverse populations.

The Requestor

- 1) Understands or inquires about cultural differences at the time of death.
- 2) Listens to and respects others in an unbiased manner.
- 3) Does not make assumptions regarding cultural beliefs, behaviors or values.
- 4) Creates an environment conducive to allowing the legal next-of-kin/family to express their grief in a manner which meets their cultural needs.
- 5) Serves as a liaison between the legal next-of-kin/family culture and the hospital culture.
- 6) Recognizes individual autonomy with respect to legal next-of-kin/family environment and culture.
- 7) Has a fundamental understanding of various cultural differences and how to adapt support and interaction to meet the legal next-of-kin/family's needs.

E. Crisis Intervention

The Requestor is skilled in the theory and techniques of crisis intervention to ensure the highest degree of safety possible for the patient, legal next-of-kin, hospital staff and/or the OPO staff involved in the donation process.

The Requestor

- 1) Is highly skilled in assessing a crisis situation.
- 2) Is able to assess the need for an intervention and which intervention will work best.

- 3) Skilled at assessing situations (family/hospital) that have the potential to escalate and maintains the ability to activate appropriate resources.
- 4) Recognizes unsafe situations. (i.e., family discord, gang or crime related tensions, anger towards health care team, intoxication or drug use among family members etc.).
- 5) Makes every attempt to diffuse dangerous situations
- 6) Has basic familiarity with the characteristics of high risk individuals (those with histories of mental illness, substance abuse, violence, cognitive deficits, etc.).
- 7) Recognizes the need to debrief after a traumatic event and can identify appropriate resources to meet those needs.
- 8) Is familiar with the OPO and hospital policy for persons who threaten to hurt themselves or others.

VI. Requesting

A. Theoretical and Practical Application of the Organ Donation Requesting

The Requestor incorporates all available theories and current best practices into the donation conversation to deliver the most effective request for each situation.

The Requestor

- 1) Possesses excellent communication skills including active listening, empathy, and the ability to explain complex medical terms/processes.
- 2) Understands that the legal next-of-kin/family's basic needs must be addressed before moving on to challenging end-of-life conversations (Maslow's Hierarchy of Needs).
- 3) Understand his/her role as an advocate for both the donor family and the recipient.
- 4) Incorporates value-positive statements about donation when making the request for donation (i.e., presumptive consent, dual advocacy, Bereavement Center Care, etc.).

- 5) Recognizes when an early support intervention is needed.
- 6) Follows the OPO policy/guidelines for Requestor introduction to legal next-of-kin/family.

B. Requesting

The Requestor leads the request process with respect to all legal and ethical considerations while promoting an environment conducive to a positive donation outcome.

The Requestor

- 1) Demonstrates ability to identify rank order for legal next-of-kin.
- 2) Shows ability to resolve conflicts or disputes related to identification of legal next-of-kin.
- 3) Utilizes state donor registries to identify the patient's expressed wishes, if applicable.
- 4) Expresses understanding of the legal status of the state donor registry (intent vs. designation).
- 5) Is able to evaluate each situation as unique to determine the most effective person and method for making the request.
- 6) Utilizes designated requestors or like-requestor to facilitate the request for donation, when appropriate.
- 7) Accurately assesses situational and family dynamics that indicate a readiness to discuss end-of-life decisions.
- 8) Makes inquiries into the legal next-of-kin's understanding of brain death or catastrophic neurological injury and facilitates the legal next-of-kin/family's ongoing understanding of events related to the injury.
- 9) Is able to convene and direct a health care team meeting prior to the request for donation.
- 10) Leads or participates in the family/legal next-of-kin conference to discuss organ donation.

- 11) Displays an ability to discuss donation in a manner appropriate to the legal next-of-kin with respect to cultural and religious diversity as well as socio-economic, psychosocial and education level.
- 12) Offers appropriate donation opportunities to the legal next-of-kin (i.e., donation after brain death, donation after cardiac death, and tissue donation).
- 13) Clearly explains the differences between donation after brain death and donation after cardiac death.
- 14) Utilizes a translator to make the request for donation when appropriate.
- 15) Assesses the translator's willingness and ability to make the request for donation in an effective manner.
- 16) Identifies when a barrier(s) to donation exists and implements strategies to overcome those barriers (i.e., dispels myths, other family opposition, spiritual concerns, disfigurement concerns, financial concerns, time frames, mistrust, opposition from hospital staff, etc).
- 17) Sensitively inquires into the legal next-of-kin's initial resistance to organ donation.
- 18) Fully discloses all risks and benefits of donation and adheres to all informed consent policies.
- 19) Explains in a clear, concise and caring way how anatomical gifts are recovered, allocated, utilized and the manner in which the body is reconstructed.
- 20) Provides the legal next-of-kin with information on direct donation and documents direct donation accurately, when appropriate.
- 21) Explains costs of donation and financial implications for the family.
- 22) Determines if the family desires donation follow-up information.
- 23) Conveys to the legal next-of-kin/family the types of follow-up communication and donor family after-care services available.
- 24) Sets appropriate expectations for time frames and potential outcomes.

- 25) Involves medical examiner/coroner in donation cases if appropriate.
- 26) Document medical examiner/coroner requests or restrictions, when applicable.
- 27) Completes documentation of written consent correctly.
- 28) Obtains appropriate documentation (written or recorded) in situations involving legal/health proxy, an attorney-in-fact, or when access legal next-of-kin is restricted for some reason.
- 29) Understands the procedures for obtaining a telephone consent, if applicable.
- 30) Continually monitors the donation process to ensure ethical integrity.

C. Reapproaching Declines

The Requestor ensures that the donation discussion continues beyond an initial negative response by the legal next-of-kin, when appropriate.

The Requestor

- 1) Maintains awareness of hospital/OPO specific guidelines on reapproaching practices.
- 2) Possesses an understanding of the rationale for reapproach.
- 3) Demonstrates the ability to work with hospital staff to ensure that the donation discussion continues after an initial decline, when appropriate.
- 4) Possesses ability to continue the donation discussion in a manner that is not perceived as insensitive or coercive.
- 5) Demonstrates familiarity with language and strategies utilized for reapproach.
- 6) Is able to differentiate between a reapproach strategy for a designated donor (first person consent) versus a non-designated donor
- 7) Sensitively asks probing questions of the family about donation concerns.

- 8) Demonstrates the ability to recognize unmet needs of the family that may have contributed to the initial decline.
- 9) Convenes additional family meetings to explore and support family's unmet needs.
- 10) Utilizes hospital/OPO resources to facilitate consent (i.e., like-requestors, donor family support staff, donor champions, health care team resources, case management, social work, spiritual wellness, etc.).
- 11) Ensures the legal next-of-kin has fully explored their decision on donation.
- 12) Accurately documents the legal next-of-kin's decision.

Glossary

Terminal Sedation is the practice of giving a patient with a terminal illness or injury medication (ie: I.V. narcotics or sedation) that will relieve that patient's physical and/or psychological suffering.

Doctrine of Double Effect is a principle that argues that doing something morally good is ethical even if there is a morally bad side-effect provided that the bad side-effect was unintended.