

## **Transplant Programs Using Living Donor Organs**

### **Standard COP.10.00**

Transplant programs that perform living donor transplantation adhere to local and regional laws and regulations and protect the rights of prospective or actual living donors.

#### **Intent of COP.10.00**

Living donors face difficult decisions and are at potential risk for lifelong complications and should not feel coerced or pressured into organ donation. The growing demand for and limited supply of organs from deceased donors have resulted in increased efforts to promote live organ donation. Living donor standards for the selection of suitable candidates for donation, informed consent, and care following the donation do not universally exist.

To help with decisions and to ensure that the living donor's rights are protected, an individual with knowledge of living organ donation, transplantation, medical ethics, and informed consent is identified and appointed to protect the patient's rights. This person is independent of the transplant team and if employed by the hospital does not report to any member of the transplant team. The goal of this person is to ensure that the living donor understands all aspects of the donation process and is autonomous in their decision-making abilities.

#### **Measurable Elements of COP.10.00**

1. Transplant programs that perform living donor transplantation adhere to local and regional laws and regulations.
2. The living organ donor has the right to make a decision about donation in a setting free of coercion and pressure.
3. An individual with knowledge of living organ donation, transplantation, medical ethics, and informed consent is identified and appointed as an advocate for the living donor.
4. The individual appointed as the living donor advocate is not involved in routine transplantation activities.
5. The individual appointed as the living donor advocate informs, supports, and respects the living donor in a culturally appropriate manner during decision-making.

### **Standard COP.10.01**

Transplant programs performing living donor transplants obtain informed consent specific to organ donation from the prospective living donor.

#### **Intent of COP.10.01**

The prospective donor needs to thoroughly understand all aspects of the donation process, particularly to understand the risks and benefits associated with being a living donor. Many living donors give their organ to a family member or acquaintance; however, some living donors do not influence the placement of their donated organ. A very important aspect of obtaining informed consent is to ensure that the prospective donor is willing to donate and has not been coerced or promised compensation and understands that they may decline to donate at any time. The consent process includes information provided to any patient undergoing anesthesia, sedation, or surgery, and information specific to transplant.

### Measurable Elements of COP.10.01

1. ④ Informed consent for living donation is obtained by trained staff and is in a language the prospective living donor can understand. (*See also* PCC.03.00, MEs 1 and 2)
2. The transplant program informs the prospective living donor of potential complications, risks (including psychological risks), and future health problems associated with living organ donation.
3. The transplant program informs the prospective living donor of alternative treatments for the transplant candidate.
4. The transplant program informs the prospective living donor of the donor's right to opt out of donation at any time during the donation process.

### Standard COP.10.02

Transplant programs that perform living donor transplants use clinical and psychological selection criteria to determine the suitability of potential living donors.

#### Intent of COP.10.02

Organ donors must be evaluated for suitability, both physical and psychological, as an organ donor. The medical evaluation determines the donor's physical ability to donate and identifies any immediate health risks and possible future health risks. The psychological evaluation will be conducted by a psychiatrist, psychologist, or social worker with experience in transplantation to determine decision-making capacity, screen for any preexisting psychiatric illness, and evaluate any potential coercion. The donor must also be evaluated for their ability to comprehend the donation process and the potential outcomes, including possible adverse outcomes.

### Measurable Elements of COP.10.02

1. ④ The transplant program documents defined organ-specific living donor selection criteria.
2. The transplant program's living donor selection criteria are consistent with laws and regulations and the principles of medical ethics. (*See also* GLD.07.00, ME 1)
3. The results of a medical evaluation related to the living donor's own physical health are included in the determination of suitability for donation.
4. The results of medical tests identifying infectious diseases or malignancies are included in the determination of suitability for donation.
5. The results of a psychological evaluation conducted by a psychiatrist, psychologist, or social worker with experience in transplantation are documented in the living donor's medical record and included in the determination of suitability for donation.
6. The transplant program documents organ compatibility confirmation in the living donor's medical record.

### Standard COP.10.03

Individualized patient care plans guide the care of living donors.

#### Intent of COP.10.03

The living donor has unique treatment and health care needs that require specific consideration. Individualized care plans are developed and implemented for all living donors. Live donor transplants are guided by living donor guidelines. However, donors have individual needs that must be addressed through careful care planning. The care of the donor is coordinated by a physician and carried out by a multidisciplinary team to ensure that the donor's needs are met prior to, during, and following donation.