

#### **E\_PP#04 DO MAASTRICHT CATEGORY III DONATION AFTER CARDIOVASCULAR DEATH (DCD) DONORS EXPERIENCE END-OF-LIFE SHORTENING?**

*Olivier Detry, Liège, Belgium*

*Didier Ledoux MD, PhD<sup>1</sup>, Marie-Hélène Delbouille RN<sup>2</sup>, Arnaud Deroover MD, PhD<sup>2</sup>, Bernard Lambermont MD PhD<sup>3</sup>, Michel Meurisse MD, PhD<sup>2</sup>, Pierre Damas MD, PhD<sup>1</sup>, Jean Joris MD, PhD<sup>1</sup>, Olivier Detry MD PhD<sup>2</sup>; <sup>1</sup> CHU Liège, University of Liège, Liège, Wallonia, Belgium; <sup>2</sup> CHU Liège, University of Liège, Liège, Wallonia, Belgium; <sup>3</sup> CHU Liège, University of Liège, Liège, Wallonia, Belgium*

Introduction: Maastricht category III donation after cardiovascular death (DCD) remains controversial. It is feared that physicians may hasten death of those patients considered for organ donation, especially if a comfort therapy is administrated during DCD withdrawal phase. In our institution, we developed a controlled DCD protocol in which comfort therapy is regularly used (Joris et al, Transplant Proc 2012). The aim of this study was to determine if this policy actually shortens DCD donors' life. Methods: We retrospectively analysed prospectively collected data on patients proposed for DCD by the ICU at Liege University Hospital over a 56-month period. We compared survival duration between withdrawal decision (WD), defined by the first phone call to the transplantation department, and time of declaration of death, between patients finally accepted (donors) or denied (non-donors) for DCD. We also compared ICU hospitalisation duration before WD, and the outcome of patients denied for DCD donation. Results: 127 patients were considered for Maastricht class III DCD and 54 (43%) became donors. Of the 73 non-donor patients, 34 (47%) objected to organ donation and 38 (52%) were denied for medical reasons. Median (IQR) survival durations after WD were 15.1 (7.0 – 32.4) hours and 24.4 hours (10.1 – 42.8) in the non-donors and donors groups, respectively (ns). There was also no difference in duration between ICU admission and WD between both groups. No non-donor patient survived. Conclusions: DCD donors did not experience hastened withdrawal decision nor shortened end-of-life. These data support the ethical and respectful approach of potential DCD donors in our centre, and our protocol including regular DCD comfort therapy.

#### **E\_PP#05 OUT OF HOSPITAL FAMILY INFORMATION IN DONORS AFTER CARDIAC DEATH**

*Alonso Mateos Rodriguez, Madrid, Spain*

*Alonso Mateos-Rodriguez MD<sup>1</sup>, Jose Maria Navalpotro-Pascual MD<sup>1</sup>, Gema Marmisa-Gazo Nursery<sup>2</sup>; <sup>1</sup> SUMMA112, MAdrid, Spain; <sup>2</sup> Transplantation Reginal Office, Madrid, Spain*

Introduction: The emergency medical service of Madrid SUMMA112 participates in the donation after cardiac death in collaboration with the Hospital Clinico San Carlos and Doce de Octubre.

This procedure has been running 10 years with very good results in terms of number of organs removed and transplanted. All professionals involved in the process and are in favor of it. But all of them raises some ethical questions regarding the information to the family of the potential donor. A demand for professional communication design a course of bad news and emergency donation and practical guidance. This study presents the evaluation of the course. Method: Surveys of students in the course .. The course had a duration of 8 hours divided into: breaking bad news, communication to the family of donation after cardiac death procedure, communication in the hospital setting. The course had a practical component where students do role of health or family, the sessions were recorded and later commented. The evaluation form includes assessment of the following sections: course content, development, documentation, organization, duration, overall evaluation and assessment of each teacher. Each item was evaluated from 1 to 10. Results: There were 14 editions. Of the 280 students completed the survey 245 (87%). The average rating for each item was: 8.5 Content, Use 9.2, 7.5 documentation, organization 9.5, length 9.8, 9.2 overall score. Valuing teachers earned an average score of 9. Conclusion: The assessment of students to the course is very good. These courses are necessary and desirable for the proper handling of situations like the donor after cardiac death that requires some specific skills to be developed.

#### **E\_PP#06 PROMOTING ORGAN DONATION AFTER CIRCULATORY DEATH: THE CASE OF CHINA**

*David Matas, Winnipeg, Canada*

*David Matas BCL<sup>1</sup>; <sup>1</sup> University of Manitoba, Winnipeg, Manitoba, Canada*

The objective is to determine how best to promote organ donation after circulatory death consistent with professional ethics during the shift in China from sourcing organs for transplants from prisoners to sourcing from deceased voluntary donors. Summary: The overwhelming proportion of organs for transplants in China comes from prisoners. The Government of China acknowledges that this is so and accepts that sourcing of organs for transplants from prisoners is ethically wrong. The Government in March 2012 committed to ending the reliance on prisoners for organs in five years. The position of the Government of China is that the prisoners who are the sources of organs are sentenced to death. Research in reports published in June 2006, January 2007, and in the book *Bloody Harvest*, November 2009 all of which I co-authored with David Kilgour and in the book *State Organs* August 2012 I co-edited with Torsten Trey concluded that the bulk of prisoners who are sources of organs are prisoners of conscience, mostly practitioners of the spiritually based set of exercises Falun Gong, sentenced to nothing. Ethan Gutmann, in a chapter published in *State Organs*, presents research about other transplant abuse victim prisoners of conscience