

All 16 recipients had primary function post-transplant and are dialysis independent. The mean sCr measured at a median 11.5 months (range 6–24 months) decreased from 696 to 122 (82%). For more recent transplants at a median 1 month follow up (range 1–3 months) the mean sCr decreased from 697 to 101 (86%).

Discussion: Altruistic kidney donation greatly benefits transplant recipients. Donors retain satisfactory renal function and age does not appear to be a risk factor for donors. To maximise the benefits, non-directed donors should be encouraged to participate in the living donor sharing scheme.

O313

ORGAN DONATION AFTER EUTHANASIA ON SPECIFIC PATIENTS' REQUEST IN BELGIUM

Dirk Ysebaert¹, Olivier Detry², Guy Verfaillie³, Dimitir Mikhalski⁴, Dirk Van Raemdonck⁵

¹Antwerp University Hospital; ²University of Liege; ³UZ Brussels; ⁴Erasme University Hospital; ⁵Leuven University Hospital

Euthanasia is since 2002 legalized in Belgium for adults under strict conditions. The patient must be in a medically futile condition, of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious

and incurable disorder caused by illness. This implies that also non-terminal not-cancer patients can request for euthanasia for instance in case of debilitating neurological disorder.

From 2005 till 2015 more than 25 patients, suffering from diverse neuropsychiatric diseases, got their request for euthanasia granted, and subsequently asked spontaneously for the possibility of organ donation. The involved physicians, the transplant teams and the Institutional Ethics Committees, had the well-discussed opinion that this strong request for organ donation after euthanasia could not be denied. A clear separation between the euthanasia request, the euthanasia procedure and the organ procurement procedure was judged necessary. After extensive preparation, finally, in Belgium, 17 patients got their wish for organ donation after euthanasia fulfilled, in several academic or non-academic hospitals and in different regions. Several requests and preparations were started for other patients but ultimately did not lead to organ donation due to patients' personal choices or logistically reasons. The euthanasia procedure was carried out by three physicians involved in the euthanasia granting. After clinical diagnosis of cardiac death, the procurement team came in and performed the organ procurement similar as in a DCD type III procedure. Almost always, liver, two kidneys and sometimes lungs and pancreatic islets were successfully recovered and transplanted, after allocation by Eurotransplant.

The possibility of organ donation after their euthanasia provides a very much improved self-image of these patients, and adds something really positive to the unfortunate end-of-life of these patients.