Donating organs

azdelta

Uw ziekenhuis.

Dear family,

This leaflet was written with the aim of providing answers to the many questions surrounding organ donation.

When a patient in intensive care is at risk of dying, organ donation may be considered in certain specific situations. This option may thus be raised by the team of doctors and nurses. That is why we would like to give you some additional information on the subject of organ donation and an idea of how it works in practice. Below are answers to frequently asked questions.

If you need additional information, please do not hesitate to contact a medical or nursing coordinator. You will find the contact details on the back of this leaflet.

Dr Piet Lormans
Coordinators Nele Bogaert and Eline Dolphen

Why is organ donation so important?

In certain cases, organ and tissue donation can offer new life and hope to people who are often life-threateningly ill. The waiting lists (people waiting for a suitable donor organ) are long. In Belgium, more than a thousand people are on the waiting list, about a hundred of whom die every year because an organ is not available in time.

In addition, the transplantation of an organ can not only be life-saving but also bring a very significant improvement in the quality of life. A good example is a kidney transplant. Afterwards, former dialysis patients can often lead a normal life again.

At what point does someone become eligible?

Despite the advanced state of science and highly technological resources currently available to intensive care services, patients sometimes end up in situations in which there is no hope left. Further treatment may become futile in these situations and death cannot be avoided. Some of those patients may be eligible for organ donation. These are almost always patients with severe deterioration of their brain function and who are supported by artificial ventilation.

What about consent or objection?

Belgium has a well-defined legal framework regarding organ donation. Belgian law makes it clear that anyone registered in the population register can be considered a potential donor after death, unless he or she expressly objected to this during his or her lifetime.

"Presumed consent" is thus assumed. In other words, anyone who did not object while alive agrees to be a donor after death. People may have expressed objection in various ways: through registration in the population register (negative registration), but also informally, such as a note they wrote themselves, or even by verbal communication to those close to them.

In addition, it is also possible to register actively and positively in the population register as a potential donor after death (positive registration). This is also possible in informal ways (as described above).

If organ donation is a possibility from a medical point of view, the doctors, nurses and a member of the social services department will consult with the next of kin extensively, assessing how the patient himself or herself felt about organ

donation while alive and well. In other words, you, as a family member, are not expected to give explicit consent. Instead, we try to gauge through you how the patient himself or herself would have felt about this. Of course, whether the patient formally objected or gave explicit consent while alive and well will also be checked in the population register!

Throughout this process, we strive to address this difficult issue with great dedication and attentiveness in the best way possible and with all due respect.

Organ donation in practice

Sometimes, several additional tests must be carried out after the decision to donate organs to properly determine the condition of the organs and their suitability as donor organs. These may include blood tests, ultrasounds, CT scans, etc. The team will give you further information about this.

There are two common forms of organ donation. On the one hand, the kind of donation that takes place after brain death has occurred (Donation after Brain Death or DBD). On the other hand, the kind of donation that takes place shortly after death due to cardiac arrest (Donation after Dirculatory Death or DCD).

In a patient with brain death (DBD), an irreversible brain injury has occurred, resulting in complete brain death. The heart and circulation are still intact, so you can still see cardiac activity on the monitor in the intensive care unit. The patient still receives further supportive treatments, such as artificial ventilation. Brain death will be determined in the intensive care unit by three doctors independently of each other and according to strictly prescribed criteria. After this, a time is arranged with the transplant centre when the donation will take place in the operating theatre.

In the other form of organ donation (DCD), the patient will also have severe brain damage but will not be brain dead. As a result, death after cardiac arrest will only occur in the operating area by

the ventilator being shut down, among other things. There, too, death is determined by three doctors independently of each other.

In these special forms of saying goodbye, time and support (social services, nurses, doctors, spiritual or psychological support if desired) are always provided. This includes unrestricted visitation times for the family.

My family member goes to the operating theatre: what happens then?

After saying goodbye in the intensive care unit, the organs are removed in the operating theatre by a team of surgeons from the transplant centre. Specifically, our hospital works closely with UZ Leuven. This takes place with the utmost care and respect for the body of the deceased. The entire procedure can take quite some time. You will be called afterwards. From this point on, you can notify the funeral director. This person will then come to collect the body from our hospital's mortuary.

In patients whose brain is dead, the time of death will not be the time of organ donation, but rather the date and time when brain death was determined. There may be some difference in time from the time of organ donation in certain cases.

After removal of the organs, they are transferred to the transplant centre, where the recipient is prepared for the transplant. In the best case, one donor can provide up to six transplants (for example, heart, lungs, two kidney transplants, liver, small intestine, etc.).

How much will this procedure cost?

An organ donation procedure has no financial consequences for the family or next of kin.

Will we receive information after the transplantation of the organs?

If you wish, you will be contacted some time after the death of your loved one. Limited information on the results of the transplant(s) will then be given, albeit only in an anonymous manner (as stipulated by law). This can be done over the phone, but if you wish, a conversation at the hospital is also possible. Then there is also room for questions, perceptions and experiences.

Further support can also be provided for a longer period of time afterwards.

Can we get in touch with the organ recipient?

It is possible to get in touch with the recipient(s) anonymously, for example, by writing a letter/card. This is delivered to the recipient via the involvement of the transplant centre. "Anonymously" means that no names or other details may be given.

In turn, the recipient may write a letter/card to the next of kin in the same anonymous manner. This can also be done many years after organ donation/transplantation.

Do you still have questions?

We hope this has given you sufficient information. If you still have questions, please do not hesitate to contact us using the contact details on the back of this leaflet.

Links

www.overlevendoorgeven.be
www.eurotransplant.org
www.beldonor.be

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