Question of the Week #39

You have been assigned to care for a 72 year-old gentleman, “Mr. B.”, scheduled for a right total knee arthroplasty. In reviewing his medical chart, you learn that he has elected to have a knee replacement because, due to increased pain, he was not able to participate on the senior ski team in the Colorado resort town where he lives. History and physical findings are:

Vital signs: BP 152/92; P 56; R 16; T 98.4 TM; O2 Sat is 94% on room air. Pain is rated as 3/10. EKG shows first degree heart block. Blood glucose drawn this morning is 102 mg/dL; A1c is 7.9; renal and liver function tests are normal. Other lab work is unremarkable. Current meds include Metformin 1000mg q pm; Lisinopril/hydrochlorothiazide 20/12.5 mg 2 tablets q am; a multi-vitamin; and ASA 81 mg qd. He takes ibuprofen 2-3 times a week for knee pain. He has been NPO since 2200 the night before, with the exception of his Lisinopril/hydrochlorothiazide, which he took with a sip of water this morning.

When you arrive in Mr. B.’s room, you find a man appearing younger than his stated age. The gurney is littered with a copy of the Wall Street Journal and an i-Pad. He is reading your facility’s brochure on advance directives. He looks over his reading glasses at you and says, “You know, I should have thought about doing this years ago, but I was too busy playing golf (he laughs). I guess it took my knee wearing out to realize that I’m not going to live forever. But I figure maybe I could at least recycle some of my parts. Do you think I could still be an organ donor?”

What do you tell Mr. B.? Provide the evidence-based rationale for your answer. Include resources that your hospital provides to patients about organ donation information.

Response:

Since April is “Donate Life” month, this is a great opportunity to provide this information to Mr. B. The short answer to his question is “maybe”. Anyone, regardless of age or medical condition, can sign up to be a donor. Determining whether an organ is suitable for transplant is made by the organ retrieval team. Organ quality is the primary deciding factor for successful transplantation.

The need for organs far exceeds the supply, which has stayed fairly stable since 1995. Over 114,000 people are waiting for an organ transplant. The use of organs from older adults with comorbidities such as Mr. B.’s has been suggested as one way to increase the number of donor organs. However, there is a great deal of variation among transplant surgeons, transplant centers, and organ procurement organizations on the use of expanded criteria donor (ECD) organs. Although some studies have shown comparable results between standard criteria and ECD organs, others have described decreased organ function and increased rates of complications for ECD recipients (Petersen, 2007).

This is truly a “best case” scenario; our patient is well educated and proactive. Although the most appropriate time to obtain consent for organ donation is from the individual prior to the time of crisis, typically people are asked to make this decision at the worst possible time during extremely stressful situations. The length and complexity of the form may be barriers for patients and their families in understanding the consent process. Nishimura et al (2007) found that in a review of 476 advance directives, 75% did not even address organ donation. To compound the issue, sometimes the wrong person is being asked to make end-of-life decisions. Being a family member is not considered proxy for serving as an agent for honoring advance directives (Sollins, 2007). Identifying the decision maker and noting this on the patient’s record is an important part of the admission process.
The Patient Self-Determination Act of 1990 requires all hospitals to provide adults at the time of admission information on advance directives (Pollack et al, 2010). Documenting that someone has received this information is not enough. Patient’s wishes should be communicated to family (which seems obvious, but is not always true) and to nursing and medical personnel. Involving family in this discussion is crucial; although Siminoff and Lawrence (Petersen, 2007) found that only 1.4% of patients’ families will override a patient’s prior decision to donate organs or tissue, caring for a patient and family from that 1.4% quickly becomes a very difficult situation for everyone and requires immediate intervention by administration.

Information on organ donation is available from many sources. Most people are aware of providing their organ donation preference on their driver’s license; recent enactment of first-person consent laws has made these designations more legally binding in most states. Many states also have an on-line advance directive form which includes a section on organ donation (see references and resources for websites).

Mr. B. should be provided additional information on organ donation and how to sign up at a donor registry. A patient-centered discussion involving family with appointment of substitute decision makers and identification of patient’s wishes has proven to be more successful than merely completing forms. As with any patient education, information should be provided in a manner which is easily understandable, with adequate time for answering questions. Perioperative nurses can serve as advocates for organ donation by encouraging informed choice and honoring donor consent. We can also serve as role models by taking the step to complete our own advance directives including our preferences on organ donation, and communicating our choices to our families and personal physicians. Becoming more informed on end-of-life choices will benefit both our patients and our own families.

References and resources:


US Department of Health and Human Services (HHS). *U.S. Government Information on Organ and Tissue Donation and Transplantation*. Retrieved April 25, 2012 from http://www.organdonor.gov/index.html (note: this is an excellent resource for patients as well as health care providers. It is written in clear, simple terms. Information on how to sign up to be a donor is included on the website.)