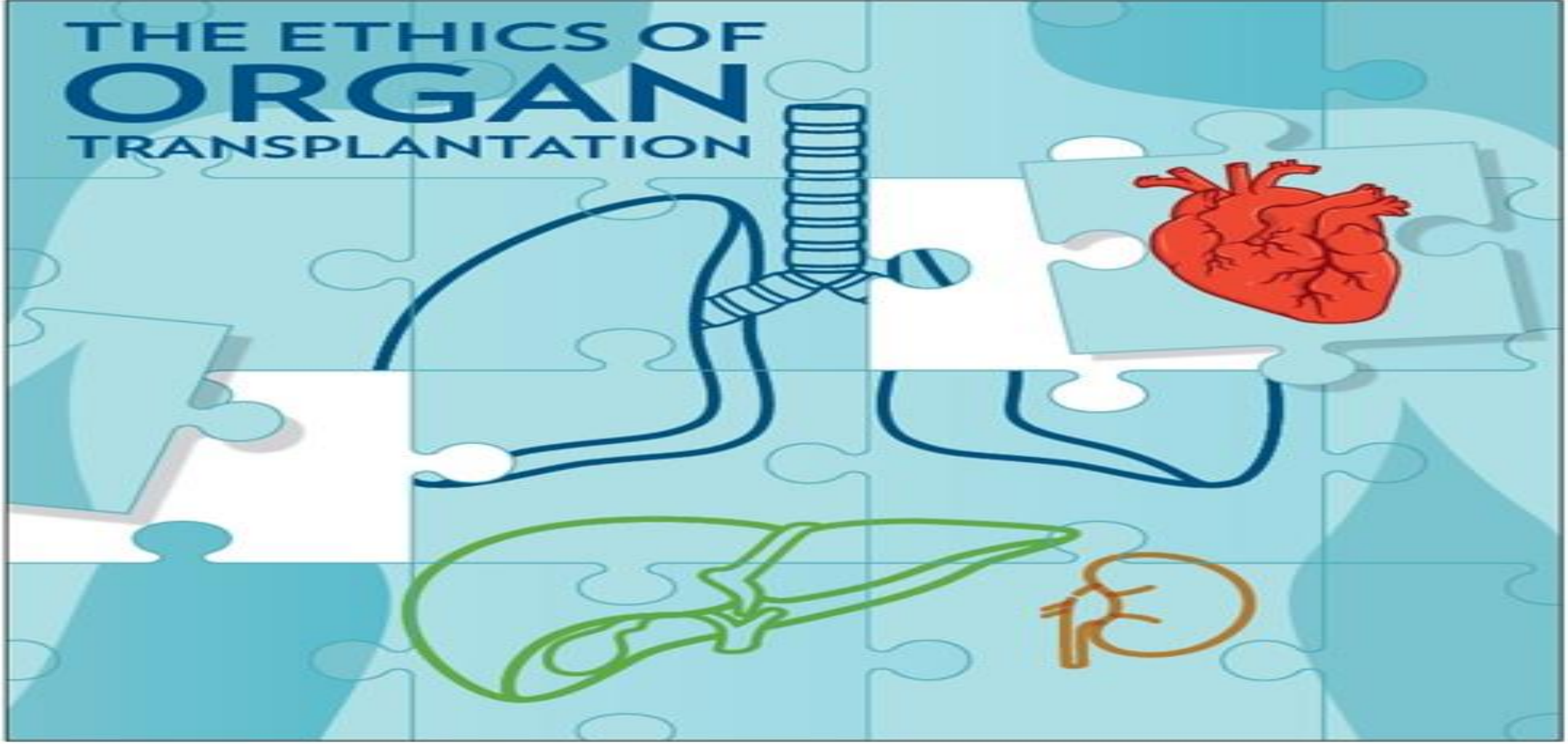
THE ETHICS OF ORGAN TRANSPLANTATION



29th Annual Thomas A. Pitts Memorial Lectureship in Medical Ethics

April 7, 2023

MUSC
Medical University of South Carolina

Legal & Ethical Arguments for **Respecting** Donor's Registration Status

Thaddeus Mason Pope

JD, PhD, HEC-C

April 7, 2023

nothing

to disclose

I am

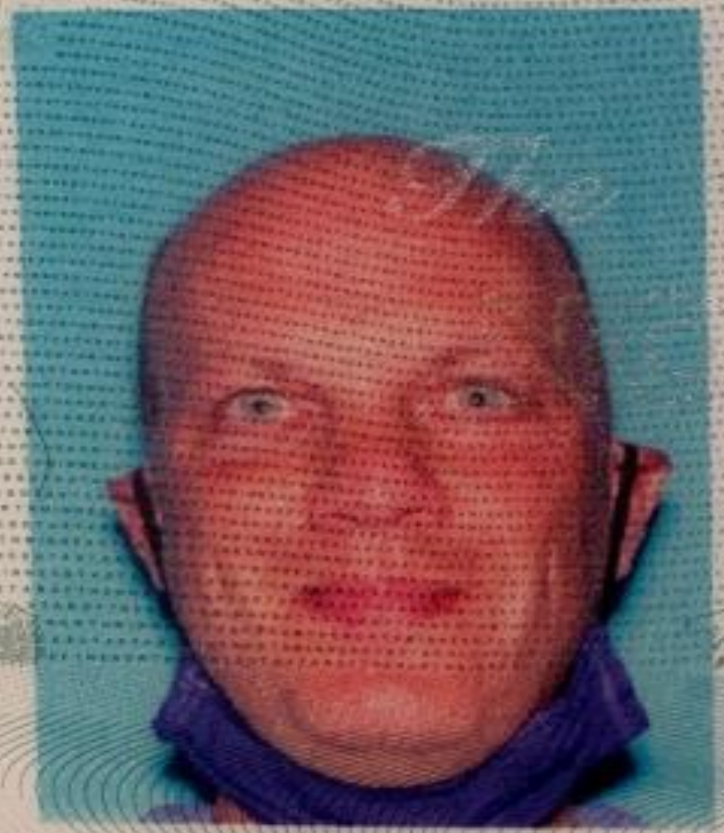
pro-donation

I am a FPA donor with **designation** on my Minnesota driver's license

MINNESOTA
USA

DRIVER'S LICENSE

NOT FOR FEDERAL IDENTIFICATION



1 POPE
2 THADDEUS MASON
8 [redacted]
LITTLE CANADA, MN 55117-1656

4d DL# [redacted]
4a ISS 08/21/2020
3 DOB 08/02/1969
4b EXP 08/02/2024
9 CLASS D
9a END NONE
12 RESTR NONE

DONOR

15 SEX M
17 WGT 200 lb
16 HGT 6'-01"
18 EYES BLU

5 DD 00000003377865
08/02/69

my family

knows

my wishes

April 2023

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

2009


BREAKING NEWS
23:22 SPITAL CRYING AFTER HE WAS PRONOUNCED DEAD


US Airways 1549


NORTH CAROLINA
GEORGIA
ATLANTIC OCEAN
SOUTH CAROLINA
CITIES
State capitals
County seats
BOUNDARIES
State
County
NUMBERED COUNTIES
1 CHESTERFIELD
2 DARLINGTON
3 GREENWOOD
4 EDGEFIELD
5 MARION
6 CALHOUN
7 CLARENDON
8 DORCHESTER

Revised Uniform Anatomical Gift Act (RUAGA)

Gov. Sanford

S.C. Code Ann. § 44-43-335

“person other than the donor is **barred from** … **revoking** an anatomical gift … if the **donor made** an anatomical gift …”

IN OTHER WORDS

if...

first person authorization

South Carolina SC USA DRIVER'S LICENSE

DL#: 123456789

SAMPLE, REGULAR LICENSE
110 MAPLE STREET
ANYTOWN, SC 292221111

Y

03-14-1972

Sample

DOB:	03-14-1972
Issued:	02-27-2008
Expires:	03-14-2018
Class:	D
Sex:	F
Weight:	120
Height:	5-06
Restrict:	None
Endorse:	None

44051 O 2

Governor Signature
Governor


DONATE
LIFE
South Carolina

then...

binding


FAMILY

may **not**

veto

may **not**

overrule

may **not**

override

may **not**

revoke


SOUTH CAROLINA
The Palmetto State

same

rule in every

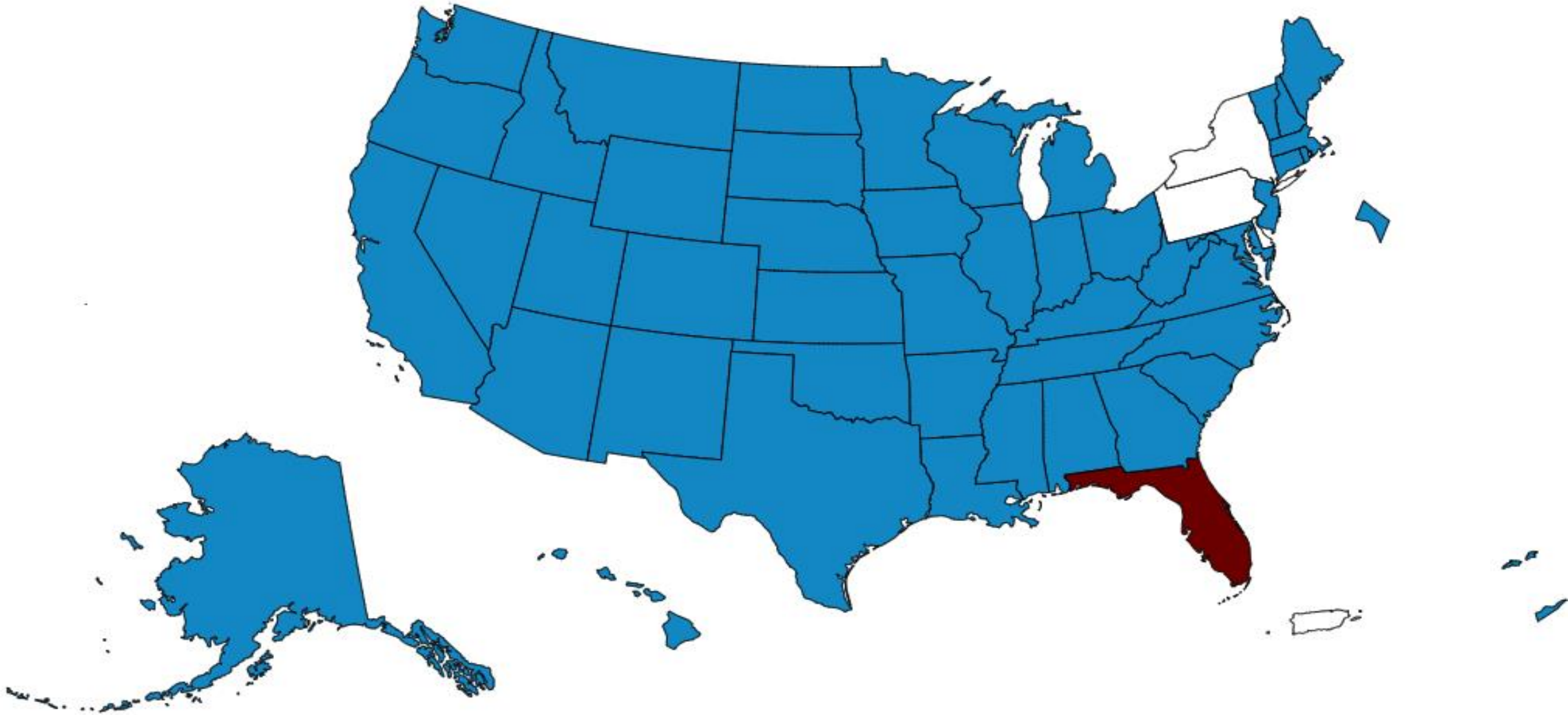
other state

RUAGA

2006 | Anatomical Gift Act

Medical & Public Health Law | Probate, Trusts, & Estates

Map | Bill List | Summary | Enactment History



defend

this rule

only

donor may revoke

roadmap

6 parts

must OPOs honor family objections

may OPOs honor family objections

do OPOs honor family objections

positive

→ normative

should OPOs honor family objections

better ways to manage objections

brain

death

part 1

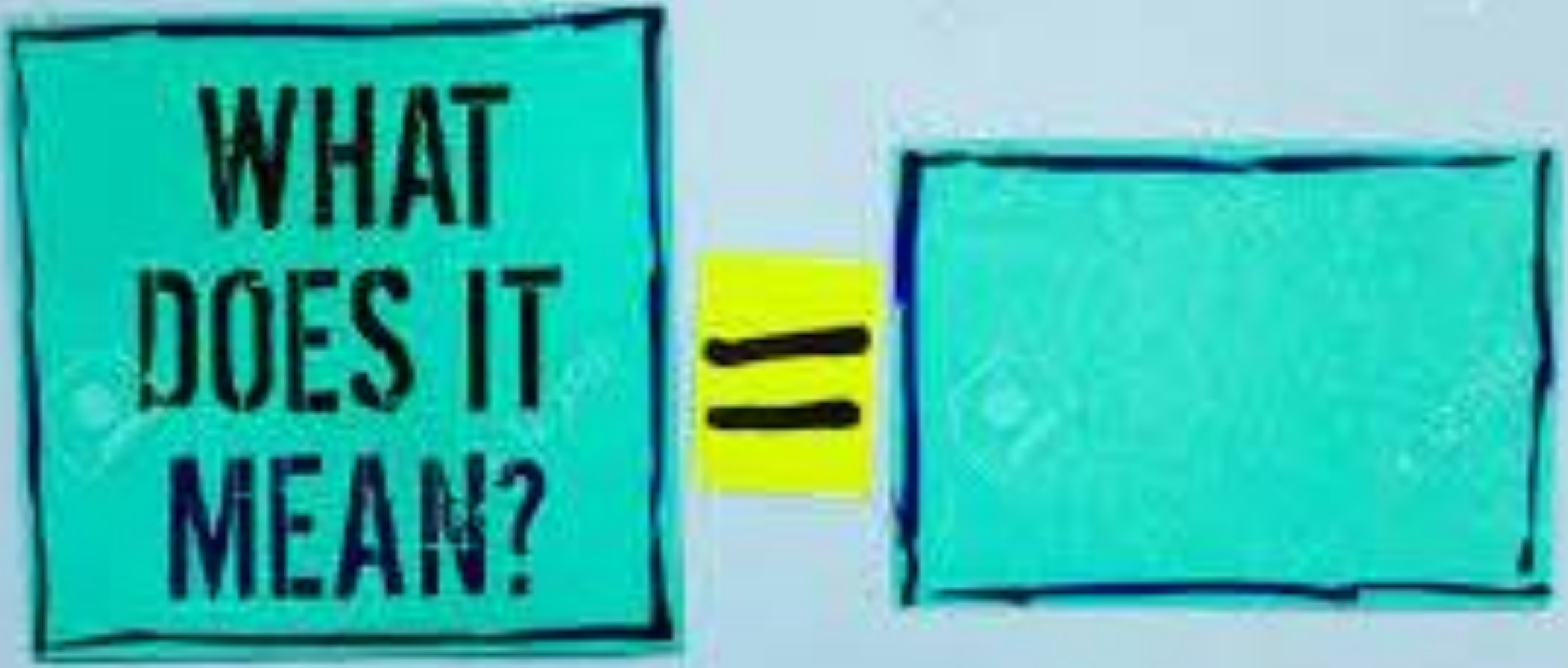
must OPOs honor family objections

no


Title 39
13A
Title 40
14
WEST
Title 41
14A
Titles 42-43
15
Title 44
15A
Titles 45-47
16
Titles 48-49
16A
Title 50
17
Title 51-53
17A
Title 54-57
18

S.C. Code Ann. § 44-43-335

“person other than the donor is **barred from** … **revoking** an anatomical gift … if the **donor made** an anatomical gift …”


WHAT
DOES IT
MEAN?
=

only the **donor** can revoke a gift the **donor** made

Uniform Law Commission

Better Laws. Stronger States.

RUAGA

“intentionally **disempowers families** from … revoking … gifts in contravention of a donor’s wishes”

Uniform Law Commission

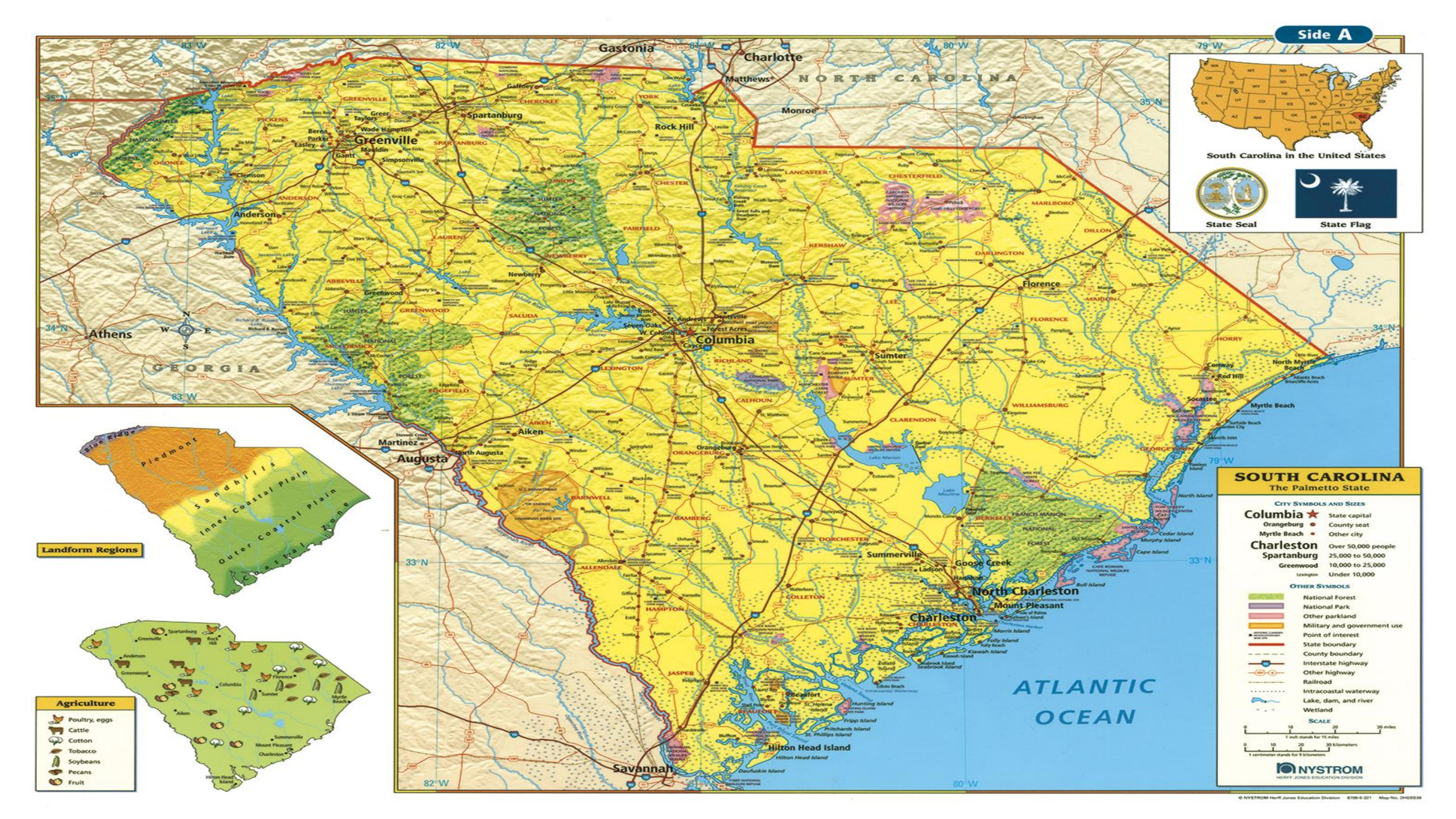
Better Laws. Stronger States.

“there is **no reason** to seek **consent** from the … family as they have **no right** to give it”

NATIONAL ASSOCIATION OF ATTORNEYS GENERAL

2010 resolution

“**obligation** … participants in the donation process … to … honor and implement the **decision of the donor**”


Side A
South Carolina in the United States
State Seal
State Flag
NORTH CAROLINA
GEORGIA
ATLANTIC OCEAN
Gastonia
Charlotte
Matthews
Monroe
Rock Hill
Spartanburg
Greenville
Anderson
Clemson
Newberry
Columbia
Florence
Sumter
Myrtle Beach
North Myrtle Beach
Conway
Socastee
Red Hill
Aiken
Augusta
Martinez
North Augusta
Orangeburg
Summerville
Goose Creek
North Charleston
Mount Pleasant
Charleston
Beaufort
Hilton Head Island
Savannah
Athens
Landform Regions
Blue Ridge
Piedmont
Sandhills
Inner Coastal Plain
Outer Coastal Plain
Coastal Zone
Agriculture
Poultry, eggs
Cattle
Cotton
Tobacco
Soybeans
Pecans
Fruit
SOUTH CAROLINA
The Palmetto State
City Symbols and Sizes
Columbia State capital
Orangeburg County seat
Myrtle Beach Other city
Charleston Over 50,000 people
Spartanburg 25,000 to 50,000
Greenwood 10,000 to 25,000
Lexington Under 10,000
Other Symbols
National Forest
National Park
Other parkland
Military and government use
Point of interest
State boundary
County boundary
Interstate highway
Other highway
Railroad
Intracoastal waterway
Lake, dam, and river
Wetland
Scale
NYSTROM


we are
SharingHopeSC
SOUTH CAROLINA ORGAN & TISSUE RECOVERY SERVICES

YOUR DECISION MATTERS.

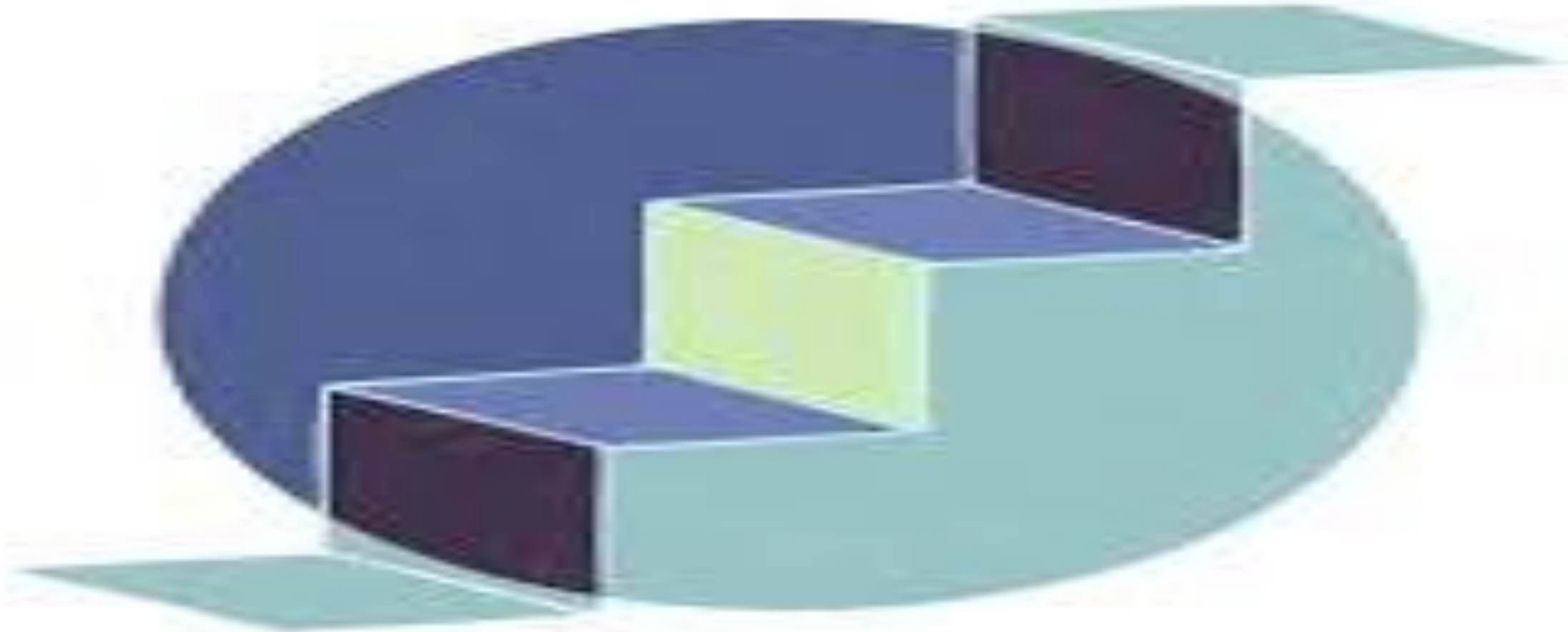
. South Carolina is a first-person authorization state.


DONATE
LIFE
South Carolina

MYTH: IT DOESN'T MATTER WHAT I DECIDE ABOUT DONATION, BECAUSE MY FAMILY WILL MAKE THE FINAL DECISION.

False: family permission is not required for donation, and your decision to donate will be honored.

some OPOs do **more**



THAT EXTRA STEP

fight for FPA in **court**

they win

case 1


Lansing
Toledo
Cleveland
Wayne
OHIO
Columbus
Cincinnati
70
Lake Erie
River


Elijah Smith


21+

given

FPA

but

he did not understand

Lifeline of Ohio

DONATE LIFE


LAWSUIT
Plaintiff
v.
Defendant
Notice of a Lawsuit and Request to Waive Service

e-Filed Franklin County Probate Court
Submitted - Jul 10 2013 12:59 PM
Filed - Jul 10 2013 1:05 PM - 561385A

IN THE COURT OF COMMON PLEAS, PROBATE DIVISION
FRANKLIN COUNTY, OHIO

LIFELINE OF OHIO ORGAN PROCUREMENT, INC.,	:	**Case No. 561385-A**
Plaintiff,	:	**Judge Guy Reece**
vs.	:	
OHIOHEALTH CORPORATION, et al.,	:	
Defendants.	:	

DECLARATORY JUDGMENT ORDER

This action came before the Court on the verified complaint of plaintiff, filed on July 10, 2013. The Court finds that Elijah Smith, having applied for and being issued an identification card by the Ohio Bureau of Motor Vehicles, in accordance with ORC § 2108.05 (A)(1), has made an anatomical gift that he did not revoke.

family **cannot** revoke FPA

case 2


NEW HAMPSHIRE
VERMONT
Boston
MASSACHUSETTS
RHODE ISLAND
CONNECTICUT
NEW YORK
ATLANTIC OCEAN
NEW YORK

2022

Josh Francis O'Connor

given

FPA

Virginia DRIVER'S LICENSE

M 853-151-10-581-0

Customer identifier
T16700185

Name
MAURY
JUSTIN, WILLIAM

Address
17 FIRST STREET
STAUNTON, VA 24401

Sex
M

Class
NONE

Date of birth
07/15/1958

Eyes
BRO

Endorsements
NONE

Iss ORI
08/14/2009

Height

Restrictions

Exp

but

mom sued OPO to stop

New England
Donor Services

“NEDS is **required** to act in accordance with the donor’s gift”

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

JENNIFER LEIGH MCLEAN and JOSH FRANCIS DESJARLAIS O'CONNOR, Plaintiffs, v. NEW ENGLAND DONOR SERVICES and BOSTON MEDICAL CENTER, Defendants.	Civil Action No. 22-CV-11003-NMG

MEMORANDUM AND ORDER

“decision to donate **shall be complied** with”

“shall **not require** the consent or concurrence of any **other** individual”

case 3


NEVADA
Arizona
UTAH
CO
Page
Grand Canyon
Kingman
Bullhead City
Williams
Flagstaff
Winslow
CALIFORNIA
Lake Havasu City
Prescott
Holbrook
Payson
NEW MEXICO
Parker
ARIZONA
Phoenix
Glendale
Mesa
Tempe
Casa Grande
Safford
Yuma
Ajo
Tucson
Sierra Vista
Benson
MEXICO
114°
110°
109°
34°
32°
0
50
100 mi
0
50
100 km

Ruben Vati

given

FPA

FOX 10
3:58 87°

FAMILY OF MAN ON LIFE SUPPORT SAY HE IS NOT BRAIN DEAD

PROTESTORS GATHER OUTSIDE HONOR HEALTH HOSPITAL

DONATE LIFE

DONOR

NETWORK OF ARIZONA

A Donate Life Organization

Civil Court Case Information – Case History

« Return to search results

Case Information

Case Number:	CV2019-054426	**Judge:**	Bachus, Alison
File Date:	9/19/2019	**Location:**	Northeast

family **cannot** revoke FPA

these three were

injunction cases

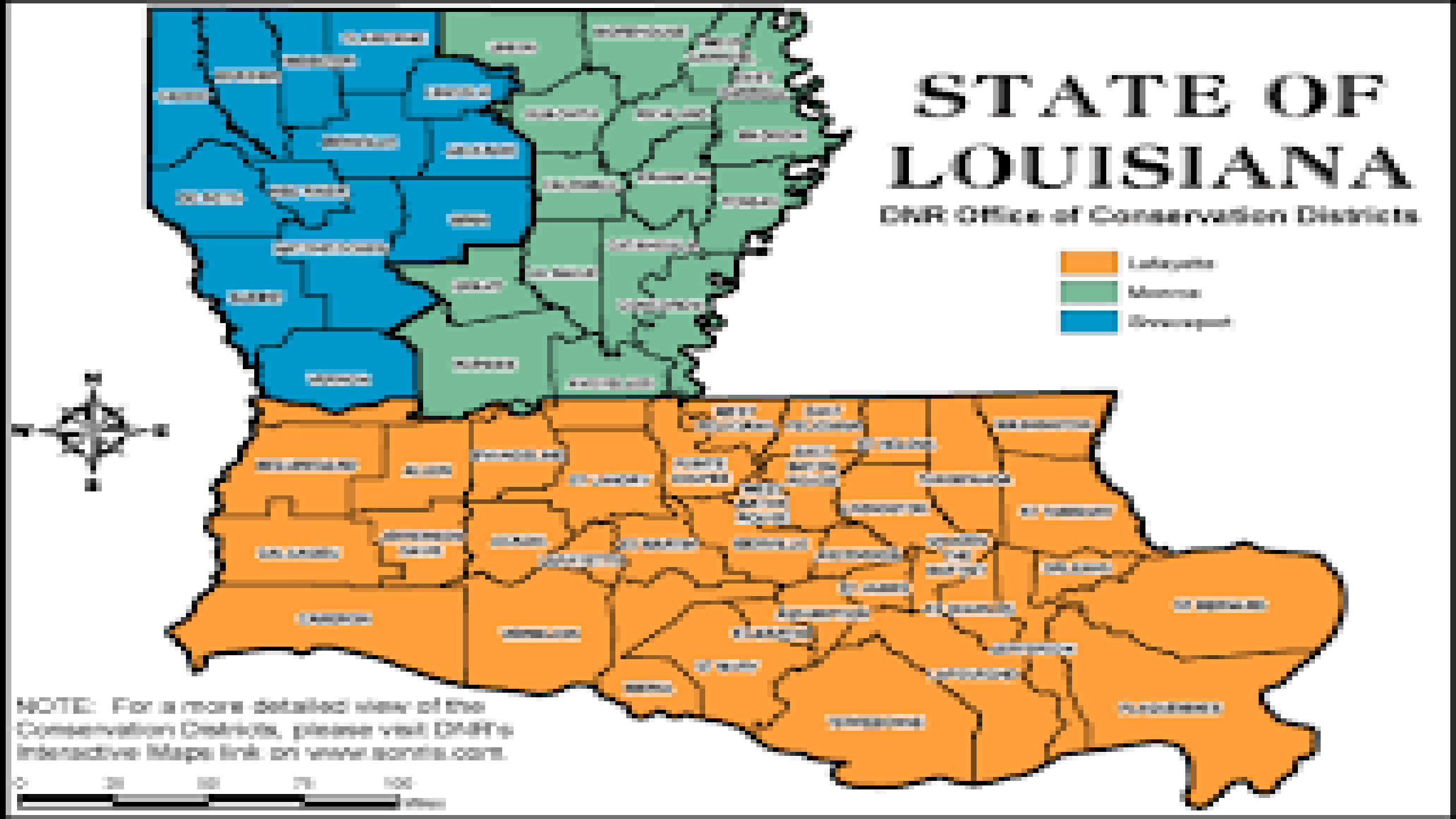
may OPO proceed

families also lost

damages cases

family sued **after** OPO procured

case 4


STATE OF LOUISIANA
DNR Office of Conservation Districts
Lafayette
Monroe
Shreveport
NOTE: For a more detailed view of the Conservation Districts, please visit DNR's Interactive Maps link on www.sonris.com.

given

FPA

parents objected

I do not want “my daughter cut on”


LOPA
MAKING LIFE HAPPEN

disregarded

mother’s objection

proceeded on basis of FPA


LAWSUIT
Plaintiff
v.
Defendant
Notice of a Lawsuit and Request to Waive Service

allege: OPO inflicted mental anguish & emotional distress


OUACHITA PARISH COURTHOUSE


$30,000

49,109 (La.App. 2 Cir. 8/6/14)

Johnny COOPER and Harriet Cooper, Individually and on Behalf of their Daughter, Tina White (Deceased), Plaintiffs–Appellees

v.

LOUISIANA ORGAN PROCUREMENT and Terria Alexander, Defendants–Appellant.

No. 49,109–CA.

Court of Appeal of Louisiana, Second Circuit.

Aug. 6, 2014.


COURT

“registry clearly stated that [daughter] **consented**”

“[parents’] concerns … did **not vitiate** … prior consent”

sum up

when FPA

no duty **seek**

family consent

no duty **honor**

family objections

but

consult with family

even if no decision

for them to make

Uniform Law Commission

Better Laws. Stronger States.

“that conversation should focus more on what **procedures** will be followed … and on answering a family’s questions … rather than on seeking approval”

get medical & social history

sustains cooperative relationship

part 2

OPO is **not** **bound** by family veto

but

may OPO

voluntarily

accede

yes

may OPOs honor family objections

yes


Title 39
13A
Title 40
14
WEST
Title 41
14A
Titles 42-43
15
Title 44
15A
Titles 45-47
16
Titles 48-49
16A
Title 50
17
Title 51-53
17A
Title 54-57
18

S.C. Code Ann. § 44-43-365(H)

“person **may** accept **or reject** an anatomical gift”


UNITED STATES
Department of
Health and Human
Services

Health Care Financing Administration

42 CFR Part 482

[HCFA–3005–F]

RIN: 0938–AI95

Medicare and Medicaid Programs; Hospital Conditions of Participation; Identification of Potential Organ, Tissue, and Eye Donors and Transplant Hospitals' Provision of Transplant-Related Data

“encourage **discretion and sensitivity** with respect to the circumstances, views, and beliefs of the **families** of potential donors”

OPOs may accept **or** reject family vetoes

part 3

OPOs **may** honor family objections

do they

yes

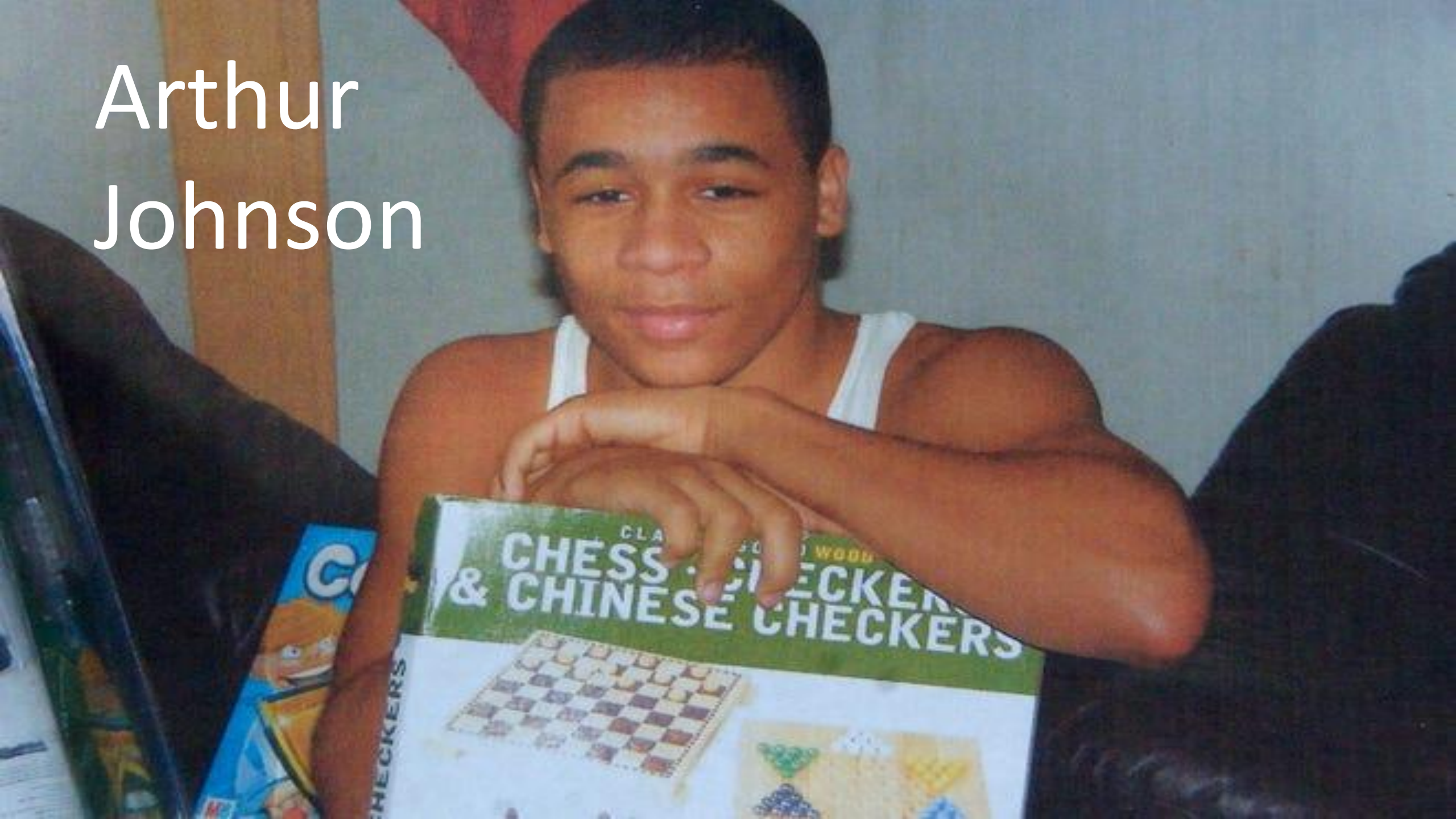
some OPOs **cave-in** to families

another

case


ALABAMA
GEORGIA
Pensacola
Tallassee
Jacksonville
Atlantic Ocean
Orlando
Tampa
St. Petersberg
FLORIDA
Gulf of Mexico
Sarasota
Punta Gorda
Ft. Myers
West Palm Beach
Ft. Lauderdale
Naples
Miami
Key West

Arthur Johnson




19+

given

FPA


LifeLink®
LifeLink®
9661
STOP

pressing the matter “would **not be the best thing** for the family or for us”

that’s just a **single** case –

for illustration

1999

The Consent Process for Cadaveric Organ Procurement

How Does It Work? How Can It Be Improved?

Dave Wendler, PhD

Neal Dickert, BA

Context Understanding the consent process that organ pr
(OPOs) use is crucial to improving the process and thereby

when

discordance

31% follow NOK

2014

American Journal of Transplantation 2014; 14: 172–177
Wiley Periodicals Inc.

doi: 10.1111/ajt.12519

When the Living and the Deceased Cannot Agree on Organ Donation: A Survey of US Organ Procurement Organizations (OPOs)

W. J. Chon[1,*], M. A. Josephson[1], E. J. Gordon[2], Y. T. Becker[3], P. Witkowski[3], D. J. Arwindekar[1], A. Naik[1], J. R. Thistlethwaite Jr.[3], C. Liao[4] and L. F. Ross[3,5]

[1]*Section of Nephrology, University of Chicago, Chicago, IL*
[2]*Comprehensive Transplant Center, Northwestern*

first person authorization; NCCUSL, National Conference of Commissioners on Uniform State Laws; ODBC, Organ Donation Breakthrough Collaborative; OPO, Organ Procurement Organization; OTBC, Organ Transplant Breakthrough Collaborative; UAGA, Uniform Anatomical Gift Act

Received 21 June 2013, accepted for publication 23 September 2013

when

discordance

20% follow NOK

“20% of OPOs **still accede** to the next-of-kin”

2020

Journal of the Intensive Care Society
Volume 21, Issue 2, May 2020, Pages 179-182

https://doi.org/10.1177/1751143719846416

Special articles

Family overrule of registered refusal to donate organs

David Shaw[1,2], Penney Lewis [3], Nichon Jansen[4], Undine Samuel[5], Tineke Wind[6], Denie Georgieva[4], Bernadette Haase[4], Rutger Ploeg[7], and Dale Gardiner[8]

when

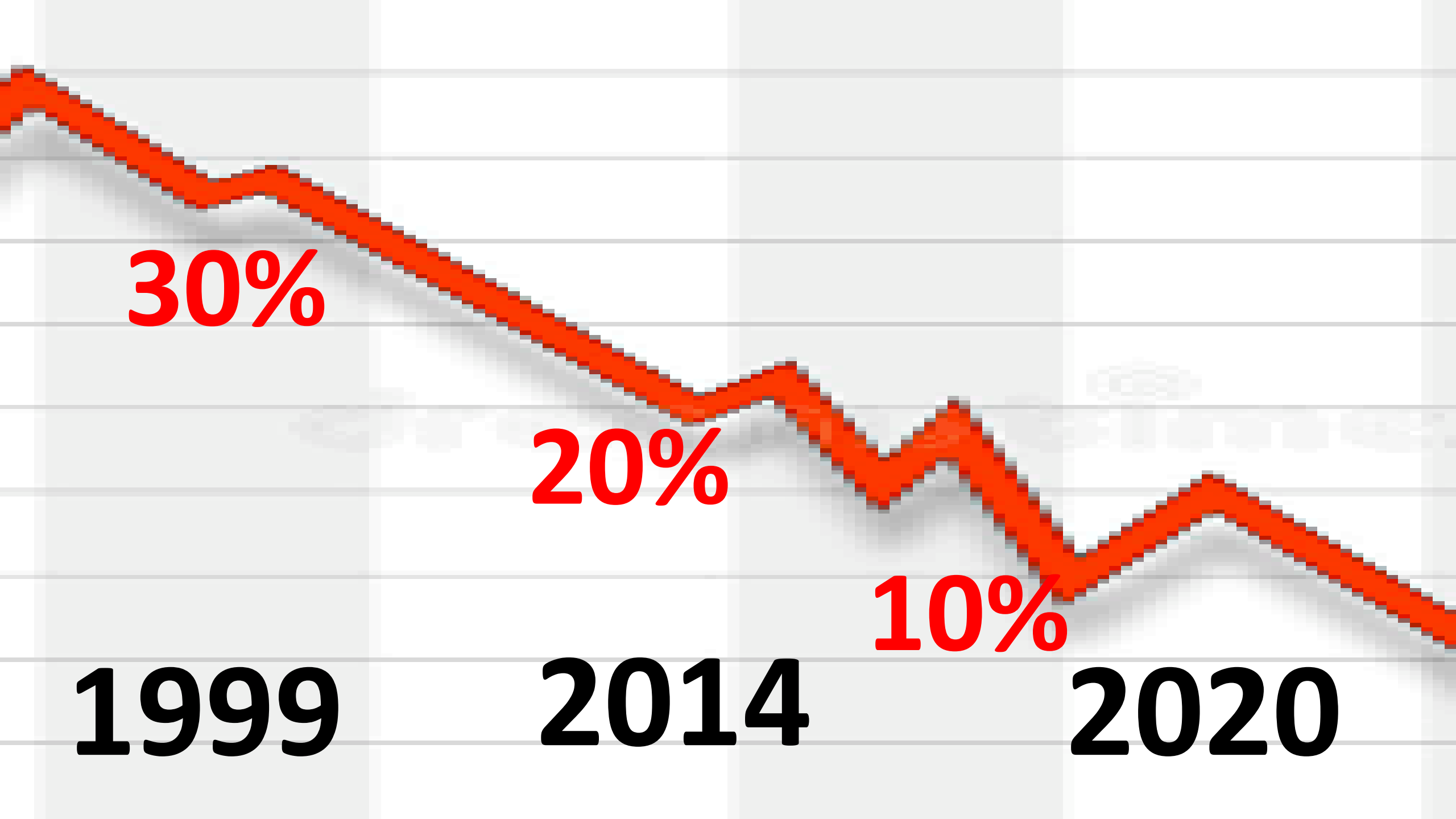
discordance

10% follow NOK

less & less acquiescence

rate of capitulation

dropping


30%
20%
10%
1999
2014
2020

higher

elsewhere

Can J Anesth/J Can Anesth (2021) 68:611–621
https://doi.org/10.1007/s12630-021-01928-0

REPORTS OF ORIGINAL INVESTIGATIONS

Family veto in organ donation: the experiences of Organ and Tissue Donation Coordinators in Ontario

Veto familial au don d'organes : expériences des coordonnateurs en don d'organes et de tissus en Ontario

Samantha J. Anthony, MSW, PhD · Jia Lin, MPH · Sarah J. Pol, MSc · Linda Wright, MSW, MHSc · Sonny Dhanani, MD, FRCPC

2021

when

discordance

21% follow NOK

Can J Anesth/J Can Anesth (2020) 67:313–323
https://doi.org/10.1007/s12630-019-01538-x

REPORTS OF ORIGINAL INVESTIGATIONS

Survey of Canadian intensivists on physician non-referral and family override of deceased organ donation

Sondage auprès des intensivistes Canadiens concernant la non-référence médicale et le refus par la famille malgré l'accord du donneur du don d'organes après un décès

Matthew J. Weiss, MD · Shane W. English, MD, MSc · Frederick D'Aragon, MD, MSc ·

Original article

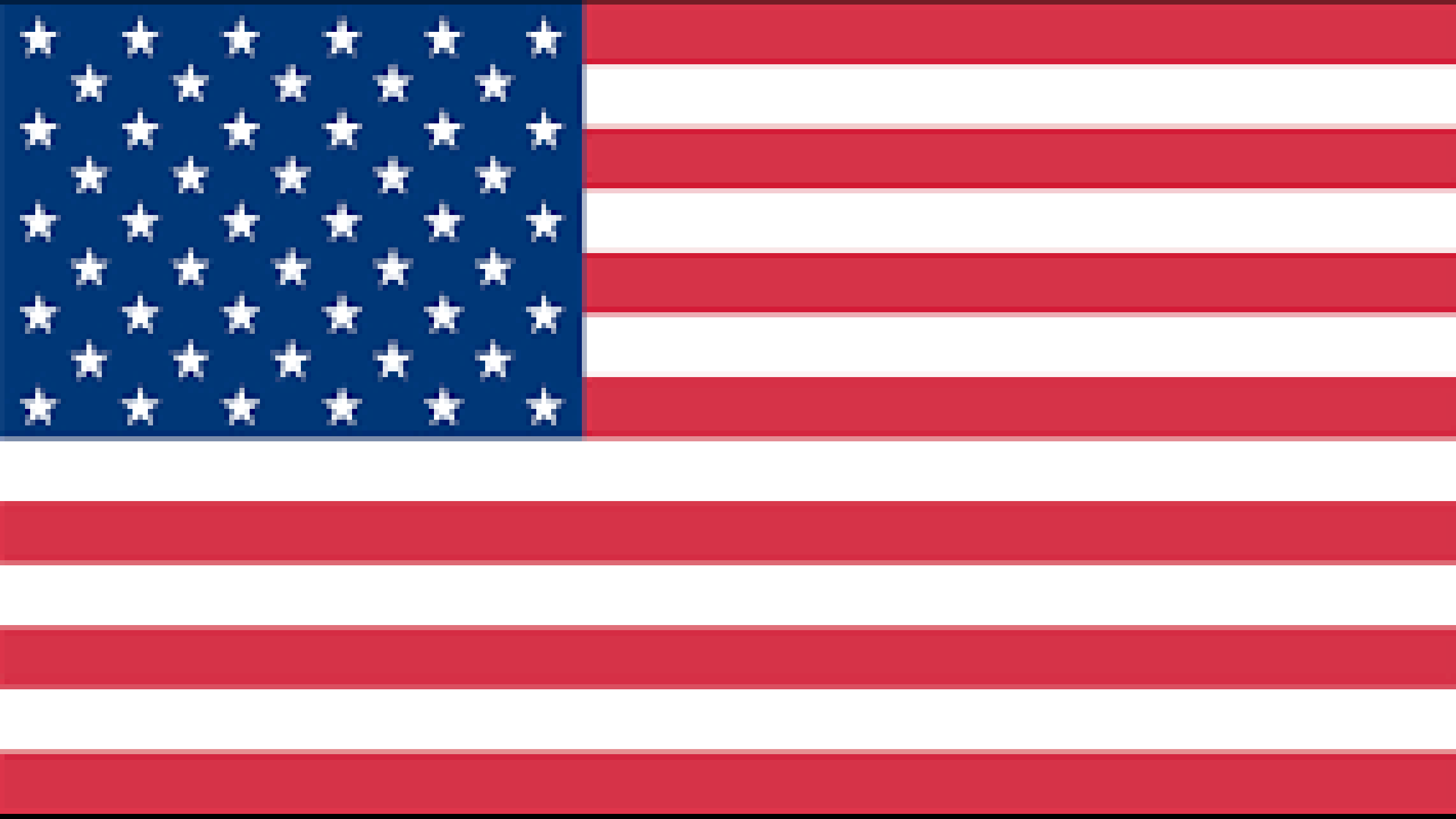
Journal of the Intensive Care Society
2018, Vol. 19(2) 101–106

DOI: 10.1177/1751143717738194
journals.sagepub.com/home/jics

The Rule of Threes: three factors that triple the likelihood of families overriding first person consent for organ donation in the UK

James Morgan[1], Cathy Hopkinson[2], Cara Hudson[2], Paul Murphy[1,2], Dale Gardiner[2,3], Olive McGowan[2] and Cathy Miller[2]

12% follow NOK




10%

significant

loss of organs

part 4

positive

→ normative

should OPOs honor family objections

depends on objection


REASONS
REASONS
REASONS
REASONS

UKDEC
UK Donation Ethics Committee

ACADEMY OF MEDICAL ROYAL COLLEGES

Involving the family in deceased organ donation

A discussion paper
April 2016

1. New evidence of refusal (9.6%)
Patient had stated in the past that they did not wish to be a donor (6.7% ODR)
Family were not sure whether the patient would have agreed to donation. (2.9%)

2. Reassessment of overall benefit (31.6%)
Family felt the length of time for donation process was too long. (28.2%)
Family wanted to stay with the patient after death (2.9%)
Family had difficulty understanding/accepting neurological testing (0.5%)

3. Genuine overrule (46.5%)
Family did not want surgery to the body (8.1%).
Family felt the patient had suffered enough (7.7%)
Strong refusal - probing not appropriate (6.2%)
Family were divided over the decision (6.7%)
Family concerned that organs may not be transplanted (6.2%)
Family did not believe in donation (5.3%)
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons) (2.4%)
Family felt it was against their religious/cultural beliefs (1.9%)
Families concerned about organ allocation (1%)
Family concerned that other people may disapprove/be offended (0.5%)
Family concerned donation may delay the funeral (0.5%)

4. Other – 12.4%

Can J Anesth/J Can Anesth (2020) 67:313–323
https://doi.org/10.1007/s12630-019-01538-x

REPORTS OF ORIGINAL INVESTIGATIONS

Survey of Canadian intensivists on physician non-referral and family override of deceased organ donation

Sondage auprès des intensivistes Canadiens concernant la non-référence médicale et le refus par la famille malgré l'accord du donneur du don d'organes après un décès

Matthew J. Weiss, MD · Shane W. English, MD, MSc · Frederick D'Aragon, MD, MSc ·

Table 2 Reasons selected to support family override request

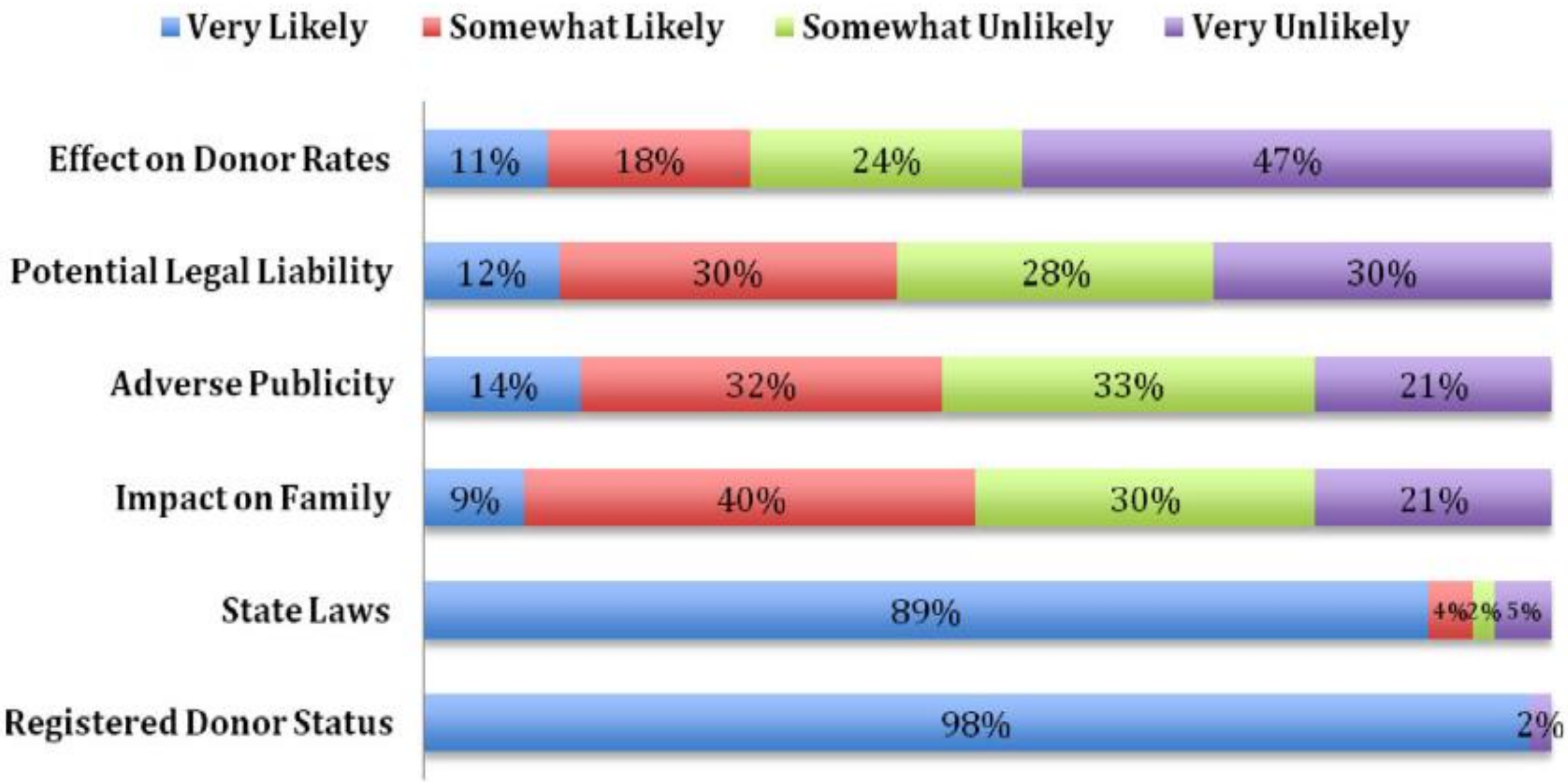
Reason selected to follow a family override request	Physicians who agreed or strongly agreed (% of total number of respondents)	Physicians with donation-specific roles who agreed or strongly agreed (% of donation specialists respondents)
Fear of loss of public trust in the donation and transplantation system	105/130 (81%)	19/28 (68%)
Obligation to respect the grief and desires of the SDM	92/130 (71%)	17/28 (61%)
Fear of legal risk	75/128 (58%)	17/28 (61%)
Fear of media exposure	49/127 (39%)	11/28 (39%)
Belief that the donation registry does not constitute valid consent for organ donation	46/129 (36%)	9/28 (32%)
Personally held beliefs against donation	1/127 (1%)	0/28 (0%)

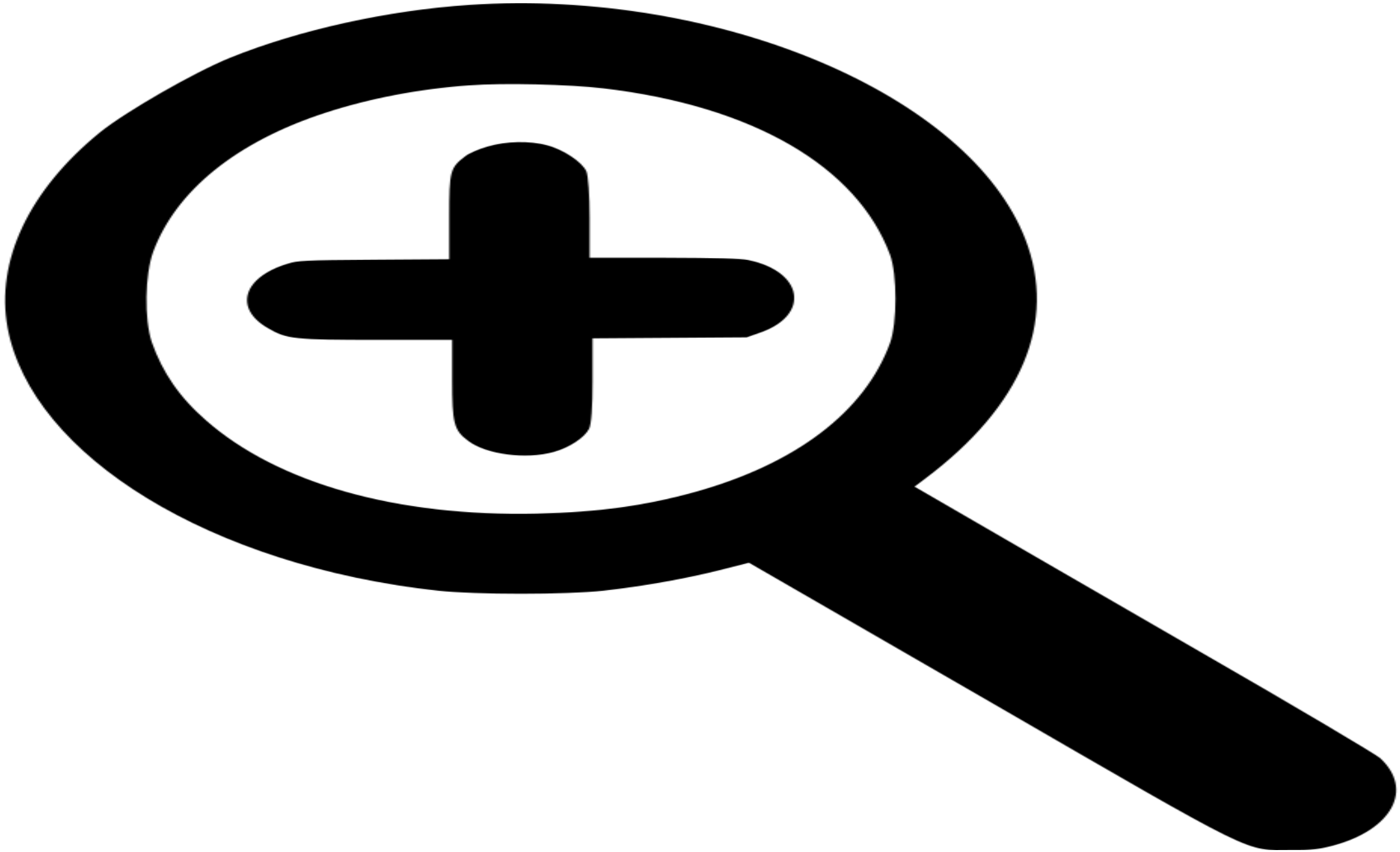
American Journal of Transplantation
Volume 14, Issue 1
Jan 2014
Pages 1-243

ARTICLE

When the Living and the Deceased Cannot Agree on Organ Donation: A Survey of US Organ Procurement Organizations (OPOs)

A Survey of US OPOs on Implementation of First Person Authorization





objection 1

donor herself

revoked FPA


"Remove my name from organ donor registry."
wikiHow

honor **if**
compelling
evidence

S.C. Code Ann. § 44-43-390(C)

“person may presume that a document of gift … is valid **unless** that person knows that it was … **revoked**”

here, family contends FPA **not** valid because it **was** revoked

S.C. Code Ann. § 44-43-335

“in the absence of an **express, contrary indication** by the donor, a person other than the donor is barred from … revoking …”

here, family contends there **was**

"express, contrary indication by the donor"

sum up

donor has right to revoke their **own** FPA

if family claims donor **herself** revoked

honor **if**
compelling
evidence

objection 2

FPA **never** valid in 1st place

honor **if**
compelling
evidence

S.C. Code Ann. § 44-43-390(C)

“person may presume that a document of gift … is valid **unless** that person knows that it was **not validly executed**”

here, family contends FPA was **not** validly executed

FPA

presumed

valid

but that is

rebuttable

honor **if**
compelling
evidence


CAUTION

these first two objections

they are **not** vetoes or overrides

family just supplying new **evidence**

FPA revoked

or

FPA invalid

if family's evidence is compelling → there is **no FPA** to override

if donor **revoked** her **own** FPA, there **is no** current FPA

or

if donor **never** gave valid FPA, there **is** **no** current FPA

cannot override what does not exist


YOU CAN'T FIRE ME, I QUIT!


AUTHENTIC
AUTHENTIC
AUTHENTIC

objection 3

family **concedes**

FPA valid

family **concedes**

FPA not revoked

but

donor **would** not have FPA **if** had known .. delay & distress

family contends not sufficiently **informed**

but

not enough to invalidate similar instruments

State of South Carolina

Advance Directive for Health Care

Quality of Life:

I want my doctors to help me maintain an acceptable quality of life including adequate pain management. A quality of life that is unacceptable to me means when I have any of the following conditions **(you can check as many of these items as you want)**:

- ☐ **Permanent Unconscious Condition:** I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
- ☐ **Permanent Confusion:** I become unable to remember, understand or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
- ☐ **Dependent in all Activities of Daily Living:** I am no longer able to talk clearly or move by myself. I depend on others for feeding, bathing, dressing and walking. Rehabilitation or any other restorative treatment will not help.
- ☐ **End-Stage Illnesses:** I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that does not respond anymore to treatment; chronic and/or damaged heart and lungs, where oxygen needed most of the time and activities are limited due to the feeling of suffocation.

Treatment:

If my quality of life becomes unacceptable to me and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. **Checking "yes" means I WANT the treatment. Checking "no" means I DO NOT want the treatment.**

☐ Yes ☐ No	**CPR (Cardiopulmonary Resuscitation):** To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
☐ Yes ☐ No	**Life Support / Other Artificial Support:** Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys and other organs to continue to work.
☐ Yes ☐ No	**Treatment of New Conditions:** Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
☐ Yes ☐ No	**Tube feeding/IV fluids:** Use of tubes to deliver food and water to patient's stomach or use of IV fluids into a vein which would include artificially delivered nutrition and hydration.

completed

without clinicians

without IC

even **more**

on point


Last Will and Testament
I being of sound and disposing mind and memory,
and not acting under duress, menace, fraud or the
undue influence of any person whomsoever, do make,
publish and declare this my Last Will and
testament

post-mortem gifts

Last Will and Testament

'Being of sound mind and body, I do hereby declare this to be my last will and testament.

I, in my name, place and stead in any way in which I may
personally present, with respect to the following
when and if I become

no invalidation

because lack

informed consent

on purpose

& by design

National Healthcare Decisions Day

April 16th (every year!)

@nationalhealthcaredecisionsday

nhdd.org

By Kuldeep N. Yadav, Nicole B. Gabler, Elizabeth Cooney, Saida Kent, Jennifer Kim, Nicole Herbst, Adjoa Mante, Scott D. Halpern, and Katherine R. Courtright

DOI: 10.1377/hlthaff.2017.0175
HEALTH AFFAIRS 36,
NO. 7 (2017): 1244-1251

Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care

systematic review

of 150 studies

800,000 people

37%

so....


easy


quantity
quality

more important to get ADs **done**

than require informed consent

yet

still deemed clear & convincing evidence of patient wishes

same

for FPA

objection 4

family distress

family has suffered **enough**

we should not cause **more** distress at distressing time

this objection is **not** donor focused


EASTER SUNDAY
SUNDAY, APRIL 9TH

inadequate reason for deviating from similar instruments


Last Will and Testament
I being of sound and disposing mind and memory,
and not acting under duress, menace, fraud or the
undue influence of any person whomsoever, do make,
publish and declare this my Last Will and
Testament

“we are distressed from being left out”


THE
SOUTH CAROLINA
JUDICIAL DEPARTMENT

State of South Carolina

Advance Directive for Health Care

more

aggressive

treatment

surrogate	advance directive
	


You're
Fired!

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UNIVERSITY
HOSPITAL

USC University Hospital

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U.S.News America's Best Hospitals 2007

HEALTHGRADES
GUIDING AMERICA TO BETTER HEALTHCARE

The New York Times

The Patients Were Saved. That's Why the Families Are Suing.

Paula Span

THE NEW OLD AGE APRIL 10, 2017

objection 5

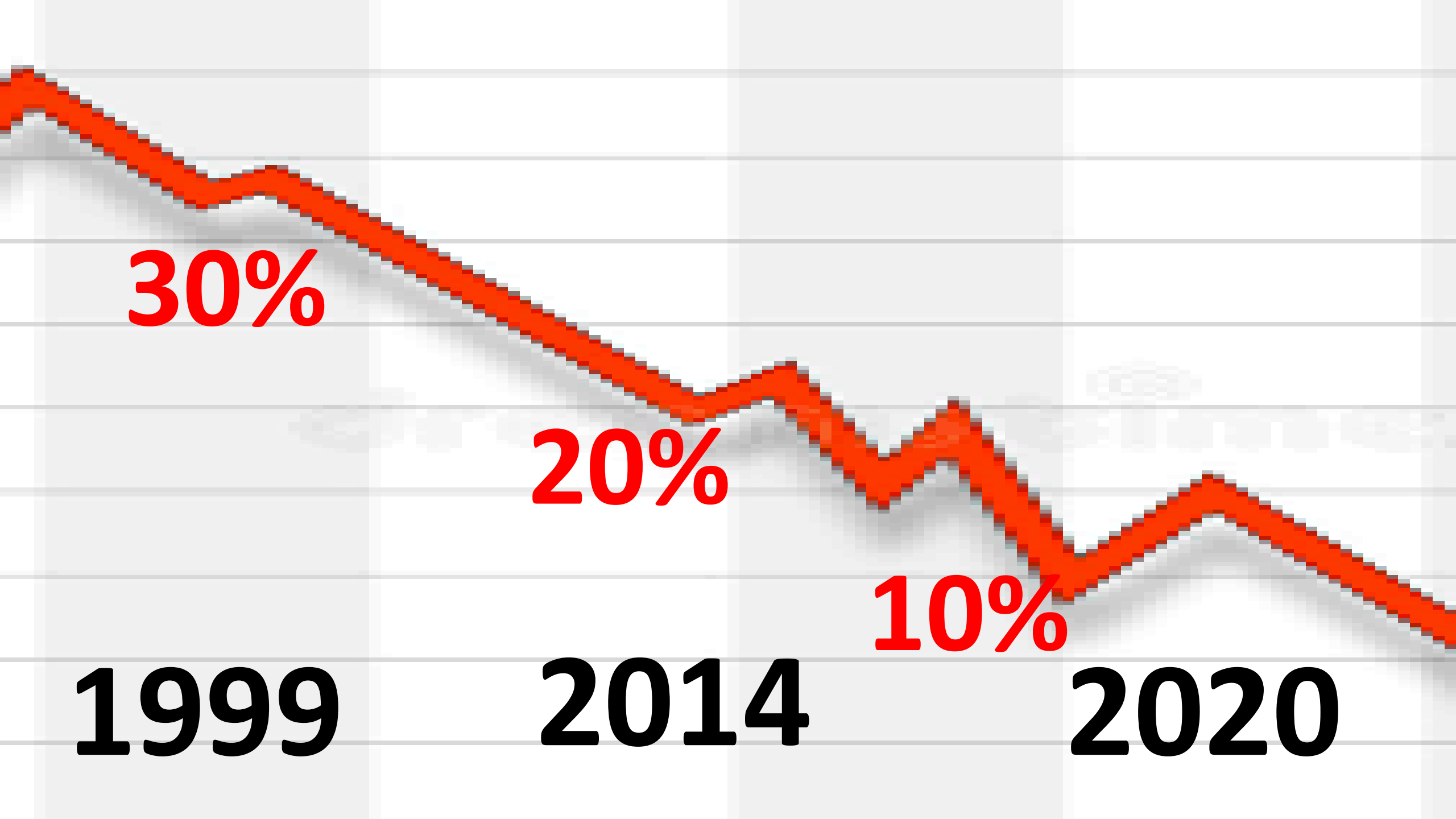
negative publicity

public trust

disallowing veto will impact **donation rates**

no evidence of this

evidence suggests **otherwise**


30%
20%
10%
1999
2014
2020


New England
Donor Services
DONATE
LIFE
DONOR
NETWORK OF ARIZONA
A Donate Life Organization
Lifeline
of Ohio
DONATE
LIFE
LOPA
MAKING LIFE HAPPEN


SOUTH CAROLINA
DUM SPIRO SPERO
ANIMIS OPIBUSQUE PARATI
SPES


SURVEY
Select one
Excellent
Good
Average
Poor
Very poor

should your NOK be **able to overrule** your decision to be an organ donor?


NO!

90%

want **their** wishes followed

likely to **respect**, not fault OPO for following FPA

in sum

when OPOs permit vetoes

everyone

loses

recipients are denied organs

donor wishes are not respected

family often

regrets veto

everyone

loses

part 5

better ways to manage objections

1 humble


DONATE LIFE

2022 AOPO Annual Meeting

JUNE 13 - 16

Phoenix, Arizona

AOPO

ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS

AGENDA

B – Impact Sessions (cont'd)

Improving Authorization Rates for DCD First Person Authorization (FPA) Opposition

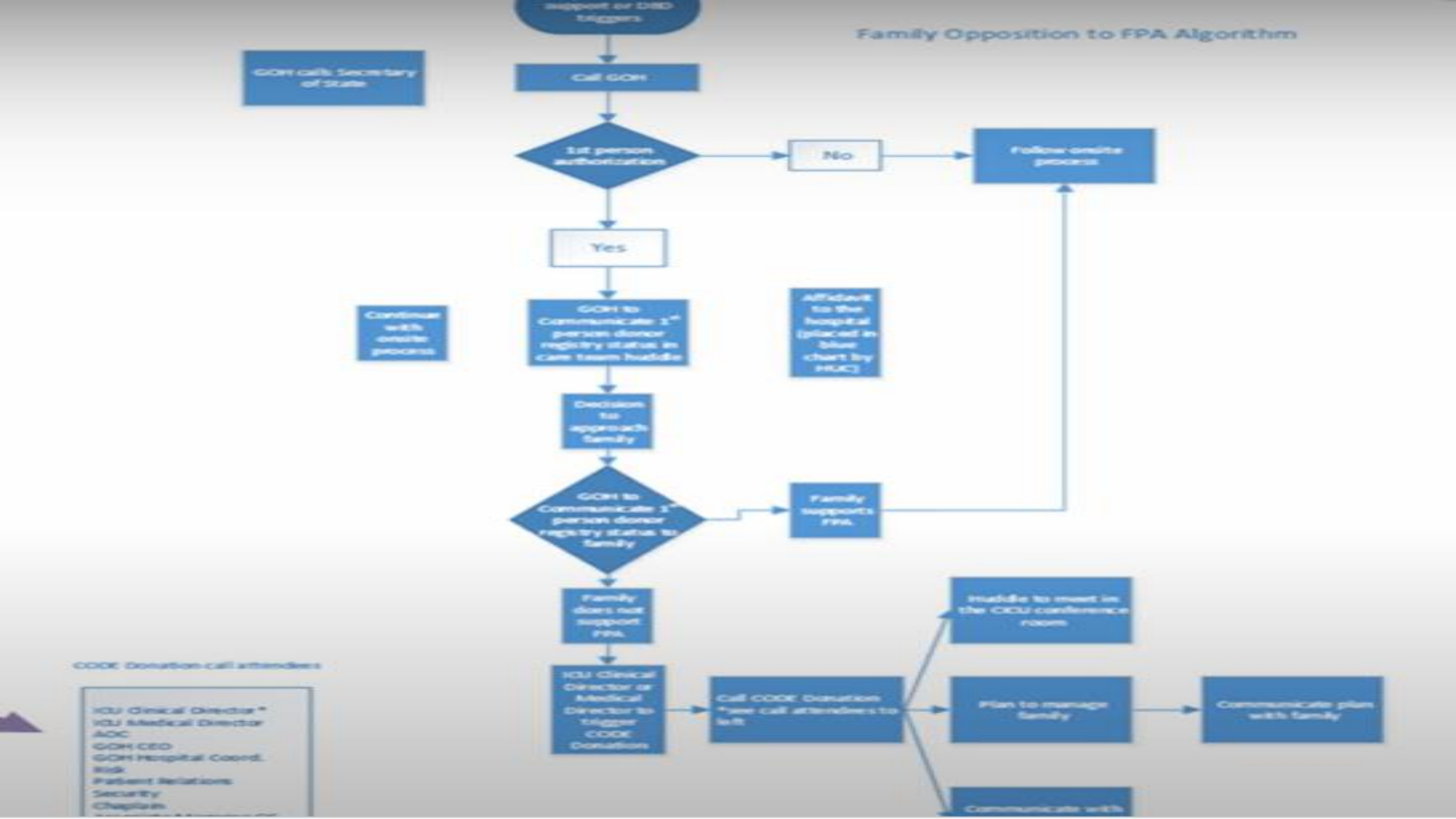
This session will explore different OPOs strategies for working with family opposition to FPA (First Person Authorization) in DCD situations. Learn how supporting families and moving donation forward is not an inherent conflict.

Bailey Heiting
OPO Manager
Versiti Organ and Tissue

Rodney Pilson
Family Services Manager
HonorBridge

2 have a plan

Family Opposition to FPA Algorithm



3 use video

OPOs **inform** families of patient wishes

show **evidence** of FPA status

South Carolina SC USA DRIVER'S LICENSE

DL#: 123456789

SAMPLE, REGULAR LICENSE
110 MAPLE STREET
ANYTOWN, SC 292221111

Y

03-14-1972

Sample

DOB:	03-14-1972
Issued:	02-27-2008
Expires:	03-14-2018
Class:	D
Sex:	F
Weight:	120
Height:	5-06
Restrict:	None
Endorse:	None

44051 O 2

Governor Signature
Governor

but

The Journal of TRAUMA® Injury, Infection, and Critical Care

Knowing Patients' Preferences about Organ Donation: Does it Make a Difference?

Laura A. Siminoff, PhD, and Renee H. Lawrence, PhD

Background: **The purpose of this study was to examine in detail the impact of knowledge of a donor-eligible patient's preferences on organ donation decisions.**

Methods: **Nine trauma hospitals located in southwest Pennsylvania and northeast Ohio were selected. Data came from chart review of all dead patients and interviews with family members involved in the decision process (n = 360 patients 16 years of age or older).**

Results: **Of the families interviewed, 52.5% had to guess the patient's preferences about donation. When making the decision, 81.9% of the families considered how the patient might have felt about donation. Not knowing the patient's wishes related to refusal to donate (54.5% vs. 45.5%, $p < 0.001$). After adjusting for other factors, important predictors of donation were considering patients' feelings (5.03 times more likely to donate) and knowing preferences (6.90 times more likely to donate if they knew wishes were to donate and 0.03 times less likely to donate if they knew wishes were to not donate compared with not knowing preferences).**

Conclusion: **Having knowledge of a patient's preference to donate increased the likelihood of donating by 6.90 times, and having enough information about the patient's wishes increased satisfaction with the decision by 3.32 times. Families only infrequently made decisions counter to patients' own wishes concerning organ donation.**

Key Words: **Organ donation, Patient's preferences, Decision-making, Share your life campaign.**

J Trauma. 2002;53:754–760.

“more **explicit** knowledge … associated with **increasing** likelihood of donation”

more explicit

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TRIAD VIII: Nationwide Multicenter Evaluation to Determine Whether Patient Video Testimonials Can Safely Help Ensure Appropriate Critical Versus End-of-Life Care

Ferdinando L. Mirarchi, DO, FACEP, Timothy E. Cooney, MS,* Arvind Venkat, MD, FACEP,† David Wang, MD,‡ Thaddeus M. Pope, JD, PhD,§ Abra L. Fant, MD,|| Stanley A. Terman, PhD, MD,¶*

J Patient Safety 2017;13: 51–61

“adding a **video** … significant … achieving interpretive **consensus**”


Sumner
Redstone
92yo


Arline Lester
91-yo

part 6

increasingly, family objections are **not** about donation

families **contest**

brain death

DDR

not dead →

no organs

	To Date	2023	2022	2021	2020	2019	2018	2017
All DCD + non-DCD	267,927	2,515	14,905	13,863	12,588	11,870	10,721	10,286
Brain Death Donor	206,453	1,673	10,127	9,673	9,364	9,152	8,589	8,403
DCD Donor	33,926	841	4,778	4,190	3,224	2,718	2,132	1,883

https://optn.transplant.hrsa.gov/data/view-data-reports/national-data/

66%

The Charlotte Observer

Doctors pronounced NC dad brain dead. Then his family saw him moving, wife says


DGA
DGA

When did Anne Heche die? Media are split in the definition of 'dead'

Why the media declared Anne Heche dead twice


NO

in response

Uniform Law Commission

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UDDA

reduce

variability

increase

certainty & trust

Thaddeus Mason Pope, JD, PhD, HEC-C

Mitchell Hamline School of Law

875 Summit Avenue

Saint Paul, Minnesota 55105

T 651-695-7661

C 310-270-3618

E Thaddeus.Pope@mitchellhamline.edu

W www.thaddeuspope.com

B medicalfutility.blogspot.com