

## DCD Policies: The Devil is Always in the Details

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Like many Catholic institutions, at St. Vincent's Hospital Manhattan we have approved a policy for organ donation after cardiac death. In drafting the policy, we took what we thought were the usual sorts of precautions—strictly separating the decision to discontinue ventilator support from the decision to donate organs, waiting five minutes after the declaration of death before beginning organ retrieval, and prohibiting tests or treatments performed on the potential donor that might significantly risk hastening death. We explicitly forbade the use of regitine and restricted the use of heparin to patients who are not actively bleeding.

Recently, however, we have become aware of ante-mortem protocols and

procedures that are less commonly discussed in the literature but may also substantially risk hastening death.

Organ donor network personnel requested these procedures be performed, appeared to regard them as routine, and were surprised by our institutional push-back. These include the following three procedures:

**Testing for the likelihood of respiratory arrest within 60 minutes** Many protocols actually subject the potential donor to more risk than is routine in testing for brain death. In brain death protocols, for the safety of the patient, 100 percent oxygen is administered before turning off the ventilator in the so-called apnea test. Organ procurement organizations evaluating potential DCD donors, however, routinely supply no oxygen. They simply turn off the ventilator to test for respiratory difficulty, arguing that both low oxygen and high carbon dioxide figure importantly in their predictions. We argued that potential DCD donors should not be subjected to more risk than we current-

ly allow for potential brain death donors. The alternatives are to derive estimates from so-called “weaning parameters” or to perform the standard apnea test that is used for brain death assessments.

**Testing the suitability of lungs for transplantation** Organ procurement organizations have requested permission for ante-mortem bronchoscopy and lung biopsy on potential DCD donors. We have refused, arguing that this procedure carries a substantial risk.

**Testing the suitability of the heart for transplantation** Organ procurement organizations have requested permission for ante-mortem cardiac catheterization on potential DCD donors. We have refused, arguing that this procedure carries a substantial risk.

The bottom line is that one needs to monitor the procedures for ante-mortem evaluation of potential DCD donors very carefully and decide what tests or treatments might be more risky to the potential donor than one's own policy was designed to permit.