



Trillium
Gift of Life
Network

ORGAN & TISSUE DONATION

Ethical Perspectives

Trillium Gift of Life Network
Emily Lamothe, RN, BScN

Organ and Tissue Donation Coordinator



SAVING LIVES AND SHARING IN END OF LIFE...

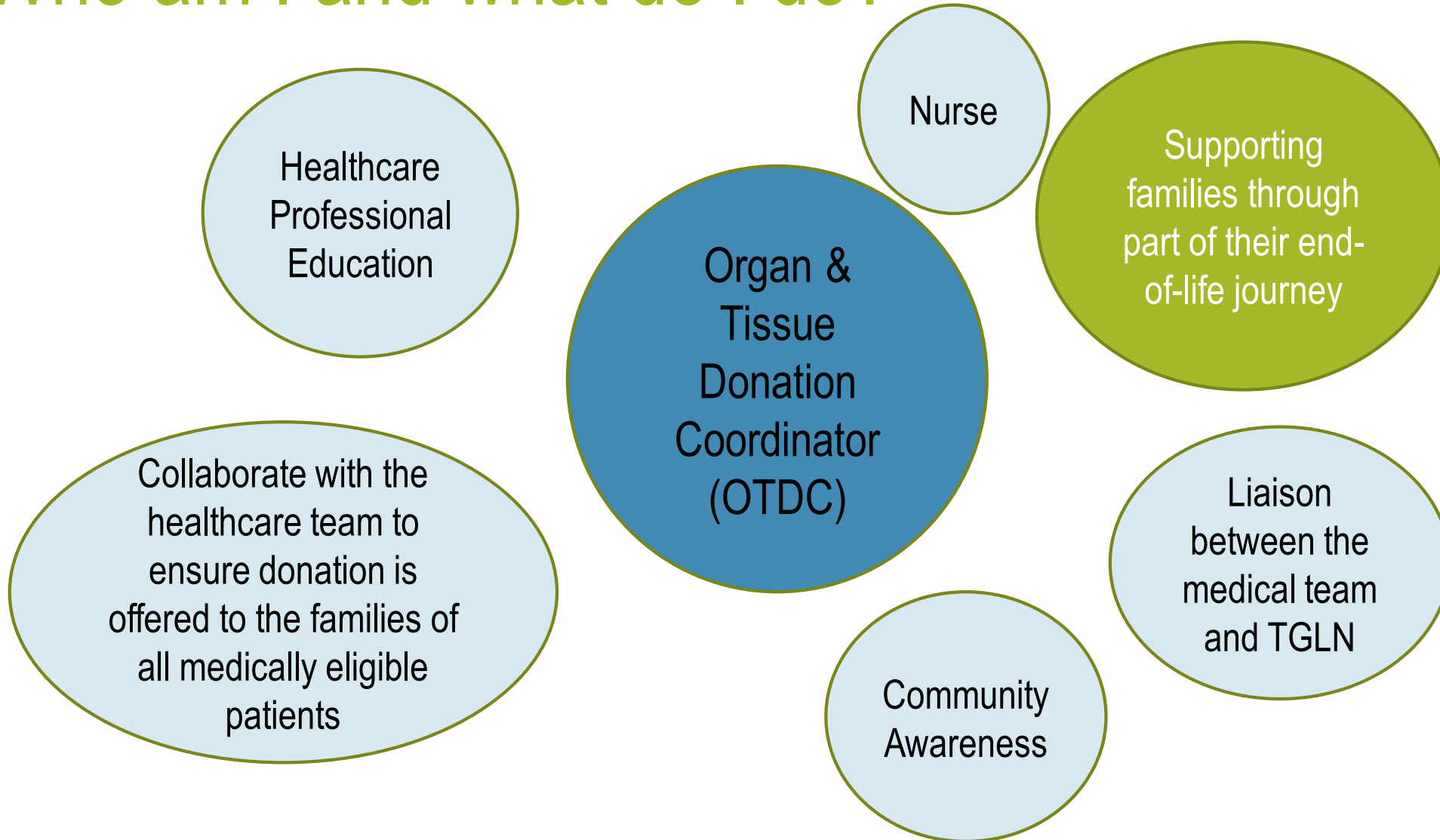
Objectives

- Trillium Gift of Life Network (TGLN) Background and Who Am I?
- Myths & Misconceptions
- Organ & Tissue Donation needs in Ontario
- Families Overturning a Registered Consent Decision
- Organ & Tissue Donation Following Medically Assisted Death
- Brain Death

Background

- The *Trillium Gift of Life Network Act* led to the creation of Trillium Gift of Life Network (TGLN) in December 2000 by the Ontario government
- Ontario's central organ and tissue donation agency
- TGLN is consistently challenged to increase donation across Ontario

Who am I and what do I do?



Myth Busting

- Doctors won't work hard enough to **save** me
- No one would want my organs - I'm too **sick**
- My **religion** is against organ donation
- I can **fast track** the waitlist based on my social status
- Transplants **don't** work

Life after Transplant



Why is work in donation so important?

- 1600 people waiting for a life-saving organ
- Every 3 days 1 of those people dies *unnecessarily*
- WE, ourselves, are 4 x more likely to need an organ transplant than to ever become an organ donor
- It could be someone you love

WHO NEEDS A TRANSPLANT?



Children suffering from congenital heart defects

People with kidney failure who rely on dialysis to live



WHO NEEDS A TRANSPLANT?



CF is the most common fatal genetic disease affecting Canadian children and young adults. There is no cure.



Need for tissue donation

- Ontario meets less than 8% of its need for tissue
- The province pays more than \$19 million per year to import tissue



Skin Recipient



Heart Valve Recipient



Corneal Recipient



How are potential donors identified?

Under the *Trillium Gift of Life Network Act*, “a designated facility shall notify the Network as soon as possible when a patient at the facility has died or the death of a patient at the facility is imminent by reason of injury or disease.”

Overturn of Registered Consent Decisions

- Registered consent is legal consent
- In Ontario, we look to NOK to affirm patient's registered consent decisions
- In approximately 20% of potential donation scenarios, NOK refuse to donate organs or tissues despite a registered consent decision

What Can we do?

- OTDCs use positive language when speaking to families if the patient was registered. Not asking for consent, asking for support to follow their wishes
- role reframing “It is the OTDC’s role to advocate for the patient and help families through a difficult time”
- increased education for families and health care teams
- improve the support for donation within the community, culture, hospital so it becomes “the norm”

Medical Assistance in Dying (MAID) and Donation

Legislation

- Bill C-14: Decriminalization of MAID- now updated in 2021 by Bill C-7
- *Trillium Gift of Life Network Act* mandates that designated facilities in Ontario must notify TGLN as soon as possible when a death is imminent or a patient has died- Donation is possible
- MAID is considered an imminent death



A screenshot of the CBC News website's Politics section. The header shows 'CBCnews | Politics' with a large 'NEWS' watermark in the background. A navigation bar includes links for Home, Opinion, World, Canada, Politics (highlighted), Business, Health, Entertainment, Technology & Science, and Video. Below the navigation bar, there are links for 'Politics', 'Photo Galleries', and 'CBC SecureDrop'. The main headline reads: 'Liberals' assisted-dying bill is now law after clearing final hurdles'. A sub-headline below it states: 'Senate rejects amendment that would have sent bill to Supreme Court for review'.



Principle Statements Summary for Donation after MAID

1. patients undergoing MAID should be provided the opportunity for donation
2. highlights that autonomy and dignity is provided through the opportunity to provide first person consent for donation
3. Providing sufficient time to incorporate donation into a patient's end-of-life plan is critical

Principle Statements Summary for Donation after MAID

4. the decision to pursue MAID should happen prior to any discussion regarding donation and be void of influence by donation and transplant teams.
5. Confirmation by one physician that the patient meets the eligibility requirements to receive MAID constitutes an “imminent death” and requires designated facilities to notify TGLN in accordance with the *Trillium Gift of Life Network Act*.

Updated Legislation highlights (Bill C-7):

- MAID can now be permitted for those whose death is not reasonably foreseeable
- If death is reasonably foreseeable, there is no mandatory waiting period to receive MAID
- If death is not reasonably foreseeable, the mandatory reflection period will now be 90 days
- There is the possibility to waive the final consent if requested in writing for those whose death is reasonably foreseeable
- Person's with mental illness as their sole reason for seeking MAID are not eligible at this time

Current Picture of MAID in Ontario:

- 50% are taking place within people's homes, 50% in hospital
- An equal number of males and females are requesting MAID
- Average age: 75 years old. (The youngest was 20 and the oldest was 106 years old).
- MAID accounts for approximately 2% of all deaths (in Canada)
- About 64% cancer related

MAID DONATION STATS FOR ONTARIO

• July 1 2016 to Feb 28, 2021

1815
referrals
to TGLN

Organ
Donors
52

Tissue
Donors
355

Neurologically Determined Death (Brain Death)

Advances in the last 50 years leading to organ donation:

- Quality mechanical ventilation led to the ability of the heart to go on beating despite complete loss of brain function. This led to brain death being recognized in the medical community 1968.
- Development of immuno-suppressive medications.
- These resulted in increasing success of saving lives through organ donation.

Neurological Determination of Death (Brain Death)

- An irreversible loss of the capacity for consciousness
- combined with the irreversible loss of all brainstem functions
- including the capacity to breathe.



Blood flow to organs persists

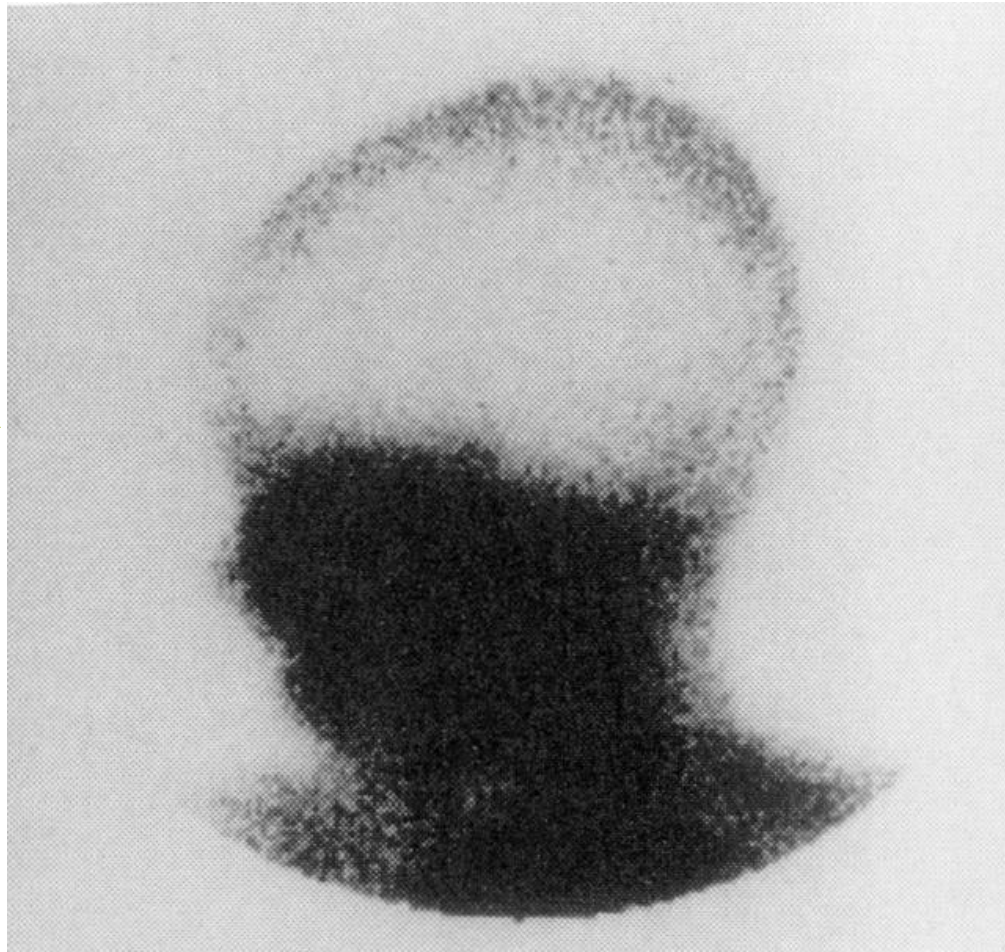
Dead Person

Living Organs

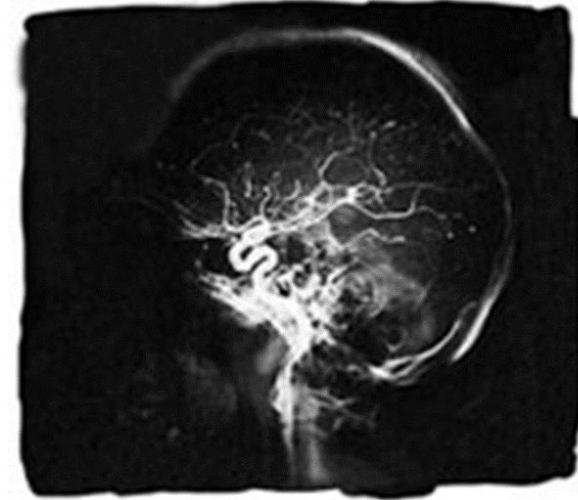
How is Brain Death Determined?

- Clinical exam that tests for the presence of brainstem reflexes plus apnea testing
- Performed by two fully licensed physicians
 - Neither physician can be associated with the transplant program, organ recipients, or retrieval team
 - Minimum 24 hour waiting period after a cardiac arrest.

Ancillary Testing



Nuclear
Medicine
Cerebral Blood
Flow Studies

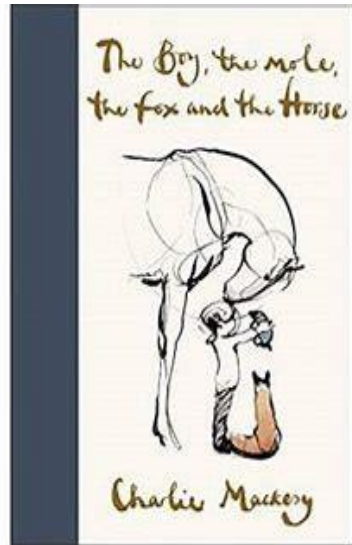


*4 Vessel
Angiogram*


Controversial Cases

- Jahi McMath – 13 year old girl determined to be brain dead in 2013 after complications from surgery. Moved to New Jersey and was maintained with a ventilator, feeding tube, hormone supplements for 4 years.
- Taquisha McKitty – 27 year old brain death determination at an Ontario hospital in 2017. Her family were not in agreement with brain death due to religious beliefs.

Thank you!



"Sometimes I feel I haven't
done much," said the boy

A hand-drawn illustration in a sketchy, expressive style. It depicts a boy in a suit and tie walking towards a large, spotted horse. A small mole is visible on the horse's back, and a fox is walking alongside the boy. The scene is set in a simple landscape with some trees and a horizon line. The artist's signature 'Charlie Mackesy' is visible at the bottom right of the illustration.

© Charlie Mackesy

"You've got up and carried on..."
said the horse.

"... which is brave and magnificent."

beadonor.ca/prhc

www.giftoflife.on.ca

elamothe@giftoflife.on.ca