Examining The Barriers To Organ Donation In Patients With Aneurysmal Subarachnoid Haemorrhages

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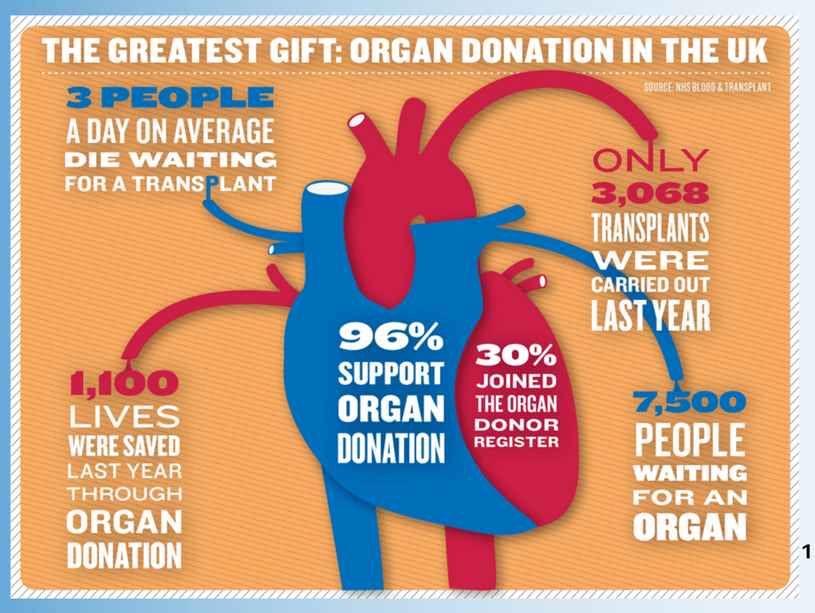


[1]

Managing The Flow (2013)

An NCEPOD report investigating current management of aneurysmal subarachnoid haemorrhages revealed suboptimal referral rates for organ donation. **Up to half of potential donors were not referred**.[2] As demand for organs continues to steadily increase, so does the **need to pursue out all potential sources of donor organs**. Subarachnoid haemorrhages have an estimated mortality of 50%[3] and can **potentially provide young organ donors with less chronic pathology.** This important aspect of end of life care can easily be overlooked. As a tertiary referral centre, it was important to ensure full compliance with the NCEPOD recommendations.

Objectives

This audit aims to develop a **comprehensive picture of the referral rates for organ donation** in this group of patients, including exploring reasons for less than full compliance.

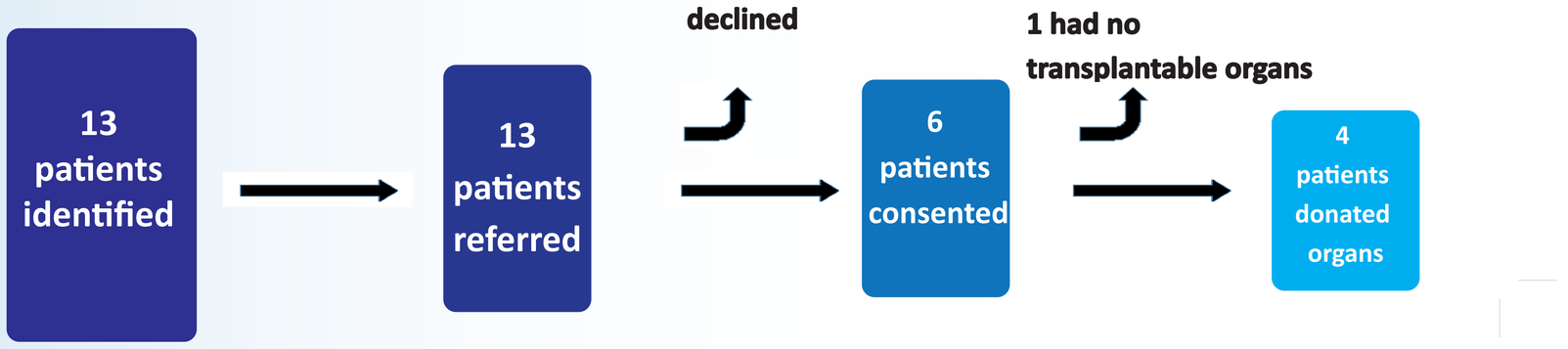
Research Methods

Data Collection
- Retrospective audit
- Review of NHS Blood and Transplant database
- Adult patients admitted to Neuro-Intensive care between 1 January 2016 and 31 December 2016 with aneurysmal subarachnoid haemorrhage as cause of death

Data Analysis
- Fisher's Exact Test

Key Findings

Comparison	National data (%)	Local data (%)	p value
Referred Donors	57.7	100	0.0010
Consented Donors	62.1	46.2	0.2354
Consented patients who donated	67.9	66.7	1.0000
Referred patients who donated	42.2	30.8	0.5758



KEY BARRIERS TO ORGAN DONATION

In this centre, organ donation referrals did not limit . **100% compliance was achieved.** This is above the national referral rates (p=0.001). Despite this, **only 30.8% of referred patients proceeded to organ donation**. This was in part due to death prior to donation and a lack of transplantable organs.

Over half of the potential donors were lost at the consent stage of the process. Consent remains a complex emotive process which is affected by several factors such as age, ethnicity, prior stated wishes, trauma as the cause of death and religion.[4]

ADDRESSING POOR CONSENT RATES

Consent may be **withheld due to pre-existing factors or lack of acceptance** that the patient has died. The latter couldbe addressed by **early brain stem testing** in order to allow relatives more time to accept the inevitable. This could potentially lead to a greater number of suitable organs if the **duration of the multisystemic effects of the associated hyper-responsive cascade is reduced**.[5]

Ideal Consent Process[4]

1. Long Contact Model - a relationship with relatives is established prior to any mention of organ donation.
2. A joint pre-planned approach involving a senior doctor and specialist nurse in organ donation.

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NHS Blood and Transplant