

A hand is shown holding a white organ donation bag. The bag has red text that reads "MAN ORGAN TRANSPLANT". The background is a blurred hospital interior with a ceiling light fixture.

The Role of the Hospital-based Physician in Organ Donation

BY ROBERT W. STEINER, JR., MD, AND DONALD B. STOUWER, DMIN, PCS

With almost 124,000 people in the United States on the waiting list for an organ transplant, the need for donors is great. Moreover, nearly 12.2 million Californians have registered to become organ donors in the event of their death. The hospital-based attending physician plays an important role in bringing potential donors and recipients together and in caring for potential donors, according to Jeanne Lee, MD, SDCMS-CMA member, UC San Diego trauma surgeon, and associate medical director of Lifesharing, San Diego's organ procurement organization. "ED and ICU physicians can make or break the potential for organ donation in three crucial areas: calling Lifesharing at the appropriate time, preserving the option of donation with good medical management (including declaring death by whole brain criteria when appropriate), and collaborating with Lifesharing when approaching the family about donation."

According to Seth Krosner, MD, eight-year SDCMS-CMA member and trauma surgeon at Scripps Mercy Hospital, Life-



Kyle Jackson

Just weeks before his 28th birthday, well-liked SDSU grad Kyle Jackson appeared to be sleeping. Friends called paramedics when they realized he had no pulse. He was anoxic and died a short time later at Scripps Memorial Hospital in La Jolla, as 60 family members, friends, and fraternity brothers gathered, hoping against hope he would survive.

Like many of Lifesharing's donors, Kyle's death was sudden and unexpected. Like the majority of Lifesharing donors now, Kyle had registered in advance to be a donor at the DMV.

"He never said anything to me about donating his organs," recalls Gramma Betty Jean Moore. "And when I first heard about it, it just made my heart swell because that was the kind of individual Kyle was."

"He valued everybody," says Cheri Pope, a friend. "To think he actually stopped to think, 'Is this something I want to do?' and then to check that box. For him I'm sure it was a very simple thing. He now has the ability to save lives, which is just amazing."

Another friend, Wes Merrit, added, "For those recipients, I really want them to know that they're getting a part of somebody that they're going to become more special. I don't even think they know it yet. I think it is amazing he's saving lives."

Kyle Jackson saved the lives of three people as an organ donor, gave sight to two, and will help heal up to 50 people as a tissue donor. He was honored in the Heroes Collage at the Padres Donate Life game in July. His mom and friends were there to honor him and the precious gift he gave others.

In a touching tribute, friends also honored Kyle in a video played at his Celebration of Life, posted online at www.lifesharing.org/kyle. **SDP**



sharing is called rapidly (Medicare participation guidelines require notification within one hour) whenever a patient meets certain clinical triggers. "Our cues to call Lifesharing include ventilated patients with a neurological injury (including trauma, bleeds, or anoxia), any patient with return of pulse after CPR who remains unresponsive, and anytime a discussion of DNAR or compassionate extubation is taking place," says Dr. Krosner. "Sometimes our staff will initiate the call right from the trauma bay," he adds. "Most often, the call takes place after admission to the ICU." Following the initial call, Lifesharing staff come onsite to evaluate for donation and, in most cases, will follow from a distance for hours or days until the prognosis becomes clear. Timely referral to organ procurement organizations is considered a national best practice, and improves both overall consent rates while increasing the organs transplanted per donor (OTPD).

If a family begins to consider compassionate extubation, or if the patient appears dead by whole brain criteria, optimal medical management becomes critical in preserving organs for potential transplant. Additionally, if a family desires donation but has chosen DNAR, there can be a bit of a balancing act between honoring the DNAR decision and preserving the organs of a potential donor for transplant. "Optimal ICU care also means preserving the option of donation," says Mathias Kill, MD, trauma surgeon at Sharp Memorial Hospital. "We do that by maintaining as normal a blood pressure as possible, normalizing electrolytes and body temperature, managing oxygenation and organ perfusion, and balancing intake and output," he adds. Dr. Kill also believes that initiating brain death testing when appropriate not only opens a door to donation,



How the ED or ICU Physician Can Help

Use the acronym NURSE to remember the different steps:

NORMALIZE Patient: Normalize the vital signs as best as possible.

UNDERSTAND Policy and Process: Hospital P&P and best practices.

REFER Rapidly: Refer any patients meeting the clinical cues for a consult.

SUPPORT Family: Maintain good communication and support of the family. Refer for social services and spiritual care support as needed.

ENSURE Donor Management: Initiate BD testing as appropriate, and do everything possible to optimize organ function.

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For Additional Information

Lifesharing: A Donate Life Organization
www.lifesharing.org

Organ Donation and Transplantation Alliance Hospital Clinician Toolbox
www.organdonationalliance.org/educational-resources/toolbox

Diagnosis of Brain Death Training Course: Free CME
www.cchs.net/onlinelearning/cometvs10/dncPortal/default.htm

Donate Life California: Donor Registry
<https://register.donateLIFecalifornia.org/register>

but brings comfort to many families. “It means that they do not have to take on the burden of making withdraw decisions, since the patient has already died or has no meaningful prognosis,” says Dr. Kill. “We follow hospital policy and state law when declaring death by whole brain criteria, affirm consent from the family, and only then rapidly initiate Lifesharing’s hormonal resuscitation protocols in

any evidence of hope during traumatic times,” according to Susan Duthie, MD, 18-year member of SDCMS-CMA and medical director of the PICU at Rady Children’s Hospital. “They need to be sure that all interventions have been tried and not worked — that there is nothing else that can be done — before we have the donation conversation. When we do, we collaborate with Lifesharing to make a plan to approach the family.” Adds John Steele, MD, trauma program director at Palomar Hospital, “Even as an experienced and caring physician, I know that Lifesharing personnel have a better chance of being well received and increasing the chances of organ recovery if I defer to them to initiate the donation conversation.”

In study after study, families say that having something good come out of their tragedy has assisted in their grieving process. Working in collaboration with Lifesharing, hospital-based physicians have a unique opportunity to help save lives through organ transplantation and help families work through some of the most difficult moments of their lives. **SDP**

Dr. Steiner, 21-year member of SDCMS-CMA, has been full time at UC San Diego since 1978. He was the consulting nephrologist for 10 years for the Rees Stealy Medical group at Mercy and Sharp hospitals. Since 1990 he has specialized in transplant nephrology, and has been the medical director of Lifesharing since 1996. The Rev. Dr. Donald Stouder is a chaplain, crisis counselor, and educator working with organ donor families and healthcare professionals as a part of Lifesharing: A Donate Life Organization, in San Diego.

order to preserve organs for transplant.”

When families understand the good that can come from organ donation, they rarely say no to the opportunity. “Families hold on to

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