

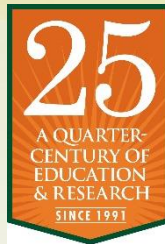


Duty, Distress and Organ Donation

Hasting Center Report
November-December 2014

Raul de Velasco, MD
Ethics For Lunch Series
October 25, 2017

UNIVERSITY OF MIAMI
MILLER SCHOOL OF MEDICINE
INSTITUTE FOR BIOETHICS





Case Facts



Brain Death Is Near

- A depressed 22-year-old man is admitted to the ICU after taking a suicidal dose of Tylenol (Acetaminophen).
- Complications of the overdose appear with severe liver failure and progressive brain edema.
- A CAT scan of the brain shows impending brain herniation, which will certainly and quickly lead to brain death.
- The local Organ Procurement Organization (OPO) has been following this case but the family has not been spoken to about the possibility of organ donation.



Where is the OPO?

- That night, the patient worsens.
- The OPO representative is no longer in the hospital, the nurse is very busy taking care of the patient, and of the now distraught family.
- The nurse asks the intensivist if someone should call the OPO so that they talk to the family about organ donation as the patient is likely to progress to brain death and the heart and lungs could be donated.



The Intensivist Hesitates

- The intensivist instructs the nurse not to call the OPO as he has not had yet an end-of- life conversation with the family.
- If, at this point, the OPO comes and discusses the possibility of organ donation with the family, they will become upset.
- He wants the parents to be able ‘to give their son a peaceful death without further stress, they have suffered enough.’

The Intensivist Hesitates

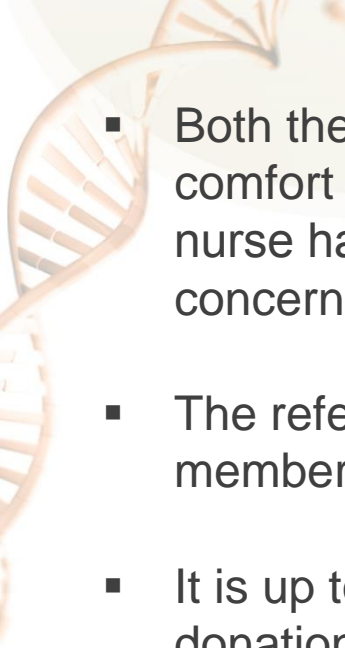
Should the nurse pick up the phone and call the OPO herself?



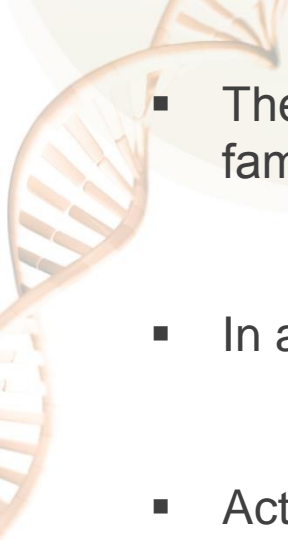
Expert Commentary

Aimee Milliken, RN

Surgical Intensive Unit Nurse



- Both the nurse and the intensivist seem to be concerned about providing comfort to a stressed out family, but in this case, Ms. Milliken feels that the nurse has a moral obligation to call the OPO herself overriding the physician's concerns.
- The referral to the OPO (in this case already made) can be initiated by any member of the care team (mandated in a case of imminent death by CMS).
- It is up to the OPO to have the conversation with the family about organ donation, once the end-of-life conversation has been done in a sensitive manner.
- The prospect to donate provides the family with the opportunity to make sense of the tragedy and see that some good could come out of it.

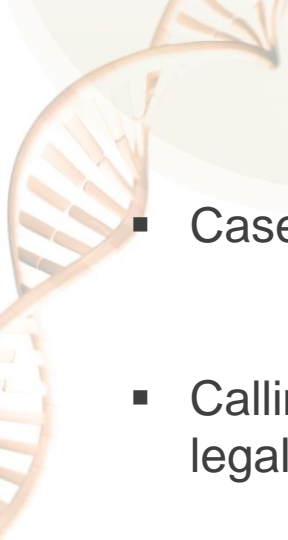
- 
- The intensivist's refusal to contact the OPO potentially interferes with the family and the patient's autonomous desire to donate.
 - In addition, this decision harms the potential interests of organ recipients.
 - Acts like this may explain why organ donation has not achieved its full potential. Health care providers must be educated to have these difficult conversations led by trained and sensitive professionals.
 - Wide public discussions about organ donation may help families initiate the conversation themselves.




Expert Commentary

Anji Wall, MD

Fourth-Year General Surgery Resident

- 
- Cases like this are a frequent cause of moral distress in nurses.
 - Calling the OPO, as she wanted to do, appears to be the right ethical and legal thing to do.
 - She is also conflicted because, if she does that, she is bypassing the specific instructions given by the attending physician, and this could have personal negative consequences.




It is important in this case to differentiate between moral distress and an ethical dilemma.

Moral Distress

An affective state of powerlessness that occurs when a person knows what she/he considers to be the right/ethical thing to do but is unable to act because of institutional constraints.


Ethical Dilemma

Occurs when there are two or more ethically justified courses of action, which, if followed, will have negative consequences.

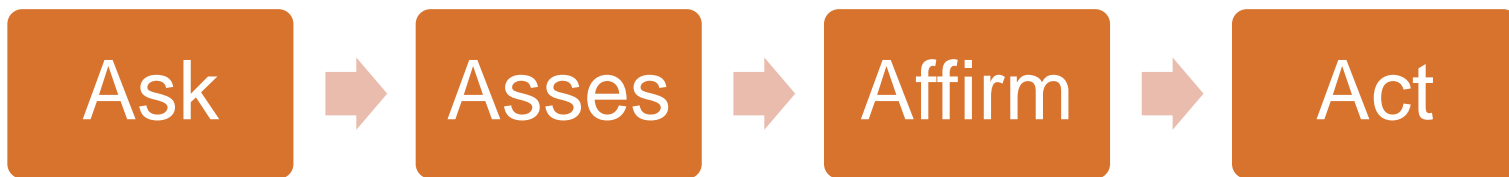


“Is this conflict
about
moral distress
or
is it about an
ethical
dilemma? “





One way out of the nurse's moral distress
is to follow the 4 “**As**” strategy



This strategy might enable the nurse to accept a way acceptable to her and diminish her moral distress by identifying possible acceptable actions.

The Nurse has 4 Possible Courses of Action:



Convince the attending to call

Call the OPO herself

Contact a superior about calling

Refrain from calling but work to change the organ donation policy in the hospital



Case Lessons



Communication Needed

The OPO was appropriately called earlier on.

It is the physician's responsibility to have the end of life conversation with the family before the OPO comes to request organ donation, in other words, explain to the family that brain death protocol is going to be initiated to determine if the patient meets the criteria of neurological diagnosed death

Only after the patient has been declared dead is that the OPO can approach the family to request organ donation.



DISCUSSION