

# Chapter 3

## Organ, Tissue, and Eye Procurement

Alli Reilly

*The Living Legacy Foundation of Maryland, USA*

### ABSTRACT

*Organ, tissue, and eye donation is an essential component of healthcare necessary to save and enhance the lives of others. The decision to honor a loved one's designation, or consent to donation on the behalf of an eligible donor, is a choice fraught with a multitude of competing factors which may provide stress among family decision-makers, and the bereavement journey does not end once recovery is completed. Certified Child Life Specialists are expertly equipped with the knowledge, skills, and abilities to effectively and compassionately offer donation opportunities during potentially traumatizing or crisis-laden situations as family services coordinators. As indispensable members of any organ procurement organization, family services coordinators collaborate with clinical recovery coordinators, hospital services individuals, and hospital critical care teams to ensure families are poised to make well-informed decisions, honor their loved one in a uniquely profound and rare way, and provide ongoing bereavement and grief support to families experiencing the loss of a loved one.*

### SUPPORTING FAMILIES DURING DEATH AND ORGAN, TISSUE, AND EYE DONATION AS A CERTIFIED CHILD LIFE SPECIALIST

Donate Life America (2022) reports that more than 100,000 people are awaiting life-saving transplants throughout the United States. While the transplant waiting list is extensive, fewer than three in every 1,000 people are eligible to provide the gift of life to another through organ donation (Health Resources and Services Administration, 2021), and only 60% of adults are designated or registered organ, tissue, and eye donors. One organ, tissue, and ocular donor, via deceased donation, can save up to eight lives through solid organ transplant, enhance more than 75 lives through the gift of tissue donation, and restore vision to two people (Donate Life America, 2022).

For many families facing end-of-life (EOL) decision-making on behalf of a loved one, organ donation is typically not considered until the family is approached by a representative of an organ procure-

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## ***Organ, Tissue, and Eye Procurement***

ment organization (OPO). There are 57 OPOs throughout the United States, separated by region and population (United Network for Organ Sharing, 2022); each organization is certified by the Centers for Medicare and Medicaid Services. The American Academy of Pediatrics Committee on Hospital Care (2010) “supports the role of OPOs by recommending that all potential donor families be approached in a systematic method by individuals trained in the psychological, social, and medical aspects of organ donation” (p. 823). Methods often include decoupling; a purposeful delay that occurs between the time a family is notified of brain death or the decision is made to compassionately withdraw life-sustaining therapies (WDLST), and when the opportunity for organ donation is presented. Decoupling aims to ensure separation between critical care teams that primarily focus on treating a patient’s illness or injury, and an organ procurement organization. This separation occurs in order to effectively and empathically support families through EOL decision making, offering the opportunity for organ, tissue, and eye donation when a patient is eligible (Kao, 2000). Eligible organ donors must be receiving ventilatory support to be considered a viable donation candidate, to ensure potential gifts receive adequate blood circulation and oxygenation; as mentioned previously, the number of people ever in a position to donate their organs is relatively small, fewer than one percent. Tissue and eye donors, however, are considered eligible after the point that an individual’s heart stops beating, or cardiac time of death. Following a thorough review of medical records and documentation of the circumstances surrounding the death, eligibility determination for tissue and eye donors is made based on known medical history (i.e., patients diagnosed with cancer with metastases or communicable diseases are often disqualified), active infections at the time of death, and permission from state medical examiners. The amount of possible tissue and ocular donors far exceeds the number of potential organ donors, however exact statistics are not widely available.

OPOs consistently have a number of varying departments within their organizations with unique goals and team configurations. The professionals responsible for providing support and the opportunity for donation to families include, by formal title (Association of Organ Procurement Organizations, 2022):

- Donation and family advocate
- Donor family grief advocate
- Donation liaison
- Family care coordinator
- Family services coordinator
- Family support counselor
- Family support specialist

For this chapter, the role in reference will be referred to as a family services coordinator (FSC), as it is the author’s documented title, and an increasing number of FSCs are formally trained as child life professionals. FSC eligibility requirements vary between organizations; however, standard qualifications incorporate knowledge and skills proportional to those of a Certified Child Life Specialist (CCLS) credentialed by the Association of Child Life Professionals (ACLP), along with a minimum of two to five completed years of working with acute or critical care populations, bereavement or palliative care expertise, and master’s level education. The preferred background of FSCs includes degrees in psychology, counseling, chaplaincy or pastoral care, social work, and other allied health modalities. Identified interest areas or additional certificates may consist of bereavement and family counseling, clinical assessment skills, and family crisis or trauma-informed support (Association of Organ Procurement Organizations, 2022). Often, degree level is mitigated by additional experience. Additionally, several OPOs cite job

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