
Overview

This standard is about enabling the family of an organ donor to take leave of their relative in a calm and satisfactory manner, consistent with their beliefs and family practice, despite the demands of the donation process. It may happen before or after the donation procedure, sometimes at different times for different family members.

Users of this standard will need to ensure that practice reflects up to date information and policies.

SFHRenDD13

Enable relatives to part with donor

Performance criteria

You must be able to:

- P1 check that the family understands the confirmation of death and the retrieval procedures to be followed (e.g. brain stem death, cardiopulmonary death, withdrawal of ventilation, active treatment, the retrieval operation, the way the body will be treated after retrieval)
- P2 ensure that that newly arrived family members are included in this understanding
- P3 identify the family's responses (e.g. reluctance to leave/attachment to donor, desire to leave immediately as a response to grief, anger)
- P4 encourage the family to develop an attachment to the memory of the deceased (e.g. to talk about what the deceased did, said and thought rather than their present bodily form)
- P5 invite the family to choose how and when to say 'goodbye' in a manner they find appropriate, and help them with suggestions if they are unsure (e.g. as the body is taken to theatre, in theatre as the ventilator is switched off, after the procedure)
- P6 invite the family or a spiritual supporter to identify any symbolic or religious procedures they would like followed
- P7 enable the family to see the deceased privately at the agreed time(s), but accompany them if they wish or enable them to be accompanied by someone they choose (e.g. medical, nursing, spiritual, other family members or friends)
- P8 identify and obtain support the relatives need before and after the parting (e.g. medical, nursing, spiritual, other family members or friends)
- P9 agree whether and how they will see the donor after the organ retrieval procedure
- P10 offer the family keepsakes and obtain them or help them to obtain them (e.g. handprints, locks of hair)
- P11 be available throughout the donation process to provide further information and on-going support to the family
- P12 inform and encourage other members of the team to respect the families wishes (e.g. retrieval team, other staff)

SFHRenDD13

Enable relatives to part with donor

Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- K4 issues of maintenance of patient confidentiality in the critical care and donation contexts
- K5 beliefs about donation and transplantation among informed and uninformed religious and cultural groups (eg typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
- K6 anatomy and physiology of brain stem death
- K7 legal definitions of death
- K8 procedures for certification of death
- K9 procedures for determination of death by cardio respiratory arrest
- K10 guidelines for withdrawal of treatment
- K11 how to break bad news
- K12 how to explain brain stem death
- K13 UKT family care protocol
- K14 psychology of altruistic action
- K15 beliefs about death and dying
- K16 evidence on techniques of requesting donation and dealing with objections (e.g. Gortmaker, Verble and Worth)
- K17 sources of on-going support to families of organ donors at the time of donation
- K18 availability of bereavement services both locally and nationally
- K19 roles of other members of the multidisciplinary team
- K20 in how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K21 the importance of establishing rapport and how to do so
- K22 how to ask questions, listen carefully and summarise back
- K23 the importance of encouraging individuals to ask questions and how to do so
- K24 basic awareness of the religious beliefs of different cultures
- K25 basic awareness of the effects of different cultures and religions on care management and the effect on family dynamics
- K26 the importance of involving individuals in discussions, and how to do so
- K27 how to negotiate effectively with individuals, families and other professionals
- K28 the principles of evidence-based practice, and how to apply them
- K29 explain difficult subjects in an emotional context

SFHRenDD13

Enable relatives to part with donor

Additional Information

External links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB4 Enablement to address health and wellbeing needs

SFHRenDD13

Enable relatives to part with donor

Developed by	Skills for Health
Version number	1
Date approved	June 2010
Indicative review date	June 2012
Validity	Current
Status	Original
Originating organisation	Skills for Health
Original URN	RenDD13
Relevant occupations	Health, Public Services and Care; Healthcare and Related Personal Services
Suite	Renal
Key words	kidney, kidneys, donation, diabetes, donor, renal, transplant