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#### Overview

This standard, exercised typically by a donor transplant co-ordinator, is designed to bring about the agreement of a patient's family to donation, formally a 'lack of objection'. It therefore entails the request for donation, though sometimes this is pre-empted by families who ask if donation is possible. A collaborative approach by the patient's clinician and the donor transplant co-ordinator has been shown to produce higher rates of consent, and the lack of objection has to be determined by the co-ordinator. This competence is used in conjunction with that of explaining the procedures and benefits of donation.

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

#### Performance criteria

*You must be able to:*

- P1 identify the team members who can most effectively contribute to making the request (e.g. the patient's clinician and the donor transplant co-ordinator)
- P2 ensure that the pre-conditions for a successful request are satisfied according to best evidence (e.g. the family understand brain stem death or cardiopulmonary death, in the case of the brain stem death this must have been assessed, the family have had time to absorb the information before discussing the topic of donation, the setting should be private, away from the bedside, in which the relatives' stress is minimised)
- P3 acknowledge the family's emotional reactions to help them express emotion and help direct communication during the crisis
- P4 allow the family to lead the conversation if they are speaking positively about donation
- P5 refer to known indicators of the patient's wishes (e.g. carrying a donor card, being on the national Organ Donor Register, evidence from earlier conversations) and ask the relatives if they understand what this says about the patient's wishes
- P6 invite the family to describe what the patient's wishes or views were about donation when such evidence does not exist
- P7 seek to establish that there is no reason to suppose that in life the patient had expressed any objection by asking if they had expressed any feelings on donation in general and on donation of their own organs in particular
- P8 if the family refuse when the intentions of the patient are unknown, maintain a focus on how the patient might have felt about the benefits of donation
- P9 in responding to objections or concerns from the relatives, respond with questions to identify and deal with to the underlying concerns
- P10 provide facts and redirect misunderstandings about the attitudes of religions to donation
- P11 distinguish between the various organs and tissues and obtain lack of objection for the donation of each
- P12 obtain lack of objection to organs not used for transplantation to be used in research
- P13 complete the UKT Lack of Objection documentation
- P14 thank the relatives whether agreement or refusal is the outcome, and, if they have refused, avoid any implication that they have made a mistake

### Knowledge and understanding

*You need to know and understand:*

- K1 anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 objections to transplantation and how to probe underlying thinking and how to counter it
- K4 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K5 best practice guidelines (e.g. British Transplantation Society)
- K6 the Microbiological Safety of Organ and Tissues for Transplantation (NHS Executive 2000)
- K7 the Human Tissue Act 2004 and its definition of consent
- K8 the Human Tissue Act 1961
- K9 the legal frameworks used to protect organ donors, their families and the recipients
- K10 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- K11 issues of maintenance of patient confidentiality in the critical care and donation contexts
- K12 evidence of beliefs about donation and transplantation among informed and uninformed religious and cultural groups (e.g. typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
- K13 legal requirements for establishing consent/lack of objection
- K14 how to gain lack of objection/how to approach a family about organ donation
- K15 UKT standards for interview
- K16 UKT family care protocol
- K17 UKT Lack of Objection documentation for recording lack of objection
- K18 family relationships and ways of exploring them through observation, discussion and interviews
- K19 psychology of altruistic action
- K20 beliefs about death and dying
- K21 evidence on techniques of requesting donation and dealing with objections (e.g. Gortmaker, Verble and Worth, collaborative requesting)
- K22 roles of other members of the multidisciplinary team
- K23 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K24 the importance of establishing rapport and how to do so
- K25 how to ask questions, listen carefully and summarise back
- K26 the importance of encouraging individuals to ask questions and how to do so

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### Request donation and determine lack of objection

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- K27 the religious beliefs of different cultures
  - K28 the effects of different cultures and religions on care management and the effect on family dynamics
  - K29 the importance of involving individuals in discussions, and how to do so
  - K30 how to negotiate effectively with individuals, families and other professionals
  - K31 the principles of evidence-based practice, and how to apply them
  - K32 how to explain difficult subjects in an emotional context

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### Additional Information

#### External links

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

Dimension: Core 1 Communication

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### Request donation and determine lack of objection

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