

SFHRenLD4

Enable a potential living donor to consider their decision whether or not to donate



Overview

This standard is about helping people who have agreed to be donors, and who are deemed suitable clinically and in other ways, to weigh up their decision to donate or not. As they learn more about what will happen, they may develop doubts about their commitment, they may fail to understand the implications for their family and work or the pressures of the work-up and they may require considerable support.

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

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Performance criteria

You must be able to:

- P1 review with the donor the decision making process so far and its complexity
- P2 help the potential donor understand and distinguish between their wish to donate and the pressures possibly coming from the patient (recipient) and their family
- P3 create opportunities for donors to express their feelings and the pressures they are experiencing
- P4 enable the donor to develop a perspective that their feelings are a common experience and are acknowledged and respected
- P5 help the patient (recipient) understand the extent of the potential donor's commitment at every stage
- P6 make available members of the multidisciplinary team to answer questions and discuss concerns
- P7 recognise ambivalence in the donor and provide a fair picture of donation outcomes in response (e.g. small risk of technical failure in the transplant, survival among recipients)
- P8 offer access to psychological or advocacy support if it appears the potential donor might benefit from it or desire it
- P9 provide techniques for thinking through the decision
- P10 encourage the potential donor to work through the benefits, risks and personal costs to achieve a fair and evidence-based view
- P11 ensure that you respond to decisions or thinking in a non-judgmental way and avoid directing the donor if they are finding it difficult to make a decision
- P12 communicate to the donor that you will accept whatever decision they finally make
- P13 assess whether the donor has the motivation, fully informed and free from pressure, to go through with the donation (e.g. free from inducement, coercion or threat)
- P14 assist the donor, where necessary, to find the best way to convey their decision to family members

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Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology of the human body
- K2 anatomy and physiology of the renal system
- K3 psychological care skills (e.g. counselling)
- K4 valid consent for assessment and continuing in the transplant programme
- K5 how to create a safe environment to allow a donor to withdraw from the programme, revoking consent
- K6 what renal patients can expect with and without transplantation
- K7 the assessment process and its requirements of donors and members of the multidisciplinary team
- K8 implications of test results for the donor and their family (e.g. people may not be related in the way they thought they were, medical conditions revealed)
- K9 current evidence of the effects of the donation programme on potential donors and how to minimise adverse reactions
- K10 resources available to the assessment process and how to access them (e.g. laboratory services, psychological assessment, specialist counselling)
- K11 how to facilitate discussions among potential and past donors, recipients and families
- K12 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K13 best practice guidelines (e.g. British Transplantation Society)
- K14 boundaries that must be observed by members of the team in keeping the interests of donor and recipient separate
- K15 current evidence and evidence-based practice for the whole donation process
- K16 how to interpret a donor's physical and psychological health, using your own and others' observation, discussion and technical assessment methods
- K17 family relationships and ways of exploring them through observation, individual and group interviews and discussions
- K18 investigation and interpretation of donor motivation, its sustainability and risks associated with different types of motivation
- K19 types of coercion and reward applied to donors and how they may be revealed
- K20 how to assess the potential donor's motivation (e.g. free from inducement, coercion or threat)
- K21 in-depth understanding of how to act on behalf of the donor to convey

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- difficult messages (e.g. withdrawing from donation, a revealed medical condition)
- K22 procedures, protocols and guidelines for the organisation and for links with receiving or referring units
- K23 patient and living donor information, education and support opportunities
- K24 roles of other members of the multidisciplinary team
- K25 methods of communicating sensitive information to individuals
- K26 how information obtained from individuals should be recorded and stored
- K27 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K28 the importance of establishing rapport and how to do so
- K29 how to ask questions, listen carefully and summarise back
- K30 the importance of encouraging individuals to ask questions and how to do so
- K31 the religious beliefs of different cultures
- K32 the effects of different cultures and religions on care management and effects on family dynamics
- K33 the principle of confidentiality and what information may be given to whom
- K34 the importance of involving individuals in discussions, and how to do so
- K35 how to negotiate effectively with individuals, families and other professionals
- K36 the principles of evidence-based practice, and how to apply them

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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: HWB4 Enablement to address health and wellbeing needs

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Developed by	Skills for Health
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