



Canadian Society of Transplantation Société canadienne de transplantation

LEADERSHIP IN CANADIAN TRANSPLANTATION | LEADERSHIP EN TRANSPLANTATION AU CANADA

GUIDELINES FOR MANAGING OFFERS OF ORGAN DONATIONS FROM DIRECTED LIVING DONORS THROUGH PUBLIC SOLICITATIONS

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(N.B. In this document “transplant candidate” refers to a person who is awaiting transplantation or a minor awaiting transplantation and his/her legal guardians).

Definition: Public solicitation refers to a public search for a living donor (LD) organ by a transplant candidate or representative(s). Vehicles for public solicitation (PS) may include newsletters, billboards, news stories, and appeals through community groups (e.g. religious congregations), workplaces, organ matching websites, and social media platforms (e.g. Facebook, Twitter).¹

Ethics, Law, and Regulation: It is ethically and legally acceptable for transplant programs to consider potential LDs in response to a public solicitation provided that this is done in compliance with provincial laws, regulations, Health Canada Standards and the Declaration of Istanbul which prohibits organ trafficking and monetary exchange.

Additional issues² may need to be addressed:

Privacy: Transplant programs should educate transplant candidates who are considering public solicitation about the potential short-term and long-term privacy-related risks associated with public solicitation.

Anonymity: One-sided anonymity is an issue when the donor knows the potential transplant candidate but the potential transplant candidate does not know the donor. The transplant candidate and potential LDs should be educated about the potential challenges associated with one-sided anonymity (e.g., imbalance of information and power, risk of unwanted requests). Also, the ability to guarantee anonymity for a LD from PS may be reduced when the campaign for the LD is public and highly publicized.

Informed Consent:

Living Donor: The potential LD should be informed that his or her options include donation of a kidney or partial liver to:

- 1) the intended transplant candidate;
- 2) a potentially sicker transplant candidate or a transplant candidate who is higher on the deceased donor list;
- 3) the national waiting lists such as the Canadian Blood Services Kidney Paired Donation program (kidney) or local paired donation programs,
- 4) another transplant candidate either now or in the future.
- 5) no transplant candidate, and withdraw from the evaluation process.

Potential solicited LDs should also be informed that a public solicitation could contain misleading information.

The transplant candidate: The transplant candidate should be informed about the potential risks and benefits of receiving an organ from an anonymous directed donor.

Fairness in Allocation: The potential LD should be informed of how transplant listing works and that some listed transplant candidates may need a donor organ more urgently than the transplant candidate who made the PS.

Contact Post-Transplant: Prior to the donation, the LD and transplant candidate should be informed of and accept the transplant centre's policy on contact post-transplant.

Clinical: Potential solicited LDs should be evaluated according to standard criteria for living donation^{3,4} Donors from PS should not receive preferential treatment or be processed more rapidly than other LDs nor should the number simultaneously undergoing workup exceed what is usually done in the transplant program. All potential LDs must meet the accepted standard criteria (medical, psychosocial, legal, and informed consent requirements) established by the transplant program.⁵⁻⁹

In case of liver transplantation, the medical needs and pace of failing health of the transplant candidate is one of the factors that could influence the pace at which any living donor is worked up, regardless of whether that donor was a directed donor or PS donor. However, donor safety and the time required to obtain fully informed consent are the most important factors determining the pace of donor workup.

Organizational: Transplant programs should be transparent as to whether they will consider LDs from PS for directed donation.

All transplant programs should inform transplant candidates about their willingness to consider potential LDs from PS as well as the risks and benefits of using media (including social media) to share their experience or looking for a donor. Transplant programs that will not consider potential LDs from PS for directed donation should make their reasons transparent and refer transplant candidates who wish to make a PS to other transplant programs that have agreed to consider such LDs for directed donation.

To avoid professional and organizational conflicts of interests, individual transplant clinicians, transplant programs, and healthcare institutions should refrain from initiating and leading individual public solicitations for organs.

Transplant programs that evaluate LDs from PS should use standard operating procedures (SOP) and should ideally have adequate resources to process surges in PS LDs applications within the usual assessment times. The decision to prioritize one LD from PS from another should be based on medical criteria. The LDs' from PS workup should be consistent with transplant programs' policy in order to not negatively impact the other living donors.

Patients, staff, physicians, and administrators should have the opportunity to provide input to the creation, revision and updating of any SOPs, guidelines, and communication plans regarding PS and surge plans.¹⁰

The program should communicate its surge plan to patients, staff, physicians and public.

The CST encourages transplant centers that accept to assess LDs from PS to document the magnitude of this phenomenon and the outcomes for the transplant candidate and the potential LDs from PS.

References

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