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Recommendations for out-of-hospital transfer of patients requesting physician-assisted death followed by organ donation

Recomendaciones para el traslado extrahospitalario del paciente que solicita la donación de órganos tras la prestación de ayuda para morir

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Introduction

The Provision of Aid for Dying (PAD) in Spain is regulated by Organic Law 3/2021 of March 24, on the regulation of euthanasia (LORE).[1] The procurement of organs for transplantation following death under these circumstances is technically feasible through a controlled donation after circulatory death (DCD) process, recognized as a specific category (Category V) within the modified Maastricht–Paris classification of DCD donors.[2] Both processes are independent and are carried out by different health care teams, ensuring confidentiality and respect for the patient's comfort and dignity. In this regard, the Spanish National Transplant Organization (ONT) has issued a series of recommendations in its National Protocol for Organ Donation following PAD.[3]

This protocol was developed to address the needs of patients who wish to exercise their right to PAD and express the desire to donate their organs and tissues after death, as part of their end-of-life plan. The health care system has an obligation to ensure this option for those who request it.

When a patient expresses interest in organ donation following PAD, the responsible physician (RP) must notify the hospital transplant coordinator (HTC) at the reference hospital so that the patient can be thoroughly informed about what organ donation entails in this context. If the RP is unsure about which hospital serves as the patient's reference center, they may consult the regional transplant coordination office.

The HTC is responsible for informing the patient about the procedures and circumstances required for organ donation to take place. In this case, PAD must be performed in the hospital, which must be understood and accepted by the patient, given that the LORE allows PAD to be administered either at home or in a hospital. However, the patient's wishes regarding organ donation must be taken into consideration. If the patient wishes to say farewell at home with their family, sedation must be administered at home, followed by transfer to the hospital for organ donation after PAD.

If the patient requests PAD to be administered in the hospital and, due to clinical condition, requires scheduled medical transport, the request shall be made by the RP. If the patient's transfer to the hospital requires a medicalized ambulance, the resource will be managed by the Emergency Medical Service (EMS).

Apart from clinical reasons, other factors—such as the patient's wish to say goodbye at home surrounded by loved ones—may also be considered, as detailed in later sections.

Objective

The objective of this document is to establish recommendations for the harmonized development of organ donation following PAD, articulating the coordination among the various health care services involved in the process.

Scope

These recommendations apply to both Category V DCD situations: patients transferred to the hospital to receive PAD and donate organs after death; patients wishing to donate organs and spend their final moments at home with family, who must therefore be sedated at home and subsequently transferred to the hospital in an advanced life support (ALS) ambulance. In both circumstances, PAD and organ donation are completely independent processes. The EMS health care team will remain uninvolved in all matters related to PAD and organ donation, participating only in the transfer so the patient's wishes

can be fulfilled. Throughout the process, all professionals involved must handle interactions with the patient and family with utmost sensitivity and respect.

The clinical management of such donors should be as minimally invasive as possible, preserving the patient's and family's wishes regarding potentially invasive procedures.

The EMS health care team will include a physician, nurse, and emergency medical technicians (EMTs), in accordance with usual EMS staffing, and will have specific training related to this procedure. It is recommended that the involved units be designated specifically for this purpose, rather than drawn from standard EMS operations, as outlined in the ONT National Protocol for Organ Donation following PAD.[4]

Procedure

1. Patient requiring transfer to the hospital by ambulance for PAD and organ donation

This situation applies to patients who will exercise their right to PAD in the hospital and wish to donate organs and tissues after death. Depending on the patient's clinical condition at their usual residence, basic life support (BLS) or ALS transport may be necessary, following standard EMS procedures for patient transfers to health care centers. The RP must complete the transport request form, including all information needed for EMS coordination to allocate appropriate resources with maximum foresight:

– Individual ambulance with companion.
– Oxygen supply.
– Stretcher with a 45° adjustable headrest.
– Two EMTs for assistance with mobility or stairs.
– Home characteristics that may affect the transfer.
– Scheduled time for the medical procedure.
– Contact numbers for the RP and the patient/family.

This transfer is comparable to other clinical transfers and does not require further specific considerations.

2. Patient requiring transfer to the hospital after home sedation for PAD and organ donation

2.1. Activation of the transfer procedure

When, during the deliberative process between the health care team and the patient regarding PAD—and in the interview with the HTC—this wish becomes known, the HTC shall inform the hospital or regional transplant coordination office, providing:

– Patient's name.
– Diagnosis.
– Name and contact information of the RP.
– Approximate PAD date.
– Patient's address and designated retrieval hospital.

The Regional Transplant Coordination Office or the HTC will contact the EMS to organize the transfer.

2.2. Preparatory meeting for the transfer

A few days before the scheduled PAD date, a preoperative meeting should be held among the following professionals: PAD care team (RP and nurse), HTC, and EMS team (physician and nurse). Depending on the autonomous community, the Regional Transplant Coordination Office and the PAD program director may also participate.

Topics to be discussed include:

a) Premedication to be administered at home, the responsibility of the RP and their team.

b) It will be assessed whether airway isolation is required, assessing patient conditions and potential alternatives to orotracheal intubation in anticipated difficult airway cases. Decisions on the need and execution of intubation must be consensual.

c) Venous access feasibility or alternative approaches if required.

d) Physical constraints of the home and clinical status to plan safe transfer to the ambulance.

e) Fastest route to the hospital, avoiding peak traffic hours.

f) Designated hospital transfer point and responsible person for handover.

2.3. Patient transfer to the hospital

Once home sedation is administered by the PAD care team, the EMS unit will transfer the patient to the hospital. From that moment until hospital arrival, the EMS physician is responsible for patient care.

The EMS team will assess the use of lights and sirens, and, if necessary, request law enforcement assistance to facilitate transfer.

2.4. Patient handover at the hospital

Upon arrival, the patient will be received at the location agreed upon during the preparatory meeting. The care team—including the RP chosen by the patient and the EMS physician responsible for transport—will notify the HTC and the receiving unit of the patient's arrival. The RP or a different member of the care team, in coordination with the HTC, will complete hospital admission procedures. In PAD-related donations, 2 aspects must be taken into consideration: hospital admission for PAD and subsequent donation should closely resemble standard PAD procedures without donation, as defined by regional and hospital protocols. Secondly, patients who received home sedation may present a different clinical status upon arrival; thus, the care team and EMS must coordinate to ensure proper placement in a suitable hospital unit.

The HTC should be informed about the family's characteristics, emotional state, and any relevant details from the RP, nurse, or EMS team.

2.5. Post-PAD review and organ donation

It is recommended that all professionals involved hold a post-procedure meeting after the DCD process to evaluate key aspects and, if appropriate, suggest improvements for future procedures.

3. Privacy and confidentiality

As in any medical act, all necessary measures must be

taken to ensure the privacy of individuals requesting PAD and those who voluntarily decide to donate their organs, guaranteeing confidentiality in the handling of their personal data.

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