Donation after Cardiac Death (DCD): Commonly Asked Questions

What is Donation after Cardiac Death (DCD)?
Donation after Cardiac Death (DCD) is the way in which organs were recovered for transplant prior to the establishment of brain death declaration laws and guidelines, and has been an end of life option for more than 40 years. Historically, donation after brain death yielded better outcomes, thereby becoming the preferred method. But medical advancements and the growing need for life-saving organ transplants has caused a renewed interest in DCD.

The patient must still meet criteria for donation, which means he or she will have sustained an irreversible, non-survivable brain injury due to trauma, stroke, anoxia (lack of oxygen), etc. and is being maintained on a ventilator. Donation after Cardiac Death becomes an option only after a family has been informed of the poor prognosis and made the decision to terminate mechanical support. As with all potential organ donors, patient care remains the responsibility of the hospital team.

Once the patient is removed from the ventilator, the attending physician declares death and there has been no heartbeat or respiration for at least five minutes, the transplant surgeons begin the surgical recovery of the organs.

Why is the DCD protocol necessary?
Less than 2% of all deaths are declared by brain death criteria. There are times when patients do not meet brain death criteria but their families still want to honor their wishes to be donors, or families decide to withdraw ventilator support before their loved ones meet brain death criteria, but they still want the option of donation. Donation after cardiac death presents more families with the opportunity to donate the Gift of Life and increase the amount of organs available for transplant for the nearly 115,000 people currently waiting nationwide.

How is DCD different from donation after brain death?
The potential DCD donor dies from cardiac death because he or she does not progress to brain death before the family decides to remove mechanical support. For the organs to still be viable for transplant following cardiac death, withdraw of support is performed in the Operating Room, with the family present for the end of life process if they choose.

Which organs will be viable for transplantation?
Because of the amount of time organs are without oxygenation through the DCD protocol, generally, only the lungs, liver and kidneys are recovered for transplantation. However, other organs may be considered on an individual basis.

What is Lifebanc’s role? How will Lifebanc involve the family?
In DCD cases, a family has already initiated a discussion with the hospital staff about removing their loved one from ventilator support. The family also may have begun a conversation about donation options.

Lifebanc’s discussion of organ donation options will occur after the family’s decision to withdraw life-sustaining ventilator support. A Family Support Liaison, working in conjunction with hospital staff, will explain options and the donation process. In addition, the family will need to provide information about their loved one’s medical/social history.

Families may spend time with their loved one up to pronouncement of death. Following donation, Lifebanc offers bereavement support to the families.
Who decides how to care for the patient prior to withdrawal of ventilator support?
The attending medical staff, along with the family, will make decisions about the patient's care. Lifebanc employees, associated organ recovery teams and recovery surgeons will not give orders or write orders in the patient’s chart prior to pronouncement of death. Lifebanc will follow individual hospital policies regarding comfort measures, such as pain medication, during discontinuation of ventilator support, and will also accommodate a family’s choice to be present.

Will the patient receive any drugs that “hasten the process?” Are these drugs in any way beneficial to the critically ill patient?
Once a patient’s family has decided to cease ventilator support and has authorized donation, the attending physician may decide to administer the anti-clotting agent Heparin. This decision will be made on an individual basis by the attending physician or his/her designee. The use of Heparin prevents blood clots which could cause organs not to function once transplanted.

How can I learn more about DCD?
Please call Lifebanc at 216-752-LIFE (5433) or 888-558-LIFE (5433).