Here's a scene not at all uncommon in a World War I operating room (circa 1915-1918). This primitive facility was located close to the frontlines of battle, somewhere along the western front.
Identifying The Organ and Tissue Donor

by P.J. Houlihan, M.Sc.

Just when you think that you will personally never be involved with organ or tissue donors, there you are, on duty in the emergency department of your community hospital one evening when a patient's family says, "If you can't do anything more for him, could he be an organ donor?" What do you say to the family? Do you know the criteria for identifying organ and tissue donors? Do you know the difference between organ and tissue donors? Do you know who to call to find out the answers?

Since the Canadian Medical Association came out in support of organ donation for transplantation as a standard of good medical practice, many doctors in Canada continue to believe that it does not involve them. They are wrong. Apart from being medical practitioners, each doctor is also a consumer. Thus it is the physician's responsibility to guide his/her family to making their decision. After discharging that responsibility, regardless of medical specialty, the doctor is in an ideal situation to provide information to patients. Finally, even if your practice does not involve caring for acutely head-injured patients, this does not mean that you will never be required to identify a potential organ or tissue donor.

There is no law that says that the individual who identifies the potential organ donor and subsequently approaches the family must be the attending physician, however, that is the usual turn of events. In fact, it should be a health team decision and the physician can lean heavily on the support of nurses and others who are also involved in the care of the patient. But the first thing you need to know is: Who can be an organ donor?

There are specific criteria for the donation of individual tissues and organs, however, there are some generalities that can be followed. The following constitute these generalities for the donation of vital organs (kidneys, liver, heart, lungs, pancreas):

1. The patient must be declared brain dead while on artificial ventilation. The standards used for this determination are those set down by the CMA and those in current use were published in the January 15, 1987 issue of the "Canadian Medical Association Journal". The two physicians required to declare brain death need not be neurosurgeons, however, familiarity with the application of the clinical tests and a degree of comfort with their results is necessary.

2. The patient must have a stable pulse and blood pressure. In order for the vital organs to continue to function without cellular damage, it is necessary to maintain a stable pulse and blood pressure to ensure adequate organ perfusion.

3. The patient must be without a history of malignancy with the exception of brain tumors confined strictly to the central nervous system.

4. The patient must be under 65 years of age. Generally speaking, this is the upper age limit for all organs and tissues and
kidneys have been taken from individuals of this age. For the other vital organs the age limits are lower. The upper age limit for liver donors is 55 years of age and for heart donors, 40 years for women and 35 years for men. Obviously, none of these are carved in stone and occasionally older individuals have been used as donors.

4. The patient must be free from sepsis.

When a patient fulfills the above criteria, you are dealing with a potential organ donor and the family has a right to be offered the option.

Tissues (corneas, skin, bone) can also be donated by non-heart-beating cadavers. The 47 year old patient who does not survive an M.I. and arrives dead on arrival at the emergency department is a potential donor of tissues and these are the patients who are most frequently forgotten. The criteria used to determine the suitability of a tissue donor are:

1. The patient is under 65 years of age.
2. The patient has no history of cancer.
3. The patient is free of sepsis.

Although there are other disease processes that might preclude a patient from becoming a tissue donor, the transplant coordinator can give specific direction when the referral is made. Which brings us to: What to do next.

After a patient is identified as a potential organ or tissue donor, written consent must be obtained from the family and then the Transplant Program at the Victoria General Hospital must be notified. If the doctor needs some reassurance about the suitability of a potential donor prior to approaching the family, the transplant coordinator who is on call 24 hours a day, is more than happy to give that support and the required information.

The important thing is that every family who has just lost a loved one be given the opportunity to make the donation of tissues or organs. It may be the only consolation in the death and it certainly is the greatest gift they could give. Editor's Note: This is the second of a three part series by the author of the recently published book “Life Without End”.

Health Dept. Smoke-free

The Nova Scotia Department of Health and Fitness is now totally smoke-free. The full no-smoking policy went into effect following a phase-in period of two years. During the phase-in, the department’s Halifax offices were essentially smoke-free, although certain areas were set aside for smokers. Directors of the department’s health units and sub-units throughout the province also had the option of designating smoking areas within their operations.

But, as of September 1, no smoking has been permitted inside any office, unit or facility operated by the Department of Health and Fitness. Health and Fitness Minister Joel Matheson said: “Staff co-operation in the development of the department's no-smoking policy and during the phase-in period was excellent. That same co-operative attitude has been very much in evidence since the full policy came into effect at the beginning of the month.”

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