

Organ Donation after Circulatory Determination of Death Reference Tool



Boston Children's Hospital

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Foundation Conditions for Pediatric Organ Donation after Circulatory Determination of Death

The following foundation conditions were developed by the Boston Children's Hospital (BCH) Task Force on Donation after Cardiac Death and adopted by the Medical Staff Executive Committee and the Senior Clinical Leadership Council to guide Organ Donation after Circulatory Determination of Death at BCH. Patient care protocols, such as [Organ Donation after Circulatory Determination of Death \[Pre-Mortem\]](#), are designed to comport with these conditions.

1. Each child will be an appropriate candidate for withdrawal of life support under circumstances not involving the prospect of organ donation.
2. The withdrawal of life support process will be consistent with established practices at BCH, and there will be no physical harm, suffering or hastening of death to the child by the DCDD process / protocol. The withdrawal of life support will be conducted in a compassionate and sensitive fashion that respects and preserves the human dignity of the patient.
3. There will be rigorous oversight of protocol development and the subsequent implementation. Resources will be made available to ensure independent oversight and monitoring of the DCDD process and outcomes, with controls and authority established to prevent conflicts of interest, variance from the established protocol, and violations of any of these eight foundational criteria.
4. BCH will work with the NEOB to find mutually agreeable ways of proceeding with DCDD, but the implementation of the protocol will not alter the quality of care in the ICU or the trust of families that the welfare of their child is their and the staff's paramount concern. DCDD will be an option for some families, but none will be pressured to see organ donation as an obligation or expectation.
5. Participating families will give genuine informed consent that includes a statement that parents can change their mind at any time in the process. They will be informed of (i) the differences between the orchestration and experience of death, for both their child and themselves, if their child is going to be a DCDD donor or not, and (ii) other facts likely to make a difference in their decision (e.g., the likelihood of the organs going to another child).
6. The child will clearly be dead, which implies no potential for cognition before organ removal takes place, and our criteria for declaring death, including our concept of "irreversibility," will be ethically and medically justifiable.
7. Diversity in religious, cultural and personal values will be respected. Staff who object to DCDD may avoid participation.
8. There will be no extra financial costs to the family from DCDD participation.

Related Content

- Clinician Administrative Manual: [*Organ Donation after Circulatory Determination of Death \(DCDD\)*](#)
- Patient Care Protocol: [*Organ Donation after Circulatory Determination of Death \[Pre-Mortem\]*](#)
- [*Organ Donation after Circulatory Determination of Death Consent Form*](#)