ABSTRACT

Successful organ donation in countries adopting informed consent legislation depends on adequate interviewing of potential donors’ families. As the number of both referral and effective donors in Brazil increases, health care managers argue whether educational efforts should be directed toward training in-hospital coordinators (IHC)—based on the “Spanish model”—or on the creation of extra-hospital-based professionals (Organ Procurement Organizations [OPOs], the “American model”). Meanwhile, many potential donor families are still approached by intensive care unit (ICU) professionals not trained in donation interviews. The aim of our study was to compare performances in obtaining informed consent from potential donors’ families, according to the type of health care professional conducting the interviews: OPO, IHC, or ICU staff. In this retrospective 2-year study performed in Rio de Janeiro, Brazil, we observed an increase in referrals (285 to 411) and consent rates (48.1% to 55.7%). Each year, OPO professionals conducted most family interviews (58.6% and 60.4%, respectively) and obtained better consent rates (63.5% and 64.5%, respectively), when compared to IHC (41.8% and 53.7%, respectively) or untrained ICU professionals (22.1% and 13.4%, respectively). Our results show that adequate professional training is necessary for obtaining family consent for organ donation. Both established international policies for organ procurement and donation, namely the “Spanish model” with its IHCs or the “American model” of extra-hospital OPOs, may equally achieve this task. However, family interviews performed by untrained ICU professionals result in low donation rates and should be discouraged.
The aim of our study was to analyze performance in obtaining informed consent from potential donor families, according to the health care professional conducting the interviews: OPO, IHC, or ICU professionals.

METHODS
This retrospective study focused on all family interviews performed between January 1, 2011, and December 31, 2012. According to the Programa Estadual de Transplantes database, family interviews were assigned to either professional group (OPO, IHC, or ICU). Possible endpoints were either acceptance or refusal to organ donation. Successful donations were documented according to national legislation. Results were expressed in number of cases and percent acceptance for each group studied.

RESULTS
Table 1 summarizes results obtained from family interviews. Overall, both referral and consent rates increased during the study period, from 285 to 411 and 48.1% to 55.7%, respectively. In both years, most interviews were performed by OPO professionals: 167 (58.6%) and 248 (60.4%), respectively. ICU professionals not trained in organ donation interviews performed a significant number of interviews in the first year studied—63 (22.1%)—but progressive training of hospital staff (IHC) led to a growing number of interviews performed by this group of professionals [108 (26.3%)] in 2012 and a reduction of interviews performed by the former group [63 (22.1%) to 55 (13.4%)].

Comparing performances among the 3 groups studied, we observe that trained professionals (OPO and IHC) showed much better outcomes in obtaining consent from potential donor families in both years studied (63.5% to 64.5% for OPOs and 41.8% to 53.7% for IHC, respectively), compared to untrained ICU professionals (22.1% and 13.4%, respectively).

DISCUSSION
Our results sustain the concept that adequate professional training is necessary for obtaining good results in family informed consent for organ donation. Family interviews performed by untrained ICU professionals should be discouraged. However, the coexistence of well-established international models for organ procurement and donation is possible and should be encouraged, particularly in areas where adoption of a single model—either in-hospital (“Spanish model”) or extra-hospital (“American model”)—of coordination is not possible. Policy makers should consider the adoption of a hybrid model for organ procurement such as the one being utilized in Rio de Janeiro as a benchmark for regions struggling to increase organ donation rates.

REFERENCES

<table>
<thead>
<tr>
<th>Year</th>
<th>IHC Professional Consent Rate (%)</th>
<th>OPO Professional Consent Rate (%)</th>
<th>ICU Professional Consent Rate (%)</th>
<th>Total Interviews</th>
<th>Consent Rate (%)</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>41.8</td>
<td>167 (58.6%)</td>
<td>63 (22.1%)</td>
<td>285</td>
<td>48.1 (137)</td>
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<tr>
<td>2012</td>
<td>53.7</td>
<td>248 (60.4%)</td>
<td>55 (13.4%)</td>
<td>411</td>
<td>55.7 (229)</td>
</tr>
</tbody>
</table>

Abbreviations: IHC, in-hospital coordinator (“Spanish model”); OPO, organ procurement organization professional (“American model”); ICU, intensive care unit professional (untrained).