

Tissue and organ donation.

Charter of services and principles

Local coordination of organ and tissue

Donating

Helping and encouraging possible donors has always been a shared moral duty for all those who work at Niguarda, but we can do even better in our capacity of promoters of a culture of donation.

Organ and tissue transplants are indeed one of the **most extraordinary advances in therapy** and human solidarity; for this reason, they require attention, consistency, balance and permanent commitment.

Organ transplant is not the exclusive province of medical science: it also entails a new understanding of human relationships, since each of us assumes responsibility for saving or improving other lives by manifesting your adherence with a **simple – but not banal – “yes” that is also saying “yes” to life.**

Transplant medicine has extended its field of competence to include the domain of donation ethics, bringing personal responsibility into play as a strong link of that in-visible chain of solidarity that binds us to one another. At Niguarda, everyone **can help overcome the mistrust** that still hinders donations by providing accurate information, thus enabling each person to reach an informed decision.

Transplant medicine constitutes the point of convergence of composite interests, expression of multiple subjects and social actors, with often dissimilar cultural and ex-istential values; the result is a laborious journey that invariably starts from the crucial moment of donation.

Through this Charter of Services and Principles, we are opting for communication support strategies aimed, on the one hand, at emphasizing the self-determination of the interested parties, assisting without encroachment the function of doctors in order to ensure information consistency and transparency, and, on the other, at lever-aging our intangible internal resources in order to create a long-lasting added value.

One of our priorities is in fact to develop a company culture aimed at sharing not only corporate objectives, but also personal goals and perhaps even values, stressing the need for participation and responsibility, but also for motivation and appropriate recognition of the social utility value of activities that may, for all intents and pur-poses, be defined as **health education.**

How to become an organ donor

In Italy, expressing your willingness to donate organs is **regulated according to the principle of explicit consent or dissent** (art. 23 of Law no. 91 of April 1, 1999; Ministry of Health Decree of April 8, 2000). “Tacit consent” (introduced by arts. 4 and 5 of Law 91/99) has never been enacted.

All adult citizens are **offered the possibility (not the obligation) of giving or withdrawing their consent** to the donation of organs and tissues after death through one of the following procedures:

- By filing a statement of intent **when obtaining or renewing their ID card at registry offices** where this service is available. The statement of intent is directly registered in the Transplant Information System (SIT)¹, the database of the National Transplant Centre, and can be securely accessed by the coordinating physicians at all times.
- At the local **ASL/ASST/ATS (Health Authority) to which they belong.** The statement of intent is directly registered in the Transplant Information System (SIT) and can be securely accessed by the coordinating physicians at all times.
- By filling in the **“blue card” issued by the Ministry of Health or the card issued by one of the trade associations.** These must be carried together with ID documents at all times
- By writing a **statement** containing their name, surname, date of birth, statement of intent (giving or withdrawing consent), date and signature (deemed valid for the purposes of the statement pursuant to the Ministerial Decree of April 8, 2000), to be carried together with ID documents at all times.
- By filling in the **holographic statement of the Italian Association of Organ Donors (AIDO)**². Thanks to an agreement between AIDO and the National Transplant Cen-tre, these statements too are registered in the SIT database.

In the case of a potential donor (i.e. a person that has been pronounced dead), the resuscitation team will verify whether the person carries a document containing a statement of intent, or whether such a statement has been registered in the SIT da-tabase.

¹Sistema Informativo Trapianti

²Associazione Italiana Donatori di Organi

Family right to override consent

If a citizen **has not stated his/her intent while alive**, the law allows family members (non-divorced spouse, common-law spouse, adult children and parents) **to withdraw consent to organ removal while death is being ascertained**. It is therefore important to inform family members of the decision to donate one's organs, because doctors will ask them what intent their deceased relative expressed during his/her lifetime.

In the case of minors, the decision is always made by their parents; if either parent withdraws consent, organ removal cannot proceed.

Protection of donor rights

Donors have a fundamental right for their will to be respected.

This means that nobody can override the decision to donate stated by the donor during his/her lifetime.

Citizens **may change their statement of intent at any time**. However, it will always be the most recent statement that is deemed valid.

Donation rules

Donors cannot be paid. Transplant legislation forbids buying or selling organs, tissues and cells. Donation is always a voluntary act that involves no monetary compensation.

Anonymity. The identities of the donor and the recipient are not disclosed. It is forbidden to disclose either the recipient's identity to the donor's family and or the donor's identity to the recipient's family.

Fair allocation. Available organs are allocated on the basis of how urgently each patient in the waiting list requires treatment, and the clinical, immunological and bio-metric compatibility of the donor and the patients waiting for a transplant.

Determination of death

One often hears the expressions brain death, clinical death or cardiac death; actually, **there's only one death, but different ways of determining it**, following cardiac, neu-rological or necroscopic criteria. Law no. 578 of December 29, 1993 (*"Regulations for the determination and certification of death"*), disposes that **death corresponds to the irreversible cessation of all brain functions**.

This condition may occur after an **interruption of blood circulation** (flat electrocar-diogram for no less than 20 minutes) or be due to a serious lesion irreparably dam-aging the brain. In the latter case, doctors perform accurate clinical and instrumen-tal checks in order to establish the simultaneous presence of the following condi-tions: unconsciousness, absence of reflexes in the trunk of the brain, absence of spontaneous breathing, electrical silence of the brain.

Saying goodbye to and taking care of your loved one

After the organs and tissues have been extracted, the wounds are sutured. These su-tures are the only visible sign that organs have been extracted. At this time **the next of kin can say goodbye to the deceased**. In the Lombardy Region, the deceased may be taken home for the funeral wake. The hospital's funeral parlour is equipped with a "ritual room" where ablutions may be carried out by the relatives or other members of the various religious or spiritual communities.

What religions have to say*

Amish

Approves if it is clear that the recipient's health will improve, but is reluctant if the result is uncertain.

Buddhist

Organ donation is a matter of personal conscience.

Catholic

Transplants are accepted by the catholic church, and donations are encouraged as an act of charity.

Hebrew

If it possible to donate an organ to save a life, it is compulsory to do so. Since ena-bling someone to regain their vision is regarded as saving their life, this includes cor-nea transplants.

Hindu

Organ donation is a matter of personal conscience.

Islamic

Approves donation if the donor has previously consented in writing. Organs must not be preserved, but immediately transplanted.

Mormon

Organ donation is a matter of personal conscience.

Protestant

Encourages and supports organ donation.

Quaker

Organ donation is a matter of personal conscience.

Jehovah's witnesses

Organ donation is a matter of personal conscience, provided that the organs and tissues are completely drained of blood.

** Source: AIDO (Associazione Italiana Donatori Organi)*

Types of donation

Organs and tissues may originate from living or deceased donors.

Living donors

In general, they are persons who have an emotional or kinship bond with the recipient, and voluntarily and altruistically donate an organ or tissues. It has recently become possible to carry out swap donations (exchange of living donors between two recipients in order to improve tissue compatibility), and to receive organs from “Good Samaritan” donors (persons who choose to donate an organ – generally a kidney – without knowing who the recipient will be).

Deceased donors

Conceptually, a deceased donor may be any dead person who has not, during his/her lifetime, expressed an objection to being a donor. Thus, at least initially, every cadaver should be assessed as a possible donor of organs and tissues.

There are three types of deceased donor:

- 1. Brain-dead donors.** Patients who, after suffering irreversible brain damage (through e.g. cranial trauma, brain haemorrhage or anoxic encephalopathy), are pronounced dead by ascertaining the irreversible cessation of the functions of the brain hemispheres and trunk, while respiratory and cardiovascular functions are artificially maintained. These characteristics render them potential donor of all organs and tissues.
- 2. Donors deceased through cardiorespiratory arrest.** Patients pronounced dead after a cardiorespiratory arrest in the presence of medical personnel. Thanks to special

techniques of organ preservation, they can become donors of solid organs and tissues.

- 3. Tissue donors.** Patients who have died through a cardiorespiratory arrest of any aetiology. They may only donate tissues, since the prolonged period of warm ischemia renders their organs unsuitable for donation.

Local coordination of organ and tissue procurement

The local coordinators **organize and coordinate the procurement of organs and tissues in collaboration with other hospital departments.**

They sensitize and train operators so as to allow the hospital to participate effectively in the regional and national network of organ and tissue transplant.

They oversee the donation of organs and tissues within their Milanese jurisdiction, which includes the ASST Santi Paolo e Carlo, the Istituto Ortopedico Galeazzi, the Casa di cura San Pio X and the Casa di cura San Giovanni.

Local coordination **refers to the regional Coordinator and the CIR-NITp**, in the context of the national organization established by the Centro Nazionale Trapianti (CNT).

The local Coordinator of procurement participates in the **Scientific and Technical Commission of the regional transplant system.**

For the purposes of raising social awareness, the local coordinators support and sponsor the initiatives the “Diamo il meglio di noi” network carries out within the national campaign for donation and transplantation of organs, tissues and cells promoted by the Ministry of Health and CNT.

In addition, they collaborate with associations such as AIDO (Associazione Italiana Donatori di Organi, www.aidomilano.it) and the donors' representative bodies. They collaborate with Fondazione S.I.L.V.I.A. Sì, “Insieme La Vita Inizia Ancora” in promoting outreach activities in secondary schools (www.silviasi.it).

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