

# FACTORS INFLUENCING DECEASED DONOR CONSENT RATES IN CAPE TOWN, SOUTH AFRICA

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# DISCLOSURES

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None

(I have no financial relationships to disclose and I will not discuss off label use and/or investigational use in my presentation.)



# ISSUES

Low consent rates

- Worse in government (public) sector

Low referral rates

- Worse in the private sector

Referrals occur late to the transplant team

Families don't want to have organ donation discussions

Potential donors are not accessing ICU during their clinical course



# AIM

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- To assess factors at the end of life that influence family consent rates to deceased organ donation in Cape Town South Africa



# METHODS

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- Prospectively collected data from March 2017 to March 2018
  - Groote Schuur Hospital and Red Cross Children's Hospital – 3 coordinators
  - Private Hospitals – 3 coordinators
- Retrospective analysis of transplant coordinators interaction with a potential donor family
  - Google form collection sheet
- Analysis done in MS Excel



# ETHICS

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- UCT Human Research Ethics Approval 837/2016

# DATA RECORDED

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Data collected included:

- ☐ Cause of death
- ☐ Location and timing of referral
- ☐ Condition of potential donor at referral
- ☐ Prior family knowledge of organ donation
- ☐ Presence of organ donor card
- ☐ Family religion and culture
- ☐ Decision making dynamic
- ☐ Consent



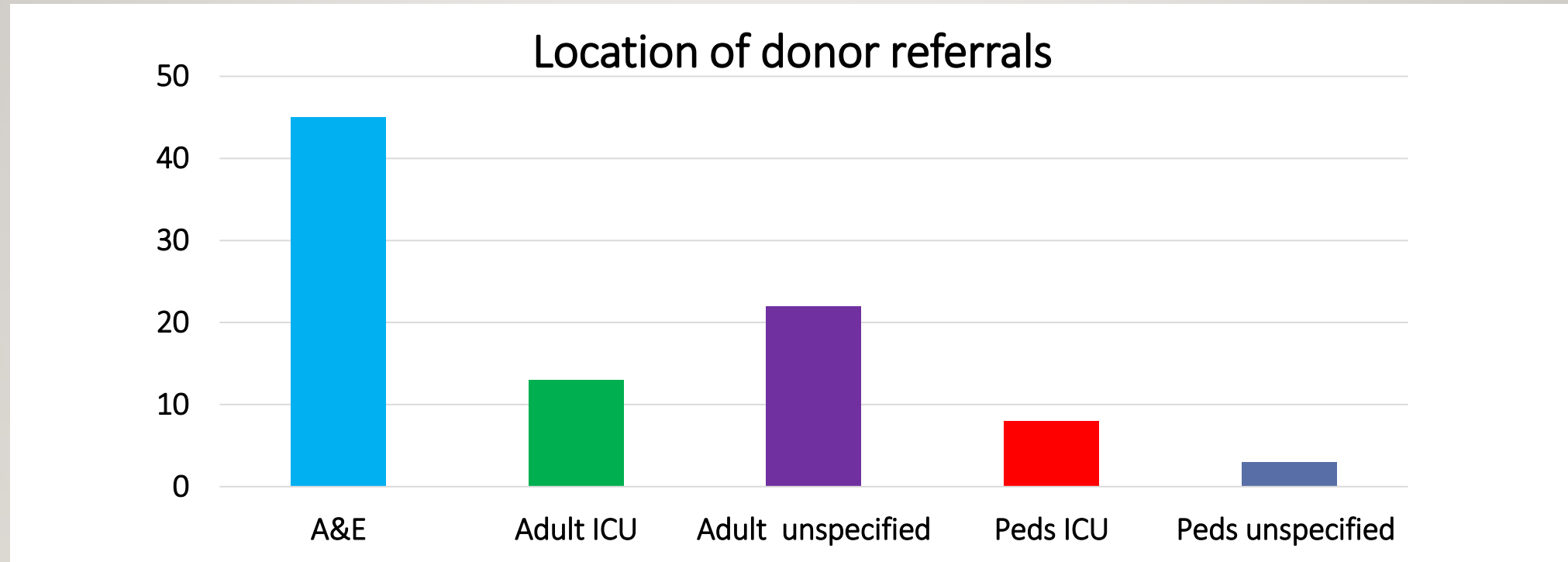
# RESULTS

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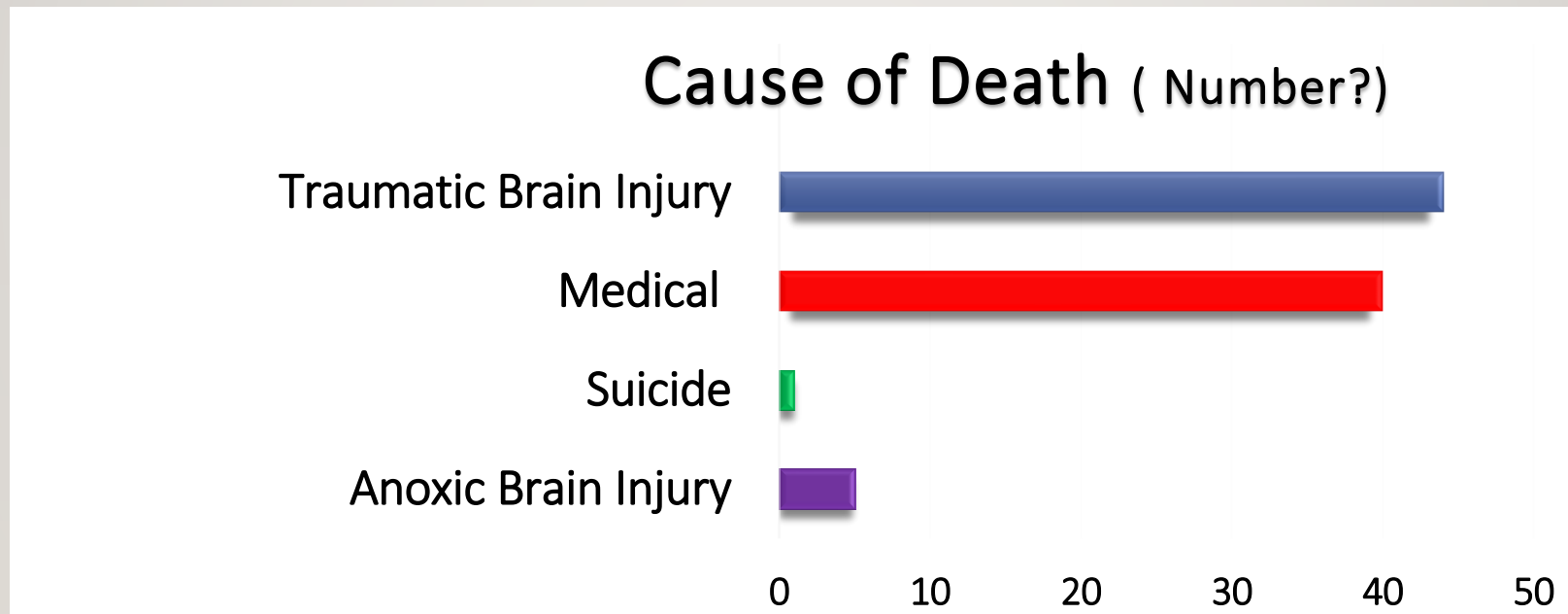


# LOCATION



# CAUSE OF DEATH

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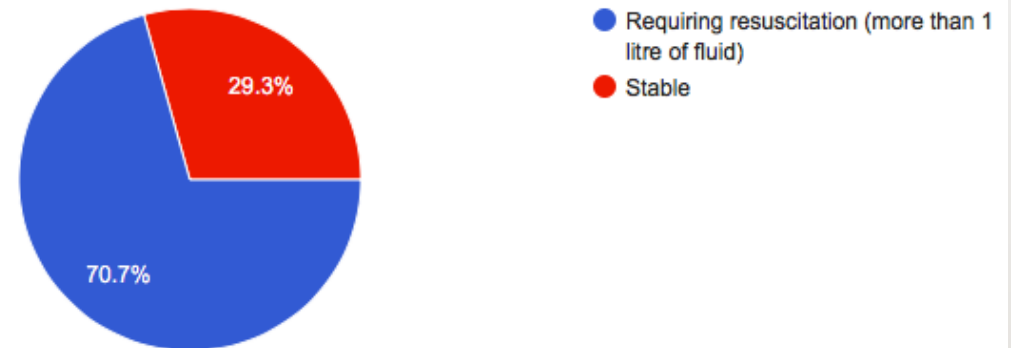


# CONDITION OF DONOR

- Vast majority of referrals needed immediate volume resuscitation

## Condition of the potential donor at time of referral

92 responses



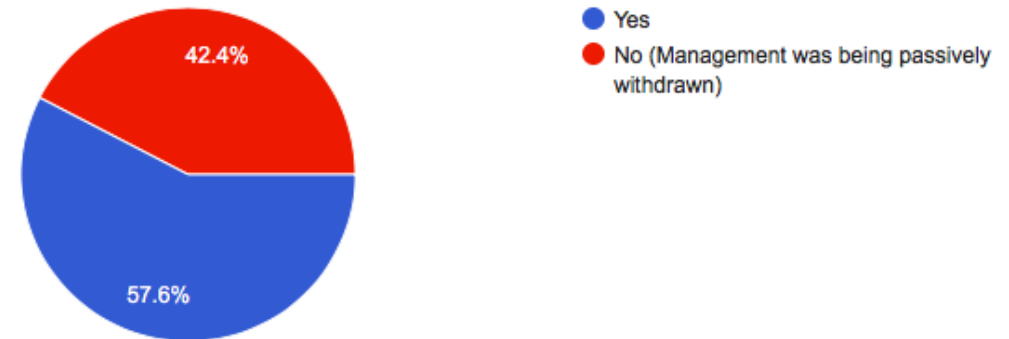
# ROLE OF TREATING TEAM

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- Just under half of referrals were no longer being actively managed by the referring team

Was the potential donor still receiving active treatment from the clinical/referring team at the time of referral?

92 responses

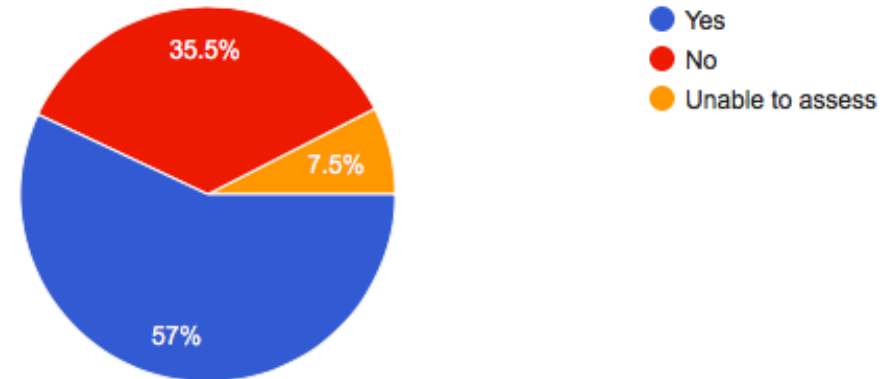


# PRIOR KNOWLEDGE

- Only 57% of families had heard about organ donation before the conversation about organ donation

Had the family heard about organ donation before?

93 responses



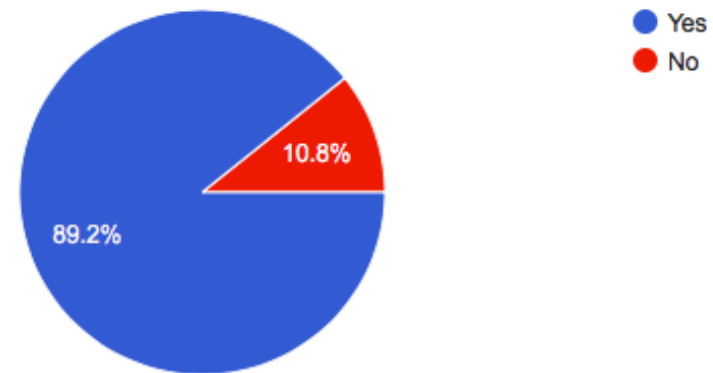
## RECEPTIVENESS TO ORGAN DONATION DISCUSSION

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- The vast majority of families were receptive to the organ donation discussion (89%)

Was the family receptive to the organ donation discussion?

93 responses



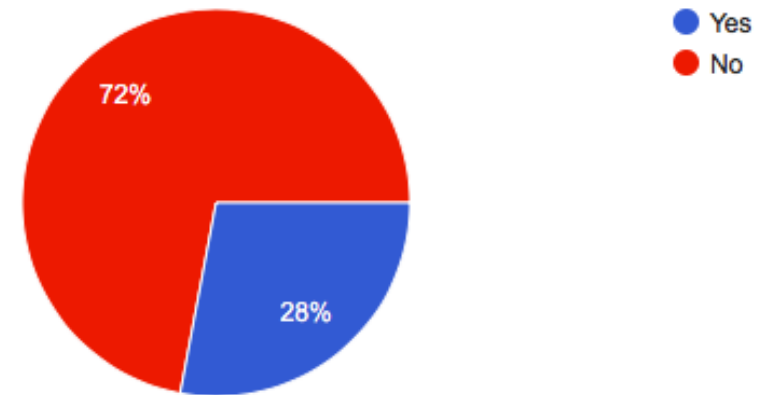


# INFLUENCE OF RELIGION

- Religion was not felt to be a major influence on the consideration of organ donation by the coordinator

## Religion a major influence

93 responses

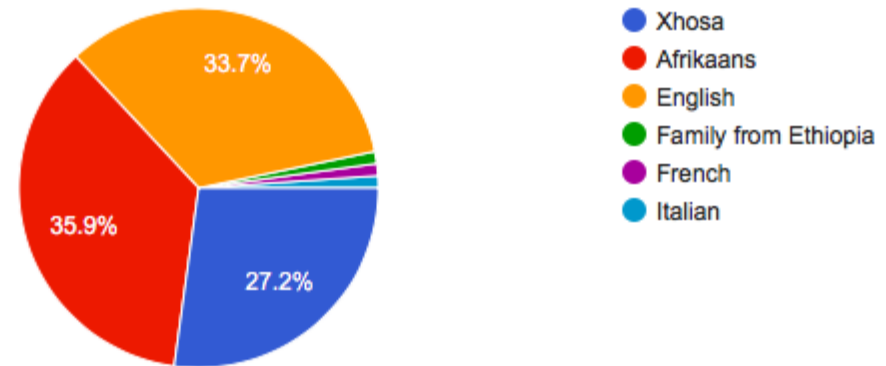


# HOME LANGUAGE

- For only 33% of families was the home language English

## Home language of the family

92 responses

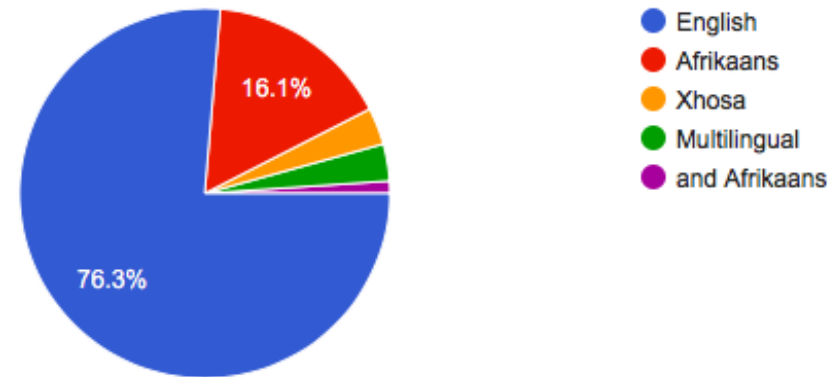


# LANGUAGE OF DISCUSSION

- In 75% of cases the discussion about organ donation was held in English

What language was the organ donation discussion held in?

93 responses



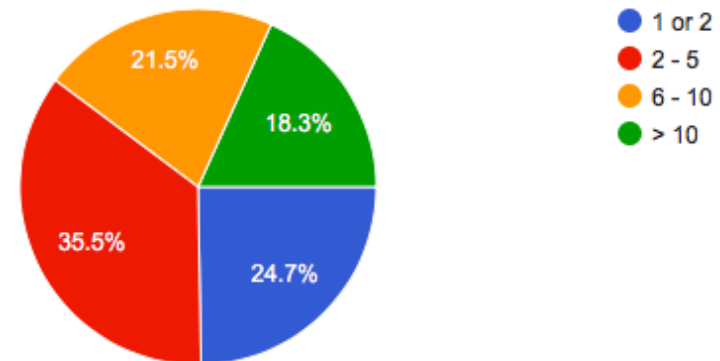
# SIZE OF FAMILY DISCUSSION

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- 40% of family discussions involved 6 or more people

How many family members were present during the discussion?

93 responses

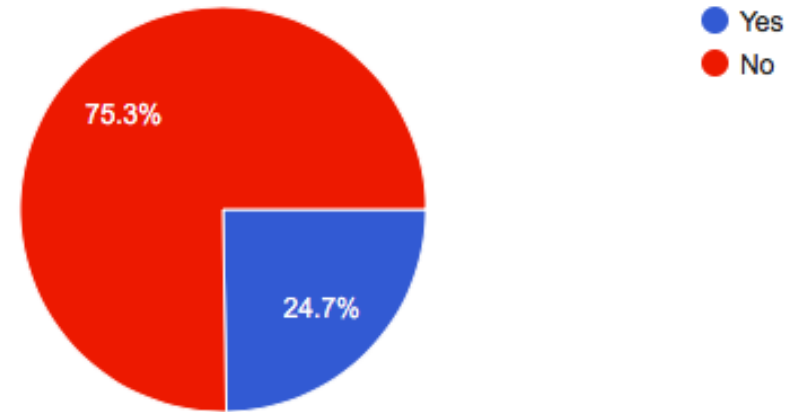


# CONSENT RATE

- Total referrals = 93
- Private referrals n = 17
  - 47% consent rate
- State referrals n = 76
  - 20% consent rate

## Consent granted

93 responses



# CONCLUSIONS

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- Families were receptive to discussions around organ donation with decision making often made by a group of relatives
- Consent rates are low (24.7%)
- Potential donors often needed resuscitation at the time of referral
- More research is required





# STRENGTHS & LIMITATIONS

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- **Strengths**

- Prospectively collected data
- No impact on routine standard of care
- Assessment of real world factors influencing the consent process
- Not a survey of public perception remote to death of a loved one
- Identification of areas for quality improvement and training

- **Limitations**

- Only reflective of Cape Town transplant infrastructure at Groote Schuur Hospital and private centers
  - Not inclusive of the Tygerberg Hospital (Metro East drainage area of Cape Town)
  - Not representative of national picture
- Data recorded is dependent on the transplant coordinator assessment and is subjective
- Limited numbers for analysis



# THANK YOU

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