Letter



Do Paramedics Have a Role to Play in Organ Donation?

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s readers are aware, many jurisdictions rely on paramedics to deliver ambulance services and emergency and urgent care, and as healthcare professionals, they have a duty of care to their patients. Does this duty of care include facilitating organ donation and patient's wishes, if known or made known? Should paramedics play a role in identification and management of potential donors? Paramedics are not traditionally involved in organ donation, but in light of their changing role, it is not unreasonable to assume that they might well be in the near future.

Previous literature advised paramedics that resuscitation efforts should be performed in patients where a return of cardiac activity is considered possible and not expanded for the purposes of potential organ donation. In the context of protocols for the termination of unsuccessful resuscitation attempts, do we perhaps need to revisit the concept of field termination, with a view to facilitating DCD? The complex

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regulatory framework and logistics involved in such a process is one of the major obstacles preventing implementation of this in many countries.

They may be able to play an important role with regards to the selection of an appropriate receiving facility and optimization of a potential donor's cardiovascular status during transfer. This would likely reduce the timeframe from identification to retrieval, although this has not been researched in the literature.

The fact that uncontrolled DCD is not well regulated in many countries may place paramedics in an ethical and legal gray-area, with little to guide their actions. As such, paramedics would need to be provided with clear protocols and appropriate education surrounding identification of potential DCD donors, activation of the DCD donor pathway, and therapeutic communication with the donor's family. Paramedic education does not currently address these items.

Paramedics may already be involved in the organ donation pathway, perhaps unknown to themselves. Inter-facility transfer for the purposes of organ donation is justified, if it is in the best interests of the patient and if required resources are only available in another facility.² Paramedics should be involved in the discussions surrounding the care of these patients as there could be significant practical, resource, and communication problems that may arise.

Community-based paramedics may be ideally placed to identify donors and facilitate the early retrieval of tissue such as skin, whole eyes, and corneas, which should take place as soon as possible after death.³

In summary, the future role paramedics may play in organ donation is unclear, and potential ethical, legal, and professional issues need to be thoroughly researched and addressed.

REFERENCES

- Roberts K. Organ donation after death in the community or emergency. J Paramed Pract. 2012;4:141–5.
- UK Donation Ethics Committee, Academy of Medical Royal Colleges. An ethical framework for controlled donation after circulatory death. http:// www.bts.org.uk/Documents/Publications/An%20Ethical%20framework% 20for%20controlled%20donation%20after%20circulatory%20death%20-%20Full%20Report.pdf Published 2011. Accessed Jan 25th, 2016.
- Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee. 21.1: General considerations for tissue donation. Guidelines for the Blood Transfusion Services. http://www. transfusionguidelines.org/red-book/chapter-21-tissue-banking-tissue-retrievaland-processing/21-1-general-considerations. Published 2015. Accessed Jan 25th, 2016.

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