

## ***Have you checked the organ donor box on your driver's license?***

### **How Hospices Can Help Solve Organ and Tissue Donation Shortages**

Currently there are ~120,000 people in the US waiting for organ transplants, of whom ~8,000 die each year still waiting. The demand for organs for transplant is ~5 times the supply. One single organ and tissue donor can save and heal the lives of more than 75 people. Yet ~50% of Americans have indicated desire to be organ donors<sup>1</sup> and ~50% of deaths occur in hospice<sup>2</sup> – so why is there an organ shortage, and how can hospices help?

**Organ Donation.** Solid organ donation is challenging, but not impossible, for hospice patients. To be eligible for solid organ donation, a hospice patient must be in a controlled environment (e.g., a hospital or an inpatient hospice unit located in a hospital), where organ recovery can occur at the time of death. There are examples when a hospice patient can also be an organ donor – e.g., a patient on a ventilator, hospice patients served in an inpatient unit located within a hospital, etc. *Hospices are encouraged to contact their local Organ Procurement Organization (OPO) regarding all patients on ventilators to discuss details. Your local OPO can be found on the US Department of Health & Human Services website: [www.OrganDonor.gov](http://www.OrganDonor.gov).*

In Colorado, there are ~30,000 deaths each year and ~15,000 of these deaths are served by hospice. Over the past five years, there have been ~75,000 deaths in Colorado hospices. However, according to Donor Alliance, there has only been one (1) organ donor identified coming from any Colorado hospice in the past five years.

**Tissue Donation.** However, tissue donation is a different matter. Tissues (e.g., skin, bone, heart valves, eyes, etc.) can be donated up to 24 hours following death, and the demand for tissues is also great. A woman described how her mother loved to read and considered it her greatest joy to share the gift of reading with someone else by donating her eyes when she died. According to AlloSource<sup>3</sup> (an organization specializing in tissue donation), the tissue in most demand is skin – and skin can be donated at any age. Some tissues, e.g., cartilage and patella, are age and size specific and generally require younger donors. *Hospices are encouraged to contact their local Organ Procurement Organization (OPO) regarding all patients interested in tissue donation to discuss details. Your local OPO can be found on the US Department of Health & Human Services website: [www.OrganDonor.gov](http://www.OrganDonor.gov).*

Tissue donation eligibility criteria is nearly patient specific and warrants discussion with a local OPO. Active cancers (~25% of hospice patients) exclude most, but not all, tissue donation. Tissue donation changes peoples lives and offers hospice patients the opportunity to help others after their own death. Yet hospice participation in tissue donations is extremely rare.

### **How can hospices more actively participate in organ and tissue donations?**

1. Ask the question “*Have you checked the organ donor box on your driver's license?*” as part of your admission process. This is an easy, non-invasive way to approach the topic. If the patient

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<sup>1</sup> <https://www.donoralliance.org/understanding-donation/why-donate/donation-faq/>, accessed 10/31/18. Also personal communication with Kim Robuck at Donor Alliance on 10/31/18, 303-329-4747.

<sup>2</sup> [www.HospiceAnalytics.com/InfoMAX](http://www.HospiceAnalytics.com/InfoMAX), accessed 11/15/18. Also, personal communication with Cordt T. Kassner, PhD, CEO, Hospice Analytics on 11/15/18, 719-209-1237.

<sup>3</sup> Personal communication with Colleen Kilkenny at AlloSource on 10/31/18, 720-873-0213, <https://www.allosource.org/>.

(or medical durable power of attorney) says yes, then contact your local Organ Procurement Organization.

Also, hospices might consider:

2. Include organ and tissue donation materials in the hospice admission packet from your local Organ Procurement Organization.
3. Knowing that about half of Americans have indicated desire to be organ donors should make the donation conversation more comfortable for everyone. Hospices are expert in difficult end-of-life care conversations and advance care planning discussions. However, most of these conversations focus “upstream” to bring people into hospice. Aren’t “downstream” conversations about donation and funeral arrangements equally important in honoring patient and family wishes?
4. Hospices serve patients of all ages, and organ and tissue donors of all ages are needed.
5. Is it possible to include organ and tissue donation questions on POLST, MOST, Respecting Choices, 5 Wishes, and other advance care planning documents?
6. Hospitals are required to notify the Organ Procurement Organization upon the death of every patient. The OPO then cross-references names with an online donor registry before talking with family members of the deceased about donation. Could hospices participate in similar notifications when serving patients on ventilators, in inpatient units, etc.?

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