



EP17 – Nurses use available resources to address ethical issues related to clinical practice and organizational ethical situations.

Provide one example, with supporting evidence, of nurses using available resources to address ethical issues related to clinical practice.

Or

Provide one example, with supporting evidence, of nurses using available resources to address an organizational ethical issue.

Example: Organizational Ethical Issue: Altruistic Donor Criteria

UVA Transplant Center provides comprehensive end-stage disease management and solid organ transplant services to patients across the continuum of care. There are a variety of programs that support the work of the Transplant Center. These programs are truly a model of how interprofessional care delivers the most optimal outcomes for patients. The individual programs each include transplant surgeons, transplant nephrologists, transplant hepatologists, nurse coordinators, bedside RNs, financial coordinators, pharmacists, dietitians, social workers, neuropsychologists and many administrative support personnel (Table 1). All members of the team have a voice in the decision-making process, and input from members is actively solicited.

The Living Donor Program is led by Anita Sites, BSN, RN, Clinician IV Care Coordinator, who serves as the Living Donor Coordinator. The program accesses a variety of methods to maintain communication and coordinate care. In the outpatient setting, the transplant team has a weekly selection meeting where potential donors and recipients are discussed and reviewed. Donors may be related, unrelated or, occasionally, altruistic, meaning that the donor is offering to donate without a specific recipient in mind. When specific donor issues arise, a separate donor meeting among specific team members (donor nurse coordinator, donor social worker, designated nephrologist / hepatologist, dietitian and neuropsychologist) is held. It is at this meeting that potential donors, such as the one in this case, are brought forward for interprofessional discussion.

On September 27, 2012, the team received an offer from a potential altruistic donor. Per UVA Transplant policy, the age criteria for living kidney donors is 18-70. ([Exhibit EP17.a: Transplant Services Policy 6: Living Donor Referral, Intake & Screening Process](#))

The potential donor came forward two days after turning 18, the youngest potential altruistic donor in the program's history. Sites presented the donor profile to the team. As the team considered this donor in the weekly donor selection committee meeting, many varied opinions were expressed. The potential donor's age, combined with the



fact that she was an altruistic donor, raised concern. As there were no time-sensitive donor (or recipient) concerns, the team agreed that the first step should be a social work assessment. This took place via telephone, and the final assessment was shared with the donor selection committee. After reviewing the social worker's assessment, the team still felt ambivalent about accepting the altruistic donor. They desired to give thoughtful consideration to each team member's position on the matter and avoid arbitrary decision making. As the transplant team routinely accesses the resources available through the Medical Center Ethics Committee, Sites initiated an ethics consult.

The Medical Center Ethics Committee, an interprofessional team (Table 2), meets as often as needed, but at least quarterly, and focuses on policy, health law and global medical center issues. It provides assistance with ethical issues related to patient care through the interprofessional Ethics Consultation Service (ECS). This service is available 24 hours per day, seven days per week, and is covered by two members at all times. [Medical Center Policy 0105](#) (^{XREF} [Exhibit OO12.bi](#)) describes the process for clinicians, patients and family members to access ethics assistance. Typically, the individual or team requests a consult via the ECS and facilitates the immediate need and / or coordinates a presentation to the full Ethics Committee as warranted. Information is also accessible via the UVA intranet resource, which also lists the current members of the Ethics Committee. The ECS receives two to three consult requests per week. The ethics committee reviewed Sites' consult and, given the complicated nature of the case, the committee chair asked her to present before the entire Ethics Committee.

In preparation for the meeting, Sites conducted a literature search that yielded little information in scholarly publications regarding this specific matter, and none were evidence based (all local guidelines were established arbitrarily or by "expert" consensus). The transplant social worker also accessed a list serve for transplant centers to investigate policies used in those centers. The query yielded information from ten other transplant centers and revealed varied practices with regard to age and psychological evaluation processes. There was limited feedback on enhanced psychological evaluations for donors less than 24 years of age.

During the full Ethics Committee meeting on January 21, 2013, Sites introduced the specific scenario, general background on the living donor process, the results of her literature search and the experience of other transplant centers, as well as related considerations for all young donors. The ethics committee partnered with the transplant team to thoroughly review UVA practices and the practices of other transplant centers, with attention to how altruistic donors are handled. Several publications regarding general evaluation components and psychological considerations for donors were shared by the transplant team. Many historic experiences and nursing perspectives were shared regarding compliance / adherence to the intensive donor follow-up requirements, the impact of maturity and insight on pain control, and educational deficits regarding the impact of invasive surgical procedures. The ethics committee does not



record minutes. [Exhibit EP17.b: Ethics Committee Report 2012-2013](#) is the Ethics Committee annual report to the Clinical Staff Executive Committee, to which it reports. This case is noted in the Topic Review section. [Exhibit EP17.c](#) is an email communication from Sites containing a reminder to attend as well as a thank you following the meeting. ([Exhibit EP17.c: Emails from Anita to Transplant Team](#))

From a neurocognitive/neurobehavioral standpoint, neuropsychologist Jason Freeman, PhD, and the ethics committee Chairman, Robert Boyle, MD, thoroughly discussed the available information, including studies of neurodevelopment, particularly complete myelination of the frontal lobes (e.g., prefrontal cortex), that show that development is not completed in some adults until age 25 or even later. These cortical areas of the brain are responsible for organization, planning, anticipation of consequences, and weighing cost / benefit. Many of the previous concerns voiced by Nursing began to be validated. Developmental differences of this magnitude were deemed by the transplant team and ethics team to have weight in considering a highly individualized assessment process, rather than a rigid policy for handling prospective living donation, particularly in situations where no connection to the recipient exists (such as the altruistic donor).

The team opted not to make any policy changes, agreeing that each altruistic donor situation should be assessed independently. With potential donors less than 24 years of age, attention must be paid to the specifics in each person's "life criteria," such as educational status, employment, financial independence, substance abuse and psychiatric history. This allows the team to have a thoughtful and not arbitrary approach to assessing these unique situations.

This experience enhanced the thorough psychosocial, medical and psychological evaluation process for all donors. It validates the interprofessional team's desire to have the flexibility to consider age (and maturity) issues as an important part of the context in evaluating donors, while safeguarding against explicit and implicit bias. The ethics team, while recognizing that it does not direct policy, was pleased with the thoroughness and thoughtfulness with which a diversity of expertise, perspective and skill sets inherent to the transplant team were heard and integrated into the evaluation process. [Exhibit EP17.d](#) is an email from Dr. Freeman complimenting the transplant team on its approach to this unique case and offering his services to the donor selection process in the future. ([Exhibit EP17.d: Email from Dr. Freeman](#))

Given the thorough nature of the ethics review combined with the Living Donor Program's assessment of the potential donor, the team decided it was not in the donor's best interest to proceed with the altruistic donation. Sites communicated the team's finding to the donor. She has not approached the Transplant Center to pursue donation further.



The transplant team continues to discuss the lessons learned from this donation scenario and apply the bank of knowledge upon which ethical decisions regarding altruistic donation are made today.

Participants:

EP17 Table 1: Participants, Transplant Center Team

Name	Discipline	Title	Department
Anita Sites	Nursing	Living Donor Coordinator, RN, Care Coordinator, Clinician IV	Transplant
Barb Shepherd	Nursing	Transplant Outreach Coordinator	Transplant
Stacey Schiano-Moriello	Nursing	RN Care Coordinator, Clinician III	Transplant
Brigid Wonderly	Nursing	RN Care Coordinator, Clinician III	Transplant
Emily Lyster	Social Work	Living Donor Advocate	Transplant
Jason Freeman	Psychiatry	Neuropsychologist	Psychiatry
Rob Teaster	Nursing	Administrator, Transplant Services	Transplant
Doriane Perkins	Nursing	Nurse Manager	Abdominal Transplant
Kenneth Brayman	Physician	Professor of Surgery	Transplant Surgery
Douglas Keith	Physician	Associate Professor of Medicine	Nephrology
Avinash Agarwal	Physician	Assistant Professor of Surgery	Transplant Surgery
Gayle Vranic	Physician	Assistant Professor of Surgery	Nephrology
Angie Nishio-Lucar	Physician	Assistant Professor of Medicine	Nephrology



EP17 Table 2: Ethics Committee Members

Name	Discipline	Title	Department
Robert Boyle, Chair	Physician	Professor Emeritus of Pediatrics	Neonatal/Perinatal
Jeffrey Barth	Physician	Professor of Psychiatry and Neurobehavioral Sciences	Neuropsychology
Jamieson Bourque	Physician	Assistant Professor of Medicine	Cardiology
Lisa Letzkus	Nursing	Advanced Practice Nurse 1-Nurse Practitioner	Patient Care Services
James Childress	Faculty	Professor of Ethics, Professor of Medical Education	Religious Studies
Marcia Childress	Faculty	Associate Professor of Medical Education	Humanities in Medicine
Elizabeth Epstien	Nursing	Associate Professor of Nursing	School of Nursing
Lynn Fleming	Legal	General Counsel	General Counsel's Office
Daryl Gress	Physician	Associate Professor of Neurology	Neurology
Beth Hodson	Legal	General Counsel	General Counsel's Office
Christine Lau	Physician	Associate Professor of Surgery	Thoracic and Cardiovascular Surgery
Jackie Loach	Nursing	Patient Safety and Clinical Management Coordinator	Quality and Performance Improvement
Dea Mahanes	Nursing	Advanced Practice Nurse 2-Clinical Nurse Specialist	Neuro ICU



Mary Faith Marshall	Faculty	Professor	Center for Biomedical Ethics and Humanities
Sue McCoy	N/A	Community Member	N/A
Joann Pinkerton	Physician	Professor of OB/GYN	OB/GYN
William Potts	Social Work	Licensed Clinical Social Worker	Thoracic Transplant
Gordon Putnum	Chaplaincy	Chaplain	Pastoral Services
Lori Strauss	Corporate Compliance	Corporate Compliance and Privacy Coordinator	Corporate Compliance
Lois Shephard	Faculty	Professor of Biomedical Ethics, Professor of Public Health Sciences, Professor of Law	Center for Biomedical Ethics
Cindy Westley	Nursing	Nurse Informaticist	Electronic Medical Records