

Tissue and Organ Donation from Poisoned Patients in the Emergency Department

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Introduction

Seeking organ and tissue donation is an essential skill for physicians who manage many critically ill patients. In 2015, 4564 individuals were on a waiting list for organ transplant and 242 died prior to receiving their transplant. Canada's donation rates are less than half that of comparable countries, we must ensure we identify all potential donors. Poisoned patients constitute a source perhaps not considered for referral as often as those with other illnesses. This study identifies physician practices and attitudes regarding referral of poisoned patients.

Methods

In this cross-sectional survey, members of the Canadian Association of Emergency Physicians were invited to participate. Participants were presented with 20 scenarios and indicated if they would refer the patient for consideration for organ or tissue donation. Results were reported descriptively and associations between demographic information and referral patterns were assessed.

Results

208 physicians participated. 35% did not refer in scenarios involving a drug overdose (n = 71). Poisonings triggering the decision to not refer included sedatives (n = 34, 18%), acetaminophen (n = 42, 22%), chemical exposure (n = 48, 27%) and organophosphates (n = 87, 48%). Many factors were associated with an increased likelihood to refer for donation including: previous donation training, previous referrals, availability of donation support, >10 years of service, working in an urban center, Emergency Medicine certification, male gender, and having signed one's driver's license as a donor.

Conclusion

Scenarios involving drug overdoses were associated with under-referral for organ and tissue donation. Poisonings are not a contraindication for referral, this represents a potential source of donors. Targeted training supporting the referral of poisoned patients may help to improve wait times and mortality for patients requiring organ or tissue donation.