



Intensive Care Oriented to the Donation of the Donated Dead when Dying Donating

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Editorial

In the new donation scenarios presented to us today we will focus in particular on the possible collision between care at the end of life and the opportunity to obtain organs.

How to combine the interests at stake? On the one hand, the need to provide adequate care at the end of the life of that patient. On the other hand, maximizing the opportunities that are presented for a possible transplant. And, of course, the autonomy, the express or presumed decision that would have taken this patient.

It is important to these effects to take into account the scenario in which we move. There is an unfortunate prognosis, a clinical trajectory toward a more or less imminent death, and it may not be the same as the way in which the patient eventually dies [1].

It may be that we have different avenues towards that final phase, one of which against the other is better in terms of optimizing the possible transplant. There are two possible avenues to death, one of which is more favorable to the donation than another, although this implies, to some extent, sacrifice certain interests.

With the intention that these conflicts do not end up hurting ethical professionals, relatives or organ donation, all ethics committees and societies of intensive medicine, in a universal way, recommend in all guides that there are two teams and two moments in time, clearly differentiated.

One is the team of intensive physicians, who somehow have to be supporting the patient and his family until it is decided, in a calm manner and in several conversations, that the best thing for that patient is to withdraw the support measures, and at this time is when transplant teams, the transplant coordinator, even the surgeons who are involved in the process of donation and organ transplantation in controlled a systole begin to take a leading role and should never be even, coincidentally or even temporarily, nor in any of the discussions or reflections that may be with family members or professionals working in the intensive care unit.

Thus, donation should be part of end-of-life care, and this option should be considered in every patient who died or is imminent to die in conditions compatible with organ donation [2].

Regarding the detection of potential donors, it is recommended that all critically ill clinicians be actively involved in the identification of patients with severe brain damage likely to progress to brain death, as well as to patients in whom it has been decided to limit the therapeutic effort and could be donors in controlled cardiocirculatory arrest.

Recognition of a patient's right to decide how he wishes to die forces us to explore his willingness to be a donor or not, and to respect his decision.

Respecting the dignity of the people who are in the process of death means allowing them to choose the possibility of donating their organs, respecting their personal autonomy and the freedom of each to manage their own biography according to their values [3].

It is therefore imperative to disseminate the idea that organ and tissue donation is part of the functions of Critical Units and is integrated into care at the end of life. For this, it is important to recognize the donation within the portfolio of services of Critical Care.

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