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Also in this issue: "Responisible Research on Medical Marijuana," by Kevin F. Tulipana et al.

CHAPLAIN "DOS AND DON'TS" ON ORGAN DONATION

Jozef Zalot

This guide was developed in collaboration with LifeCenter Organ Donor Network (Cincinnati, OH) to offer chaplains a framework for the best possible course of action when they provide spiritual care to family members of patients who are potential vital organ donors.

During my experience as the regional director for ethics and spiritual care for a midwestern health care system, my chaplain posed a very practical but challenging question: "What should chaplains do, and not do, with regard to the family members of patients who are potential vital organ donors?"

Some organ procurement organizations (OPOs) may want to control the donation process. They are thus hesitant to invite in—let alone collaborate with—any "outsiders" who they believe might undermine the likelihood of procuring vital organs. So how should a chaplain respond when ministering to potential vital organ donors and their families? Should they speak with family members about donation? What should they say? Do OPOs want chaplains to speak with family members? Should there be limits to these conversations?

This can be a touchy area, because vital organ donation necessarily entails the death of the patient. This makes the relationship between chaplains and OPOs sometimes strained.

DOs

1. Do speak with family members about donation if the family brings up the subject.
   a. Important: Aside from the requirement that a certified designated requestor makes the actual request for organ donation, there is no federal law (check state ordinances) stating that a chaplain cannot have a conversation with family members about donation if the family initiates a discussion of the subject.
   b. Explain that the health care system supports organ (and tissue) donation (check system policies), and that donation is in accord with Catholic teaching (see dir. 63 of the USCCB *Ethical and Religious Directives*).
   c. Help families work through the religious and spiritual aspects of donation.
   d. Address ethical concerns the family may have concerning donation. Chaplains are encouraged to contact the site ethics committee, regional or system ethics leaders, or the NCBC for consultation.
   e. If the family expresses an interest in learning about organ donation or the desire to pursue it, inform the patient's nurse. The nurse will contact the OPO.
   f. Special considerations in the case of donation after circulatory death (DCD): DCD presents additional challenges in the organ donation process, because the decision to withdraw life support from the patient must precede the decision to donate.
      - The request for DCD must occur only after the patient's legal next-of-kin (proxy, surrogate, or legal representative), in consultation with the care team, has decided to withdraw care.
      - Chaplains are encouraged to work with OPO staff in discussing with the patient's legal next-of-kin the option of DCD. At the discretion of the care team, OPO representatives may be present during the withdrawal-of-care discussions to explain or answer questions about the DCD process.
2. Do support the organ procurement organization staff.
   a. When an OPO representative arrives on scene, let this representative know what (if anything) the family has already expressed about organ tissue donation. This helps the representative understand the family's values and concerns.
   b. An OPO family services team member will stay with the patient's family throughout the donation process. Chaplains play an integral role on the care team and should work in collaboration with the OPO family

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services team member to offer spiritual and other support to the family. The chaplain's work continues even after the formal consent for donation has been given. Chaplains should continue to offer support to the donor's family for as long as the family requests it.

c. Chaplains will offer spiritual support for the OPO staff when requested.

d. Special considerations regarding code status: Conflict can arise between an OPO's interest in maintaining a donor's full-code status (full resuscitative measures) and the family's wishes to withdraw care after further medical complications. To avoid such situations, the health care system and the OPO are encouraged to agree to the following:

- As long as a patient remains a viable donor, the patient will remain in full-code status. This information must be clearly conveyed to family members during the authorization process. However, depending on particular circumstances—for example, if the patient's condition becomes unstable or the patient's heart stops after the declaration of brain death and before the procurement of organs—the family can request a change of code status to allow the patient to die in peace. Both the health care system and the OPO will respect the family's decision.
- The health care system and the OPO agree that all donation-related conversations are family-driven. This means that all parties will seek to work with the (potential) donor's family members and not do anything that goes against the family's wishes.

DON'Ts

1. Don't initiate a conversation about organ donation with a potential donor's family.
   a. The Centers for Medicare and Medicaid Services requires that donation conversations be initiated only by trained designated requestors. OPO representatives are trained designated requestors; chaplains are not.
   b. Avoid conflicts of interest. Chaplains are part of the care team. A potential conflict of interest arises when a member of the care team—which is supposed to be focused on the best interests of the patient—initiates discussion of organ tissue donation.
2. Don't discuss specific medical issues concerning organ donation with family members.
   a. Chaplains should not discuss organ donation when there is still the possibility (however remote) that medical treatment can improve the patient's situation.
   b. Chaplains should not create false hope:
      - Through an extensive process of testing, the OPO determines which organs and tissues can be recovered. Chaplains do not want to give family members the impression that the patient is a viable donor before this has been determined.
      - Chaplains also do not want to create a situation in which family members experience a "second loss." This can occur when they are led to believe the patient is a viable donor, but after OPO testing is completed, it is confirmed that the patient is not.
3. Don't assume with family members that in cases of whole-brain death the decision to donate a patient's organs is the family's choice; it may not be. Individuals who are registered through their state donor registry have already made their donation decision; hence, their donation wishes are known. In such a case, the family is not being asked to make a decision about donation but instead is being called to honor their loved one's expressed wishes.

Responsible Research on Medical Marijuana

Kevin F. Tulipana, Kathleen Wilson, and Caroline Walker

There is little evidence to support the prescribing of marijuana as a sound medical practice, but there is also a general lack of research. Officially changing marijuana from a schedule I to a schedule II drug would promote controlled study, eliminate medical marijuana shops, and avoid a possible "cannabis epidemic" in the near future. Questions regarding marijuana's medicinal value will not be answered until there is extensive, reputable research, complete with required phases of clinical trials.

Benefits of Reclassification

The Comprehensive Drug Abuse Prevention and Control Act of 1970 effectively gives federal oversight of particular drugs and medications to the Food and Drug Administration (FDA). Shifting marijuana from schedule I to schedule II would not automatically translate into FDA approval for use. Any new drug formula would be subject to the rigors of FDA protocols.

If marijuana were approved in some form for patient use, regulatory control for prescribing and dispensing it or

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