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DESCRIPTIVE STUDY OF ORGAN DONATION AND HANGING IN AUSTRALIA AND NEW ZEALAND BETWEEN 2006 AND 2015

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INTRODUCTION: The annual incidence of hanging in Australia & New Zealand had increased in the past decade, with an increasing number of such patients appearing to become organ donors. The rates of organ donation following death due to hanging is unknown and the characteristics of this cohort of donors have not been previously described.

METHODS: The Australia and New Zealand Organ Donor (ANZOD) registry donor data (2006 – 2015), was analysed, to describe the cohort of donors following hanging, in comparison to other donors.

RESULTS: During the study period, both the number and proportion of donors due to hanging have increased between 2006 – 2015. The probability that a victim of hanging would become an organ donor progressively increased from 0.5% to 3%. Compared to other donor groups, the donor population due to hanging is younger (median age 30 years Vs. 50 years), with less co-morbidities, but a higher incidence of smoking. There is no significant difference in the proportion who indicated a prior intent to donate between post-hanging donors (34%) and other donors (38%). A higher proportion of donors post hanging donated via the Donation after circulatory death (DCD) pathway (36.28%) compared to donors with other causes of death (24.2%). Patients in the post hanging cohort donated an average of 4.19 organs, compared to 3.62 organs in the other donor cohort.

CONCLUSIONS: It is expected that this retrospective analysis will better inform clinical decision making surrounding organ donation, including consenting approaches while providing care to the patients and families in this challenging group with a high organ donation potential, as demonstrated in this study. Further investigation is required to determine which aspects of health care influence the donation rates in victims of hanging and the outcomes from transplanted organs.

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IMPROVING END-OF-LIFE CARE: EXPANDING THE 3 WISHES PROJECT OUTSIDE THE INTENSIVE CARE UNIT

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INTRODUCTION: Compassionate end-of-life (EOL) care may help to reduce suffering in the face of death. The 3 Wishes Project (3WP), a program developed to help humanize the dying process by eliciting and implementing wishes for patients and families at the EOL, was initiated in the ICU of St. Joseph's Healthcare Hamilton (SJHH) in 2013. In 4 North American ICUs, program evaluation demonstrated that the 3WP was transferrable, affordable, sustainable, and valued by families, clinicians, and institutions. The objective of this study was to describe preliminary experiences of the 3WP expansion outside of ICU to the medical units at SJHH, evaluating feasibility (able to engage unit staff, patients, and families) and affordability (less than $25/patient-family).

METHODS: We enrolled patients admitted to the medical units of SJHH who had >95% probability of dying during the hospital stay. We recorded patient and wish characteristics. We analyzed data using descriptive statistics, and measures of central tendency and dispersion.

RESULTS: From January 2017-March 2020 (pre-pandemic), we enrolled 25 patients. The mean (standard deviation) number of wishes/patient was 5.1 (2.0), with 126/128 total wishes (98.4%) completed. Fourteen (56.0%) patients were capable of engaging in either wish elicitation or implementation. The 4 most common wish categories (n wishes, % total wishes) were facilitating connections (22, 17.2%), word clouds (19, 14.8%), humanizing the environment (18, 14.1%), and family care (18, 14.1%). Examples of wishes included an early Christmas celebration in the patient's room, in-room celebrations with family, and pet visits. The mean cost/wish was $3.66 ($8.66) and mean cost/patient-family was $18.32 (15.47) - 83.3% were at no cost and 15.1% through donations. We engaged diverse groups in wish elicitation and/or implementation, including attending physicians, bedside clinical teams, clinical managers, palliative and spiritual care teams, families and friends, families of other patients in the unit, and hospital merchants.

CONCLUSIONS: Expanding the 3 Wishes Project to the medical units at SJHH appears to be feasible, affordable, and well-received. Diverse engagement included families, friends, care teams, and the broader hospital community, and importantly, more direct involvement of patients themselves.