

End-of-life care - a prerequisite for cDCD

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Background

In Slovenia, the DBD programme is very successful. In 2023 we have reached an impressive number of almost 31 actual donors pmp. In line with the progress, the integration of a controlled DCD program is a strategic goal. Step towards development was qualitative research among experienced intensivists across Slovenia. Their understanding of integration of DCD programs into end-of-life (EoL) care practises was evaluated.

Methods

In 2021, ten in-depth interviews with leading intensivists were conducted. Questions covered knowledge of approaches to EoL care in the ICU, decision predictions, discussion with relatives/carer, patient autonomy, ethical dilemmas, existing DBD programme, and the possibility of implementing specific DCD programme and ICU admission to facilitate organ donation (ICOD).

Results

Respondents emphasised the need for improved professional discussions and standards about the best interest of the patient in today's ICU. They observed that it is difficult for professionals to make confident decisions. The criteria for good palliative care in EoL care are often not sufficiently met. To avoid mistakes, there is a lack of external control mechanisms and audits to improve EoL processes. At a societal level, they miss public debates on refusal of treatment and patient autonomy.

Regarding the expansion of the national programme with DCD and ICOD, respondents are generally in favour of progress.

Conclusions

Compared to the 2012 survey (Avsec, Šimenc 2019), there are fewer reservations and better knowledge of DCD protocols. Majority sees the obstacles for the implementation of cDCD programme in Slovenia in the lack of staff and clear protocols, legislation that also protects doctors, and ethics committee approval for performing interventions at and after death. They also expressed concern about public support.

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