


Name of Policy:	<u>Independent Living Donor Advocate</u>	 <p>Effective Date: Jan 1, 2023</p> <p>Initial Effective Date: December 14, 2007</p>								
Policy Number:	3364-140-31									
Department:	Kidney Transplant Administration (Nursing Service)									
Approving Officer:	Director of Nursing/CNO Director, Renal Transplant Program									
Responsible Agent:	Transplant Coordinator									
Scope:	The University of Toledo Medical Center									
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(A) Policy Statement

The University of Toledo Medical Center (UTMC) will provide an independent living donor advocate (ILDA) or advocate team for all potential living renal donors. All living kidney donors will have an interview with the ILDA prior to the initiation of evaluation. All living kidney donors will meet with the ILDA during the evaluation phase that takes place prior to donation.

(B) Purpose of Policy

To ensure protection of the rights of living donors and prospective living donors.

(C) Procedure

1. The independent living donor advocate at UTMC will be the donor social worker.
2. The independent living donor advocate is a trained social worker.
 - a. This social worker does not work with Transplant Candidates or recipients in any capacity, not even on a temporary or intermittent basis.
 - b. In the event that the ILDA Social Worker is unavailable, another hospital social worker who is familiar with living donor advocacy concepts may assume her duties.
 - c. ILDA training will consist of training and ILDA orientation packet completion from the previous ILDA and/or the ILDA named as back-up. The ILDA will keep on-going training with the various webinars, conferences, and/or journal articles.
3. The independent living donor advocate at UTMC will not be involved in transplant activities on a routine basis.
4. The independent living donor advocate must demonstrate:
 - a. Knowledge of living organ donation, transplantation, medical ethics and informed consent.
 - b. Understanding of the potential impact of family and other external pressures of the prospective living donor's decision whether to donate and the ability to discuss these issues with the donor.
5. The independent living donor advocate must provide documentation in the patient medical record. At a minimum, the following must be discussed with the patient:
 - a. Emotional/psychological aspects of living donation (for example, discussion of the psychosocial assessment, family support of the donor's decision to donate and the future medical care and social support of the donor);
 - b. Any family or external pressures that impact the prospective donor's decision about whether to donate;

- c. The donor's current medical history and its implications for the suitability of the donor, possible immediate and long-term risks of the organ donation; the immediate and long-term expectations following donation
 - d. The living organ donation process, i.e., donor evaluation, donation surgery, and post donation recovery; potential complications, and general recovery from the surgery.
 - e. The requirements of the informed consent process and an assessment of donor understanding
 - f. Financial aspects of living donation, i.e., discussion of health insurance issues including future access to Medicare and private health insurance;
 - g. Various options for the recipient other than organ donation from a living donor.
 - h. The expected outcomes for the recipient.
6. The independent living donor advocate will demonstrate knowledge of medical ethics including the following:
 - a. Holding the donor's welfare of primary importance.
 - b. Respecting the decisions and autonomy of the donor and explaining those risks to the donor.
 - c. Maintaining donor confidentiality.
 - d. Setting and maintaining standards of competence and integrity.
 - e. Ensuring that one's knowledge and skills concerning living donation and transplantation issues are up to date.
 7. The independent living donor advocate will demonstrate knowledge of informed consent.
 - a. Understanding the content that will be discussed with the living donor during the informed consent process to be able to accurately assess the donor's understanding;
 - b. Evaluation donor's understanding through discussion;
 - c. As needed, identifying areas where additional information or clarification is warranted to improve donor understanding if necessary, involving other transplant program or hospital staff.
 8. The independent living donor advocate or living donor advocate team is responsible for:
 - a. Representing and advocates the rights of the living donor.
 - b. Protecting and promoting the best interests of the donor.
 - c. Respecting the donor's decision and ensuring that the donor's decision is informed and free from coercion.
 - d. Assists the potential donor in obtaining and understanding information regarding the consent process, evaluation process, surgical process, and the benefit and need for follow up.
 9. The independent living donor advocate functions separately from the transplant team to assure that the rights of the donor will be put ahead of the goals of the transplant team if they are in conflict with one another.
 - a. The ILDA represents the interests of the donor at patient care planning and selection meetings.
 - b. The ILDA has the ability to file a complaint with the institutional ethics committee if he/she believes the rights of the donor are not being properly protected.
 10. If a living donor is from out of town/state, the ILDA can make a phone call to patient for phone interview prior to donor arriving for nephrectomy.

