

**NHSBT Board – Patient Story**  
**Supporting (Appropriate) Risk Assessment and Management**

September 29<sup>th</sup> 2016

In a transplant unit, there may be different protocols for who makes or contributes to the decision to accept or decline a particular offer of an organ for transplantation, sometimes for a specified recipient and sometimes for use in any eligible patient within that transplant centre. The duty transplant surgeon is always involved but there is variable inclusion of the transplant physicians or the patient in the initial decision to move forward to a transplant. Consequent on this decision, the patient will be called into the transplant unit and the organ will be transported as quickly as possible to allow the procedure to occur.

There is strong evidence of clinician variability in the response to different levels of risk represented by more or less marginal donor organs. This is only natural. There is an accepted level of conservatism or aggression in all clinicians, partly arising from their own personalities, their experience and the results of their recent similar decisions. The rate of turning down donor organ offers, often referred to as decline rates, therefore varies from clinician to clinician and across transplant units.

Donor?

A case, based on a real event but anonymized to avoid identification will be presented and the process that was followed on the night will be laid out.

Members will be able to comment on the steps that were taken and the conclusions that were drawn.

It is hoped that the case presented will illustrate the risk balance that requires review by clinicians and patients on the night of offer.

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