

*Compassionate Communication during
Evaluation for Brain Death / Death by
Neurologic Criteria (BD / DNC)*



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BCM

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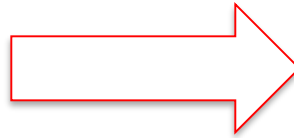
Pediatrics

Disclosures and objectives

- Nothing to declare
- I'm a pediatric intensivist (~ 30 years)
- And a palliative medicine doc (~20 years)
- Difficult but important topic
- Outline:
 - Overview of BD/DNC
 - Focus on our *central* role as palliative care providers

A brief history of BD / DNC

Advances in
Critical Care and
Transplant Medicine
(1940's, 50's, 60's)

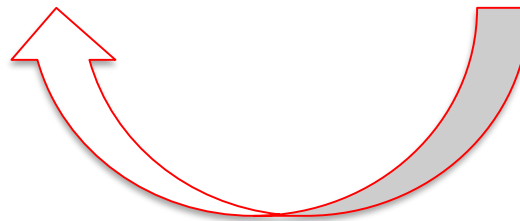


Initial articles

Initiatives

Legislation

World Brain Death Project



World Brain Death Project

- 27 International professional societies
- All continents represented
- Publications in JAMA, other major journals
- *Difficulties in communication identified as areas of special concern and further research*

Greer et al, JAMA 2020

Why is BD / DNC important?

- The number of patients with findings suggestive of BD/DNC will increase
- Misconceptions, and misinformation, abound
- Proper care makes the gift of a life-saving organ donation possible
- Improper care:
 - *Lost opportunities, when donation is an option*
 - *Undignified care of the newly deceased*
 - *Complicated grief, in the bereaved*
 - *Moral distress, in medical teams*

Essential diagnostic elements

- Presence of an insult capable of irreversibly compromising cerebral function and perfusion
- Absence of confounding metabolic, toxic, pharmacologic, and other factors
- Age-appropriate timing and interval of properly performed clinical exam, including apnea testing
- Use of ancillary testing only under special circumstances

Elements tested

- Cortical integration
 - Response to graded stimuli, from light to deeply painful
- Brainstem function
 - Cranial nerve
 - Apnea test

*Ancillary testing in children:
Radionuclide scan, 4-vessel angiography
(exception, rather than rule)*

Palliative Care aspects

Typically, we get called when conflict occurs between the child's parents and family members and the medical teams

- Highly emotionally-charged for all involved:
 - Family : Grief > anger
 - Team : Anger > grief (including moral distress)

Family-related difficulties

- Comprehending the magnitude of what has happened
- Guilt may be a factor
- Family may have been previously traumatized, or handled with insensitivity
- Mistrust

How we help these families

- By *listening* and becoming a supportive, trusted presence throughout the process
- By *reassuring* them that the examination will be followed “to the letter”, and that criteria are more stringent for kids
- By *preparing* them to bear witness to the exams themselves
- And also, by **CONSOLING** :
 - Anticipatory guidance
 - Bereavement care

How we help PICU teams

- We mitigate conflict by teaching primary palliative care
- Listen to stressed colleagues
- Provide opportunities to practice difficult conversations
- Work “behind the scenes” with organ procurement organizations (OPO) unfamiliar with pediatric donors
- Accompany the family during critical moments
 - *Disclosures, other difficult conversations*
 - *Examinations*
 - *Withdrawal of technological support*
- Debriefing

Debriefing difficult cases in PICU

Key elements :

- Timely

- Inclusive

What went well?

What was your role in helping this family?

Future directions – BD / DNC

- Global collaboration towards harmonization
- Clinician education in best practices
 - Avoiding “diagnostic pitfalls”
 - Optimal communication with families
- Improve *all* aspects of communication
- Combat misinformation



Work is love made visible

Khalil Gibran