Dying with Assistance and Organ & Tissue Donation: The Link

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PURPOSE & RESEARCH QUESTION

- Owing to the wide gap between the number of patients who would benefit from transplantation and the availability of organs & tissues, there is a pressing need to explore intentions of healthcare providers to enable a novel organ & tissue donation paradigm in the context of Medical Assistance in Dying (MAiD).
- Purpose: To analyze relationships among attitudes, subjective norms, & perceived behavioral controls of healthcare providers in relation to their intentions to enable controlled Donation after Cardiocirculatory Death (cDCD)
- What is the key statistical predictor(s) of intention to enable cDCD?

BACKGROUND

- Organ & tissue donation & transplantation: a) improve quality of life & survival; b) alleviate healthcare system pressure to increase the number of donors providing substantial cost-savings; c) provide psychological & emotional benefits for families; d) promote quality end-of-life respecting patient autonomy
- cDCD, that is available in palliative care, is a highly complex practice model contingent on MAiD
- Palliative care: a) improves quality of life; b) relieves physical & psychological symptoms; c) enables a peaceful & dignified death; d) supports family during & after the dying process
- MAiD is an ethically charged end-of-life care option that deliberately helps end the life of a terminal patient at their explicit request

PROBLEM & HYPOTHESIS

- Problem lies in the confluence of cDCD & MAiD
  - Traditional palliative care that focused on right to refuse treatment – has evolved to include right to demand treatment
  - Major change in end-of-life posing significant ethical and procedural challenges for clinical decision-making
  - Competing values pit patient autonomy against personnel resistance
  - Prioritize issues in each of the current cDCD & MAiD clinical pathways
  - Risk of diminishing potential donors
- Hypothesis: Healthcare providers’ beliefs may be at odds and we cannot assume that the variables influencing cDCD or MAiD, independently, can explain behavioral consequences when combined into one practice model

LITERATURE REVIEW

- Attitude is a fundamental factor to clinical engagement & uptake of organ & tissue donation
- Inconsistencies in medical & nursing practice that relate to donation conversations
- Philosophical & cultural misalignment between MAiD legislation & the mission & purpose of palliative care
- Considerations of dignity increasingly influence medical decision-making
- Overarching legal, psychosocial & ethical risks (e.g., conflicts of interest)
- Logistics, knowledge, trust & resources among the behavioral controls
- Theory of Planned Behavior seems a relevant model to examine behavioral, normative and control beliefs of cDCD in the MAiD setting within a single framework
- Research varies as to what are key predictors of intention
- Importance of understanding diverse motivations, experiences and perceptions that are influenced by environmental, organizational, societal & psychosocial factors

THEORY OF PLANNED BEHAVIOR

- Behavioral beliefs characterize favorable or unfavorable disposition towards accepting organ & tissue donation as a professional responsibility
- Normative beliefs are perceived as social support or pressure to adopt cDCD in the context of MAiD
- Control beliefs reflect felt capacity to perform cDCD, including self-efficacy & external conditions (e.g., resources or knowledge that impede or enable behavior)
- Key predictor of behavior is influenced by cognitive/affective attitudes, social influences & perceived behavioral controls
- Function of salient information, or beliefs, are relevant to the behavior & considered to be the prevailing determinants of intentions and actions

DESIGN & PARTICIPANTS

- Cross-sectional survey will be used to provide a one-time assessment of healthcare providers’ attitudes, subjective norms, perceived behavioral controls & intentions to enable cDCD in palliative & hospice care
- Convenience sampling of 100 projected Physicians and Registered Nurses working in palliative & hospice care in Alberta Health Services

PROCEDURES

- Ethics approval will be obtained from Health Research Ethics Board (HREB)
- Leadership groups to be identified at each palliative & hospice care site to grant operational approval and provide administrative support
- Information letter & online survey link to be distributed to Physicians and Registered Nurses via their work email

MEASURES & PLANNED ANALYSES

- Measures will include a questionnaire examining: 1) demographics (e.g., age, gender, profession); 2) Theory of Planned Behavior belief sets
- Value to be placed on each belief item using a 5-point forced-choice Likert-type scale
- Using SPSS: 1) Zero Order Correlations to be calculated; 2) Hierarchical Regression Analyses will: a) be used with attitude, norm & control determinants to predict intentions; b) control for demographic variables

IMPACT

- To optimize the donor pool, we may be able to identify points of intervention and future research to help link cDCD to eligible patients who have requested MAiD

REFERENCES

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