

# Organ and tissue donation

Information for family members and loved ones



This publication is protected under the Copyrights Act.  
The source must be stated for quotes. Reproduction of images,  
photographs and illustrations requires the author's permission.

The publication is available as a PDF on the website of Socialstyrelsen.  
The publication can also be produced in alternative formats upon request.  
Send questions about alternative formats to [alternativaformat@socialstyrelsen.se](mailto:alternativaformat@socialstyrelsen.se)

Article no. 2022-6-7960

Print: Elanders Sverige AB, June 2022  
Cover photo: Johnér



MILJÖMÄRKET Trycksak lic nr 3041 0359

## **When a life cannot be saved**

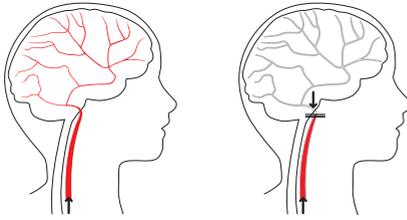
Healthcare professionals do all they can to save lives. However, when life supportive measures are no longer helpful, it may be relevant to discuss organ donation with loved ones. A donation of organs and/or tissues after death can save or improve the lives of others.

## **Honoring a person's wishes**

In cases organ or tissue donation could be possible, it is the healthcare professional's responsibility to find out the patient's wishes regarding potential donation. They start by checking if the patient is registered in the Swedish National Donation Registry (donationsregistret). Also, they ask family members and/or loved ones if they know the patient's wishes regarding donation. The healthcare professionals will do all they can to honor the patient's most recently expressed wishes, whether verbal or written. If no wishes have been made, family members may express the patient's wishes in regards to donation. If the family and/or loved ones believe donation would not go against the person's views, the law states that organs and tissues can be donated. Healthcare professionals honor every aspect of a patient's wishes, including those not to donate after death. In those cases, donation will not take place.

## **Donation is only possible in certain cases**

Organs subjected to prolonged lack of oxygen sustain damages and are not transplantable. Organ donation is only possible when a patient's circulation and breathing is being supported by a ventilator. This is often the case for intensive care unit patients at the end of life. However, tissue donation is possible in cases of prolonged lack of oxygen because tissues do not need to be oxygenated to function after transplantation.



A person is considered deceased once blood circulation in the brain has stopped and all functions of the brain have completely and irreversibly ceased. The conditions in which a person's life ends affect whether and how they can donate.

## Donation after brain death (DBD)

Sometimes death is caused by injury to the brain, such as a blood clot or hemorrhage. Extensive brain damage and swelling can block oxygenated blood from circulating, leading to death. Neurological examinations are conducted to check a person's brain functions which can include advanced imaging of blood vessels in the brain. If the doctors determine after the examinations that all functions of the brain have permanently ceased, the person is declared dead. If the person is on a ventilator, the heart can continue to supply the other organs in the body with oxygenated blood. If the person's wishes were to donate and they are medically suitable, treatment will be continued until the organ procurement surgery is completed. This is to maintain the function of the organs until transplantation. If the person did not want to or cannot donate for medical reasons, all treatment will be terminated. Continuing intensive care is not an alternative to organ donation because the patient's life cannot be saved.

## Donation after cardiac death (DCD)

When a seriously ill patient needs help with breathing and circulation on an intensive care unit they are often sedated and placed on a ventilator. If the patient's life cannot be saved despite life supportive treatment, the doctor in charge will make the decision to stop treatment. However, stopping life supportive measures takes time, while the decision is registered, family members are informed, and the patient's preferences regarding donation are determined. If the patient has declared their wishes to donate and it is medically possible, treatment will continue while the organ procurement surgery is prepared. This is to maintain the function of the organs. After treatment has been stopped and the ventilator has been disconnected, the patient will only be given palliative treatment to help relieve pain and provide comfort care during the end of life. During this process, the doctor will observe their breathing and heartbeat. Once the patient stops breathing and their heart has stopped beating, oxygenated blood is no longer being circulated to the brain. The doctor conducts a clinical examination to determine death. The patient is declared dead when the examination shows that all functions of the brain have stopped. The organ procurement surgery will begin as soon as possible in the surgical ward; otherwise there is a risk the organs will be damaged by lack of oxygen. Continuing intensive care is not an alternative to organ donation because the patient's life cannot be saved.

## **Organs are removed with great care**

Once the patient has been declared dead by a doctor, donation can take place. The organ procurement surgery is carried out with the utmost respect for the donor. The organs to be donated are removed very carefully so they are not damaged. Then the surgical incision is stitched and covered with a bandage.

## **The staff will answer any questions**

At the hospital after the organ procurement surgery, the body of the deceased is prepared for their family to say their last goodbyes. Donation will not delay the funeral, nor will it lead to additional costs. After the death of your loved one, you may have some questions or concerns. A member of the hospital staff will contact you to discuss what happened and answer any questions you may have. If you wish, information about which organs were removed and how the transplants went is readily available. However, the staff are not allowed to disclose who received your loved one's organs. You are welcome to contact the hospital later on as well to find out if the organs are still working in the recipients.

## **Donations save lives**

Transplanted organs and tissues can save the lives of many seriously ill people. In other cases, a transplant can significantly improve a person's health and quality of life. In order for this to be possible, there must be people willing to donate. In Sweden, surveys show that most people are in favor of donating after their death. The kidneys, liver, lungs, heart, pancreas and small intestine are the most commonly transplanted organs. It is also possible to donate and transplant tissues such as skin, corneas, heart valves and bone tissue.



Transplantation enables damaged organs and tissues to be replaced by healthy ones. The kidneys, liver, lungs, heart, pancreas and small intestine are the most commonly transplanted organs. It is also possible to transplant tissues such as skin, cornea, heart valve and bone tissue as well. For that to be possible, there must be people willing to donate organs and tissues after their death.

For more information about donation and how to register your choice: [socialstyrelsen.se/donationsregistret](https://socialstyrelsen.se/donationsregistret)

Organ and tissue donation (article no. 2022-6-7960)  
can be ordered from the National Board of Health and Welfare's  
publication service.

[www.socialstyrelsen.se/publikationer](https://www.socialstyrelsen.se/publikationer)

Email: [publikationsservice@socialstyrelsen.se](mailto:publikationsservice@socialstyrelsen.se)

Fax: +46 35 19 75 29

This publication can also be downloaded from [www.socialstyrelsen.se](https://www.socialstyrelsen.se)