

**Resolution CM/Res(2015)10
on the role and training of critical care professionals in deceased donation**

*(Adopted by the Committee of Ministers on 10 September 2015
at the 1234th meeting of the Ministers' Deputies)*

The Committee of Ministers, in its composition restricted to the representatives of States Parties to the Convention on the Elaboration of a European Pharmacopoeia,¹

Considering that the aim of the Council of Europe is to achieve greater unity between its member States and that this aim may be pursued, *inter alia*, by the adoption of a common action in the health field;

Having regard to the Convention on Human Rights and Biomedicine (ETS No. 164) and in particular to Articles 2, 21 and 22;

Taking into account Resolution Res(78)29 on the harmonisation of legislation of member States relating to removal, grafting and transplantation of human substances and the final text of the 3rd Conference of European Health Ministers (Paris, 16-17 November 1987) and, in particular, Chapter III – Removals, graftings and transplantations of substances from deceased persons;

Having regard to the Additional Protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin (ETS No. 186), January 2002;

Recalling its Recommendation Rec(2003)12 on organ donor registers;

Recalling its Recommendation Rec(2004)7 on organ trafficking;

Recalling its Recommendation Rec(2005)11 on the role and training of professionals responsible for organ donation (transplant “donor co-ordinators”);

Recalling its Recommendation Rec(2006)15 on the background, functions and responsibilities of a National Transplant Organisation (NTO);

Recalling its Recommendation Rec(2006)16 on quality improvement programmes for organ donation defining the need for continuous performance assessment in the process of organ donation;

Recalling the Directive 2010/53/EU of the European Parliament and of the Council of 7 July 2010 on standards of quality and safety of human organs intended for transplantation;

Recalling the conclusions of the Council of the European Union on organ donation and transplantation, adopted in December 2012 and, in particular, the call for member States “to provide for continuous training of professionals involved in deceased organ donation and transplantation, including both donor transplant co-ordinators and staff from intensive and emergency care units” and “to develop and improve, as appropriate, programmes for co-operation with intensive care and emergency care professionals, jointly with national and international professional associations, in order to optimise the identification of potential donors and the realisation of the deceased donation process”;

Recalling Resolution 63.22 of the World Health Assembly on Human Organ and Tissue Transplantation, adopted in May 2010, endorsing the World Health Organization (WHO) Guiding Principles on Human Cell, Tissue and Organ Transplantation;

¹ Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, “the former Yugoslav Republic of Macedonia”, Turkey, Ukraine and United Kingdom.

Recalling the Madrid Resolution on organ donation and transplantation published in June 2011 and produced at the Third WHO Global Consultation on Organ Donation and Transplantation and, in particular, the call for national responsibility in meeting the transplantation needs of patients and the specific recommendations developed at the consultation for fostering professional ownership of self-sufficiency in transplantation at the emergency department and intensive care unit;

Recalling the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, adopted in May 2008;

Considering the large deficit of organs for transplantation and the inability of countries to cope with their current and envisaged transplantation needs;

Considering that organ shortage results in deaths for those on the waiting lists, deterioration in the quality of life of patients in need of an organ transplant and significant costs for healthcare systems;

Considering that organ scarcity is one of the root causes of the unethical practice of trafficking in human beings with the purpose of the removal of organs and of trafficking in human organs;

Considering the critical role of professionals from intensive care units and emergency care departments in identifying possible organ donors and in facilitating the practice of donation after death;

Considering that organ donation should be regarded as an option at the end-of-life, when all efforts to save the patient's life have been exhausted;

Recommends to the governments of States Parties to the Convention on the Elaboration of a European Pharmacopoeia:

- i. to provide a clear legal and ethical framework to guide healthcare professionals caring for potential organ donors. This framework should specify which practices facilitating donation after death are permitted within a given jurisdiction;
- ii. to help ensure, in co-operation with the relevant professional societies, that professionals working in intensive care units and emergency departments receive continuous training from the outset of their clinical practice. This training should include clear and harmonised guidance on the early identification and timely referral of possible organ donors, communication in critical situations and with relatives with a view to presenting the option of organ donation, donor evaluation, determination of death, and donor maintenance;
- iii. to encourage hospitals to incorporate organ donation as a routine activity in intensive care units and emergency care departments, with performance assessment, through quality indicators and audits;
- iv. to encourage the appointment of designated professionals in intensive care units and emergency departments where there is a potential for organ donation. This measure aims at supporting donation after death within those units and at facilitating the appropriate and timely referral of possible organ donors to donor transplant co-ordinators and/or relevant organ procurement organisations;
- v. to support the development of scientific and health services research in the field of donation after death within the intensive and emergency care community.