



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Richard F. Daines, M.D.  
Commissioner

April 17, 2007

Dear Hospital Administrator:

The Department, in conjunction with the New York State Task Force on Life & the Law, has recently reviewed the practice of Donation after Cardiac Death (DCD). DCD is the process by which patients donate their organs and tissue after being declared dead by cardiopulmonary criteria, as opposed to neurologic criteria.

In an effort to address the shortage of organs available for transplant, both the federal government and the Institute of Medicine have recommended the increased use of DCD. The United Network for Organ Sharing (UNOS) has endorsed the development of DCD policies at all transplant centers, and the Joint Commission on the Accreditation of Healthcare Organizations required all hospitals to have a DCD policy in place as of January 1, 2007.

To assist facilities in the development of consistent and appropriate policies, the Task Force analyzed the history of DCD, reviewed available literature, and examined the ethical propriety of DCD. Key points in the ethical analysis include the following:

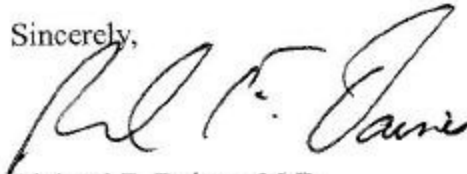
- Decisions to withdraw and withhold life-sustaining treatment should be made independently from any consideration regarding organ and tissue donation;
- Policies should explicitly differentiate the process of withdrawing and withholding life sustaining treatments, the declaration of death by cardiopulmonary criteria, and the retrieval of organs;
- Health professionals with ethical objections to the practice of DCD should be allowed to decline to participate; and
- The provision of compassionate end of life care for the patient, and appropriate support for the family, should be a critical aspect of the DCD protocol.

The Department concurs with the ethical analysis of DCD and accepts each of the recommendations contained in Section III of the report. Specifically, the Department endorses the following:

1. A health care agent, appointed pursuant to Article 29-C of the Public Health Law, is authorized to consent to appropriate pre-mortem DCD procedures (as those procedures are defined in the attached report);
2. The administration of heparin pre-mortem is permissible for DCD; and
3. A 5-minute waiting period between cardiopulmonary arrest and the declaration of death is appropriate for use in DCD protocols.

I urge you to consider the recommendations made by the Department and Task Force in establishing the DCD policy for your facility. If you have any questions, you may contact Kelly Pike, Principal Policy Analyst for the New York State Task Force on Life & the Law, at 212-417-5972 or via email at [kcp02@health.state.ny.us](mailto:kcp02@health.state.ny.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Richard F. Daines". The signature is fluid and cursive, with the first name being the most prominent.

Richard F. Daines, M.D.  
Commissioner  
New York State Department of Health

Enclosure