**PREPARING FOR THE FAMILY INTERVIEW**

**GROUND: Establishing an aid relationship with family members**

Triad: Respect, Empathy, and Authenticity

**READ THE ACTIONS BELOW CAREFULLY BEFORE EACH STEP OF THE FAMILY INTERVIEW**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1. **Arranging the location of the interview** | - Well-ventilated place or room
- Restricted access (avoid interferences)
- Enough space and chairs for all participants
- No barriers between interviewer and interviewee (e.g., table, chairs, etc.)
- Facial tissues and water are available
- Phones are turned off |
| 2. **Defining the interview participants** | - ICU physician
- Transplant co-ordinator and/or ICU nurse are present
- 1st*/2nd** degree relatives or legally authorised representative***

*1st degree relatives: father, mother, children, full siblings;
**2nd degree relatives: grandparents, grandchildren;
***Legally authorised representative: Surrogate/ judicial (documented)¹ |
| 3. **Reviewing the components of non-verbal communication** | - Have all family members sitting down
- Leave land-line phones off the hook and turn off mobile phones
- Avoid crossing your arms or legs |
- Have a trustful look and a serene expression
- Speak in a gentle voice
- Speak in a fine cadence, use pauses
- Tolerate periods of silence
- Give full attention to what family members say, “Listen more and talk less”

4. Reviewing the components of verbal communication

- Greet everyone and introduce yourself
- Refer to the patient by his/her name
- Find out what the family knows about the case
- Ask family members what they want to know
- Summarise previous clinical data
- Use simple language, avoid unnecessary technical jargon
- Make your message clear, keep it short
- Acknowledge emotions and negative reactions
- Avoid expressions like “do not cry”, “keep calm”, “I know how you feel”

---

**STEP 1 - FIRST FAMILY CONFERENCE**

**COMMUNICATING THE ESTABLISHMENT OF A BRAIN DEATH PROTOCOL – 1st clinical examination**

<table>
<thead>
<tr>
<th>Key points of the first conference</th>
<th>The ICU physician is responsible for communicating about the possibility of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communicate the possibility of brain death to the family</td>
</tr>
</tbody>
</table>
- **DO NOT** talk about donation

- Inform that **further tests** will be performed

  □ **Review** and **confirm** that the family understands what a suspected death is and that further tests will be performed

  □ **Make sure** the family knows how to reach you for questions

---

**STEP 2 - SECOND FAMILY CONFERENCE**

**COMMUNICATING THE BRAIN DEATH** – after 2 clinical tests and neuro-imaging evidence

| Key points of the second conference |  
|-------------------------------------|---|
| □ **The ICU physician is responsible for** communicating about the confirmation of brain death |  
| □ **Communicate the confirmation of brain death to the family** |  

- Preferably use the word ‘death’ instead of the expression ‘brain death’. (despite all efforts, unfortunately your loved one died...)

□ **DO NOT** talk about donation

□ **Wait silently** for the family’s reactions and needs

□ **Review** and **confirm** that the family understands that the patient is dead

□ **Ask the family** if they have any questions

**IMPORTANT:** “Proceed to STEP 3 only after making sure that the family understands the death”

---

**STEP 3 - THIRD FAMILY CONFERENCE**
INTERVIEW FOR MULTI-ORGAN DONATION - after the family’s understanding of the death

Key points of the third conference

Person leading the interview:

- 1st option: IHTC/OPO member
- 2nd option: ICU physician or nurse

Aspects of the interview

- Check whether the family understands the meaning of the diagnosis of brain death (understands that their loved one is dead)
- Explain to the family that the death occurred under circumstances that allow them to help other people by means of organ donation
- Ask the family if their loved one had expressed a wish in life to be an organ donor
- Offer the family, in view of this special situation, the opportunity to discuss about the possibility of organ donation (it is optional)
- Make sure the family knows how to reach you for questions

STEP 4 - PLANNING THE APPROACH ACCORDING TO THE FAMILY’S DECISION

- Obtain the Family Consent Form, fully and correctly completed
- Complete the death certificate

- Evaluate the possibility of a rescue interview for donation after family conflicts have been resolved

- Consider withdrawing therapeutic support “The physician is legally and ethically entitled to withdraw therapeutic support, including mechanical ventilation, and release the body to the family.”

- Complete the death certificate

---

**DEATH CERTIFICATE or FORENSIC MEDICAL EXAMINATION**

**ICU physician’s responsibility**

<table>
<thead>
<tr>
<th>□ NON-VIOLENT DEATH</th>
<th>□ VIOLENT DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Complete the “Death Certificate” including the date and time of death and the data of the last examination performed (2nd clinical examination) or neuro-imaging evidence.</td>
<td>- Complete the “Forensic Medical Examination Referral Form” including the date and time of death and the data of the last examination performed (2nd clinical examination) or neuro-imaging evidence.</td>
</tr>
<tr>
<td></td>
<td>- Request the Forensic Medical Institute for AUTHORISATION TO REMOVE ORGANS OR TISSUES</td>
</tr>
</tbody>
</table>

---

1 Brazilian Federal Law No. 10211 of March 23, 2001;