
PREPARING FOR THE FAMILY INTERVIEW

GROUNDS: Establishing an aid relationship with family members

Triad: Respect, Empathy, and Authenticity

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

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|--|---|
| 1. Arranging the location
of the interview | <input type="checkbox"/> Well-ventilated place or room

<input type="checkbox"/> Restricted access (avoid interferences)

<input type="checkbox"/> Enough space and chairs for all participants

<input type="checkbox"/> No barriers between interviewer and interviewee
(e.g., table, chairs, etc.)

<input type="checkbox"/> Facial tissues and water are available

<input type="checkbox"/> Phones are turned off |
| <hr/> | |
| 2. Defining the interview
participants | <input type="checkbox"/> ICU physician

<input type="checkbox"/> Transplant co-ordinator and/or ICU nurse are present

<input type="checkbox"/> 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 |
| <hr/> | |
| 3. Reviewing the
components of non-verbal
communication | <input type="checkbox"/> Have all family members sitting down

<input type="checkbox"/> Leave land-line phones off the hook and turn off
mobile phones

<input type="checkbox"/> Avoid crossing your arms or legs |
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- 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

Key points of the first conference

- The ICU physician is responsible for communicating about the possibility of death**
- Communicate the possibility of brain death to the family**

- **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

**FAMILY CONSENT FOR
DONATION**

**FAMILY REFUSAL FOR
DONATION**

- 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.”²

- Complete the death certificate

DEATH CERTIFICATE or FORENSIC MEDICAL EXAMINATION

ICU physician’s responsibility

□ NON-VIOLENT DEATH

- 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.

□ VIOLENT DEATH

- 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.

- Request the Forensic Medical Institute for **AUTHORISATION TO REMOVE ORGANS OR TISSUES**

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

² Brazilian Federal Board of Medicine – Resolution No. 1826 of December 6, 2007.