

Pilot Study to Explore Ethical Issues and Stakeholder Trust in the Use of Normothermic Regional Perfusion in Organ Donation in Canada; preliminary interview guides, V2

Area	Questions, sub-questions, prompts	DF/R	Inst'l	HCP	
Understanding	1. What is your understanding of NRP?				
	1.1 What do you understand to be the difference the between A-NRP and TA-NRP?				
	1.2 What do you understand to be the main purpose of NRP?				
	1.3 What do you understand to be the reasoning behind why researchers think NRP may be useful for increasing the organ supply?				
	1.4 What do you understand to be the reasoning behind why researchers think NRP may be useful for improving organ function in recipients?				
	1.5 What do you understand about brain death and NRP?				
	2. What is the hardest thing to understand about NRP?				
	2.1 How could NRP be better explained?				
	2.2 Visuals? Diagrams? More anatomical detail? Less?				
	3. What do people need to know about NRP procedures?				
	3.1 At what point is the level of detail too much?				
	4. When considering your understanding of NRP, what has been the most difficult thing to put into words?				
	Ethics	1. Do you see organ recovery after NRP as being ethically different than organ recovery without NRP? Why?			
		1.1. Do you feel differently about organ recovery after NRP than you do about organ recovery without NRP?			
1.2. Is it acceptable to recover organs from a donor after NRP? Why or why not?					
2. What are the ethical issues you see with NRP?					
2.1 How do these ethical concerns make you feel?					
2.1 What could be done to alleviate your concerns?					
3. What, if any, are the ethical differences between A-NRP and TA-NRP?					
3.1 Is one of these forms of NRP more acceptable than the other? Why or why not?					
3.2 What could be done to alleviate your concerns?					
4. In TA-NRP, the heart starts beating on its own. In your mind, what are the ethical implications of this?					
4.1 Do you have concerns about this aspect of TA-NRP?					
4.2 What are the implication of the beating heart for the dead donor rule?					

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4.3 How does this aspect of TA-NRP make you feel?			
4.3.1 Is it acceptable to recover organs from a donor whose heart is beating because of NRP?			
4.3.2 Is it acceptable to recover the heart from a donor who has undergone NRP?			
5. Both forms of NRP involve clamping arteries to prevent blood flow to the brain. From your perspective, what are the ethical implications of this?			
5.1 Clamping the arteries to the brain is done to make sure the donor's brain does not regain any function from resumption of blood flow. In your mind, what are the implications of this?			
5.2 If some blood made it to the brain, but not enough to restore brain function, would this have implications for your feelings about NRP?			
6. In DCD, death is declared based on the cessation of circulation/blood has stopped circulating. In NRP circulation is artificially restored. Does this raise ethical concerns for you?			
6.1 What implications does the restoration of circulation have for the dead donor rule?			
6.2 Some people wonder if the donor is really dead when circulation is resumed within the donor's body. How do you feel about this?			
6.3 Some people wonder if the donor is really dead when the heart starts beating again during NRP. How do you feel about this?			
7. Most DCD donors who have registered for organ donation will not have known about NRP. Do you think special consent be required?			
7.1 Should NRP be considered a routine aspect of DCD?			
7.2 How do you think NRP should be included in our consent procedures? (how do you think it should impact the way we do consent?)			
7.3 Who should provide consent, if required?			
7.4 If consent is required from surrogates, what level of detail is required to be shared with them? How much information is too much?			

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	8. In some places in Europe, doctors insert a tube into an artery of the DCD donor before they have died to allow the organ recovery team to start NRP very soon after death. Do you see this as problematic? Why or why not?			
	8.1 Would this practice be acceptable if surrogates consented on behalf of the donor?			
	9. Are there any further comments you would like to make about the ethical aspects of NRP?			
	9.1 Issues not discussed that raised concerns?			
	9.2 In thinking about the ethical issues in NRP, what has been the most difficult thing to put into words?			
Trust	1. Suppose policy makers decided to implement NRP. How would you feel?			
	1.1 Why do you think you would feel this way?			
	2. What aspects of NRP would have the most impact on your sense of trust in donation and transplantation?			
	2.1 Utilitarian? Not respectful to the body of the deceased?			
	3. How could NRP be implemented in Canada in a way that maintains trust in donation and transplantation?			
	3.1 Consultation? Education? Media?			
	4. Transparency is important for maintaining trust in donation and transplantation. How can NRP be implemented in a transparent way?			
	4.1 What does transparency look like?			
	4.2 At what point is information too much information, when it comes to NRP?			
	5. What changes to the NRP process would help to alleviate any impacts on your sense of trust in donation and transplantation?			
	5.1 What would you advise policy makers with respect to NRP's implementation?			
	6. Is there anything else you would like to add? Is there something that has been difficult to put into words?			

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**Focus group semi-structured guide questions and prompts – Health care providers**

***NRP pilot study***

Prior to beginning the interview, the interviewer will ask the participant: *“Before we begin the interview, are there any questions you have for me about anything you saw in the video?”*

**Understanding**

1. Please discuss amongst yourselves what you understand NRP to be.
2. What is the hardest thing for HCPs to understand about NRP?
3. What do laypersons, such as registered donors, patients, and their families, need to know about NRP?
4. How should NRP be explained to laypersons?

**Ethics**

1. Please discuss amongst yourselves what the ethical issues in NRP are. What comes to mind?
2. What, if any, are the ethical differences between TA-NRP and A-NRP?
3. Is organ recovery after NRP ethically different than organ recovery after the standard DCD process?
4. Is organ recovery after NRP ethically different than organ recovery after donation after brain death?
5. What are the implications of NRP for the dead donor rule?
6. Are there ethical implications to the ligation or occlusion of arteries to the brain?
7. In TA-NRP, the heart starts beating on its own. Are there ethical implications to this?
8. Some people wonder if the donor is really dead when circulation is resumed within the donor’s body. Please discuss this idea amongst yourselves.
9. Most DCD donors who have registered for organ donation will not have known about NRP. Is this problematic?

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10. Is specific consent for NRP required, in addition to consent to DCD?

**Trust**

1. Suppose policymakers were to implement NRP. What do you think the reaction of HCPs would be?
2. If it were to go ahead, what would the adoption of NRP need to look like to preserve trust in donation?
3. Transparency is important for maintaining trust in donation and transplantation. How can NRP be implemented in a transparent way?
4. Please discuss amongst yourselves whether NRP ought to be adopted in Canada.
5. Is there anything else you would like to add? Is there something that has been difficult to put into words?

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