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“Updated Brain Death Criteria and Organ Donation—What Do the Providers Think?”

Introduction: Alterations to the brain death exam criteria have been made by the American Academy of Neurology (AAN). One of the changed criteria is conducting one brain death exam compared to two exams. While state laws and hospital policies vary throughout the nation, studies have failed to elucidate a benefit of two brain death exams compared to one exam. Our focus is to assess critical care physician and surgeon opinions regarding these changes in the number of brain death exams.

Methods: This study was a cross-sectional survey conducted using REDCap. The survey was distributed by the American Association for the Surgery of Trauma (AAST). The questions included in the survey primarily assessed position in healthcare, demographic information, and provider knowledge and opinions of current brain death guidelines, as well as attitudes and trust towards one compared to two brain death exams. This study was approved by the IRB at LSUHSC-New Orleans.

Results: There were 56 respondents for the survey. 87.5% (49) were Critical Care Specialists or Trauma Surgeons, 9% (5) were neuro-critical care specialists/neurosurgeons, and 3.6% (2) were surgical fellows. 62.5% (35) were male and 37.5% (21) were female. 80.4% (45) worked in an academic setting and 19.6% (11) worked in a community setting. 91.1% (51) respondents worked in an urban setting and 8.9% (5) worked in a rural setting. Regarding the race of the respondents, 82.1% (46) were White, 0% (0) were Native Hawaiian or Pacific Islander, 5.4% (3) were Asian, 1.8% (1) was Black, 1.8% (1) was American Indian or Alaskan Native, and 5.4% (3) were of other race. The amount of interaction with brain dead patients by the respondents was distributed as follows: minimal (<1 time per month), 21.4% (12); moderate (1-2 times per month), 51.8% (29); and frequent (>2 times per month), 26.8% (15). Regarding the respondents' awareness of the updated guidelines, 73.2% (41) were previously aware of the updated brain death exam guidelines, 10.7% (6) were not aware of the updated guidelines, and 16.1% (9) were mostly aware of the updated guidelines but did not know it specified only one exam was necessary. Regarding confidence in one brain death exam, 78.6% (44) were mostly or very confident, 10.7% (6) were neutral, and 10.7% (6) were not or slightly confident.

Discussion/Conclusion: Of the respondents, the majority were previously aware of the updated brain death exam guidelines, and most were very confident in the use of one exam. Further study will analyze the respondents' opinions on routinely using one brain death exam instead of two exams. Limitations to this survey study include the small sample size and limited number of specialties represented. Future directions include increasing the sample size by distributing this survey to other national societies.