

Updated Brain Death Criteria and Public Trust—What Do the Providers Think?

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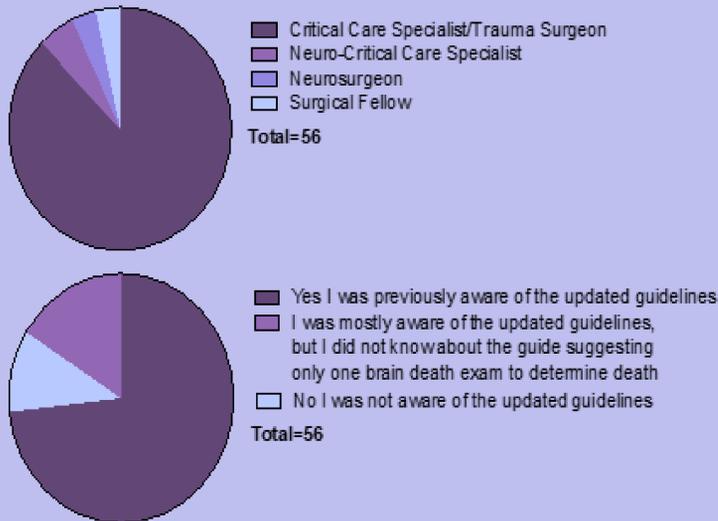
Introduction

- Brain death exam criteria has been changed by the American Academy of Neurology (AAN)
- One brain death exam is now recommended as compared to two exams
- State laws and hospital policies vary on the use of one or two exams
- Studies have failed to elucidate a benefit of two brain death exams

Objective

Our focus is to assess critical care physician and surgeon opinions regarding this change

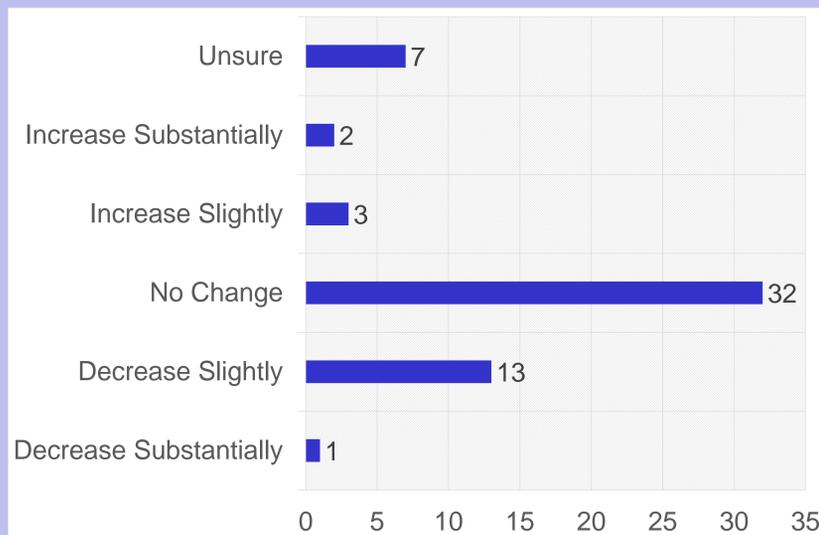
Healthcare Position Of Survey Responders and Awareness of Updated Brain Death Exam Guidelines



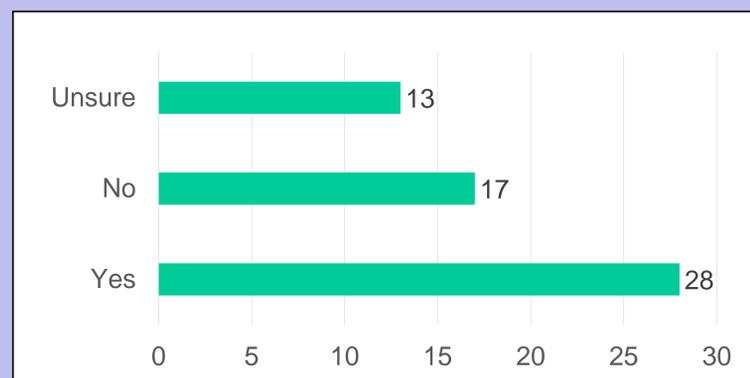
Methods

- Cross-sectional survey conducted using REDCap
- The survey was distributed by the American Association for the Surgery of Trauma (AAST)
- The questions assessed the following:
 - Position in healthcare
 - Demographic information
 - Knowledge and opinions of current brain death guidelines
 - Attitudes and trust towards one compared to two brain death exams
- This study was approved by the IRB at LSUHSC-New Orleans

Opinions on the Impact the Number of Brain Death Exams Could Have on Patient Trust



Opinions On Whether State or Hospital Policies on the Required Number of Brain Death Exams Should Be Challenged



Results

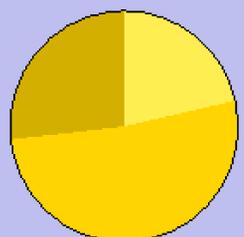
- Most were critical care specialists/trauma surgeons (87.5%)
- Male respondents (62.5%) vs. female respondents (37.5%)
- Most worked in an academic setting (80.4%)
 - Community setting (19.6%)
- Most worked in an urban setting (91.1%)
- Most were White (82.1%)
- Most interacted with brain dead patients 1-2 times a month (moderate interaction) (51.8%)
 - Minimal (21.4%)
 - Frequent (26.8%)
- Most were previously aware of the updated guidelines (73.2%)
 - Not aware (10.7%)
 - Aware but not of the switch to one exam (16.1%)
- Most were confident in conducting only one brain death exam (78.6%)
 - Neutral (10.7%)
 - Not confident (10.7%)

48.3% of providers believe hospital and state policies should be challenged. 55.2% believed such a change would not impact patient trust with providers.

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.

Exposure to Brain Death



Confidence in the Brain Death Exam

