

10A NCAC 13B .5502 INDEPENDENT DONOR ADVOCATE TEAM

(a) The facility shall appoint an Independent Donor Advocate Team (IDAT) whose sole purpose is to represent and ensure the well-being of the potential donor, making sure he or she is aware of the risks and benefits of donation and that the choice to donate is voluntary. The IDAT shall ensure the potential donor learns about the entire donation process. This would include the selection of recipients for the transplant, the procedures to be employed for both the donor and recipient, and possible outcomes. Sufficient time for the discussion, supplemented with written materials, must be allowed for comprehension and assimilation of the information about transplantation and the ramifications of donation. Written and verbal presentations shall be in language in accordance with the person's ability to understand.

(b) The IDAT shall consist of a physician, a clinical transplant coordinator, and a social worker or qualified mental health professional as defined in Rule .5202(k) of this Subchapter. The physician shall be the leader of the IDAT. The IDAT members shall have experience in organ transplantation processes and programs and shall be able to act for the interests of the potential donor independent of any financial or facility influence. Based on the outcome of the evaluation of the potential donor pursuant to Rule .5504 of this Section, if the IDAT determines any potential donor is unsuitable for donation, it shall provide the reasons both verbally and in writing.

(c) In order to ensure the well-being of the potential donor, the IDAT shall:

- (1) Protect and represent the interests of the potential donor;
- (2) Make it clear to the potential donor that the choice to donate is entirely his or hers;
- (3) Inform and discuss with the potential donor the medical, psychosocial and financial aspects related to the live donation;
- (4) Explain to the potential donor the evaluation process, what it means and his or her option to stop at any time;
- (5) Determine the intellectual and emotional ability of the potential donor to understand the legal and ethical aspects of informed choice;
- (6) Assess if the potential donor has understood the risks and the benefits and how they impact on his or her own core beliefs and values; and
- (7) Identify for the potential donor resources that will be available to provide continuous care during hospitalization and referrals in medicine, psychiatry or social work, which may be needed or required following discharge.

*History Note: Authority G.S. 131E-75; 131E-79; 143B-165;
Eff. May 1, 2006;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22, 2017.*