Recommendations on Living donation High Quality Practices
This compilation of recommendations on the process of living organ donation was produced in the context of the development of LIDOBS project. LIDOBS is a group of international experts on living donation with the worry and interest to join efforts to improve the quality of the procedure as well as to establish international consensus in order to protect living donors’ health and safety through research activities.

On November 6-7th 2014, in Barcelona, Spain was held LIDOBS Conference, the International Conference on Living Donation- High Quality practices. This Conference brought together more than 100 participants representing more than 30 countries from Europe, Asia, America and Africa who discussed and defined consensus on the safety, transparency and quality of Living Donation programs.

The actions consented during the conference are described in this informative leaflet aiming to be helpful for all those transplant centers with living donation programs in order to achieve practices at high quality!
LIDOBS CONSENSUS ON LIVING ORGAN DONATION PROGRAMMES TO GUARANTEE THE QUALITY, SAFETY AND TRANSPARENCY

WG1: Ethical and legal aspects
WG2: Living donor protection
WG3: Kidney living donor follow-up
WG4: Liver living donor follow-up
WG5: Living donor registry
WG6: Quality indicators and certification

VALUES
- Safety
- Quality
- Transparency

LEVEL OF REQUIREMENT
- Excellence
- Advisable
- Compulsory
ETHICAL AND LEGAL ASPECTS

1. Commitment to non-commercialization of living organ donation.
   - Compulsory

2. Development of binding guidelines for transplant centers and professionals regarding the selection and follow-up of living organ donors.
   - Excellence

3. Development and provision of quality indicators for transplant centers regarding living organ donation.
   - Excellence

4. Empowerment and training of transplant professionals (all involved disciplines) and medical students in the ethics of living organ donation.
   - Advisable

5. Clear legislation and policy for non-resident living organ donors.
   - Advisable

6. Legislation and policy to protect living organ donors from discrimination in issues related to employment and health insurance.
   - Excellence

LIVING DONOR PROTECTION

7. It is highly recommended for the donor to undergo a psychosocial evaluation before selection and donation. After donation, healthcare services should always be made available and regular evaluations should be made.
   - Excellence

8. Valid consent signed by the donors after interviews with / confirmed by an independent donor advocate not involved in the recipient care.
   - Compulsory

9. The living organ donation should be cost-neutral, and the living organ donor should not be subjected to any prejudice detrimental to employment, insurance coverage or obtaining credit loans/mortgages.
   - Compulsory
10. Donor education should be carried out by high quality practice transplant institutions, who will provide the educational resources and tools. Harmonizing the tools between the different centers is recommendable.

11. Short- and long-term medical follow-up of living kidney donors is mandatory after living kidney donation.

12. Psychosocial follow-up of the living kidney donor is mandatory in high quality practice transplant programs. Psychosocial short-term follow-up is mandatory, and long-term follow-up is recommended in donors and/or recipients with high medical or psychological stress levels.

13. The most important factor in a good donor outcome after living liver organ donation is the preoperative evaluation; a thorough psycho-social, anatomical and medical evaluation of each potential donor by an impartial team is essential.

14. In the immediate post-operative period, frequent laboratory analysis and imaging of the remnant liver should be performed to ensure appropriate recovery and the absence of early biliary and vascular complications.

15. The minimum medical follow-up for living liver donors should be one year. It should include patient interviews, physical examinations, laboratory tests and ultrasounds, and psychological examinations at 1, 3, 6 and 12 months. These evaluation elements should always be available to the living organ donors after one year post-donation, with particular attention to psychosocial follow-up, which should be available for life.
LIVING DONOR REGISTRY

17. Registration of all living organ donors is mandatory, and adequate donor follow-up is necessary for the purpose of traceability, safety, and transparency of activities and outcomes of living donor procedures performed within all EU member states. Such a follow-up using a registry is the tool to protect living organ donors, and also it is useful to the scientific community to learn more about living organ donations from experience over time.

18. Collection of living organ donor data must use an installed central database system, accessible by appropriately authorized persons complying with legal requirements for data protection. Preferably these will be the clinical professionals performing the living organ donor procedure and/or specifically trained staff.

19. A regulatory audit is mandatory and data should be monitored on a national state level as well as on an institution level.

QUALITY INDICATORS AND CERTIFICATION

20. A quality management system in living organ donation is recommended: to provide more efficient and standardized care for living organs donors; ensure detection of safety issues; and improve outcomes.

21. Written up-to-date protocols to evaluate health status, donor-recipient immunology, and organ compatibility regarding the evaluation, surgery, and short- and long-term follow-up after donation should be available.

22. All living organ donor transplant programs should keep an up-to-date donor registry and collect, analyze and report the data on short- and long-term outcomes as well as complications of living organ donors during the recommended follow-up.
**EULID (2007-2010)**
Analysed the current European situation regarding legal, ethical, protection and registration practices related to living organ donation, in order to set standards and recommendations that guarantee the living donor health and safety.

**ELPAT Congresses (2007, 2010 and 2013)**
ELPAT Congresses bring continuity and progress in European research and dialogue on Ethical, Legal and Psychosocial Aspects of organ Transplantation of the European Society for Organ Transplantation (ESOT). It aims to integrate and structure this field of science by bringing together European professionals from different disciplines.

**EULOD (2010-2012)**
Aimed to establish an inventory of living donation practices in Europe, explore and promote living donation as a way to increase organ availability, and write recommendations that improve the quality and safety of living organ donations in Europe.

**ELIPSY (2010-2012)**
Aimed to contribute in guaranteeing the good quality of organ living donation for transplant through a living donor long-term psychosocial and quality of life follow-up. The recipient’s outcome was correlated to these aspects and a follow-up methodology was created.

**COORENOR (2010-2012)**
The objective was to establish a coordinated network between national programmes existing in the participating European Member States in the field of organ transplantation. It coordinated efforts of countries from Eastern and Western Europe, all having different approaches and programmes to tackle the issues of organ procurement and transplantation.

**ODEQUUS (2010-2013)**
ODEQUUS specific objectives were to identify Quality Criteria (QC) and to develop Quality Indicators (QI) for hospital level, in three types of organ donation: after Brain Death (DBD), after Circulatory Death (DCD) and Living Donation. Those tools are useful for hospitals self-assessment, external evaluation as well as for developing a European auditing model.

**LIDOBS Conference (2014)**
Exchange experience and knowledge on Living Donation programs in order to assure safety, quality and transparency of the procedures and high quality standards. The conference intended to set up a community of experts in Living Donation Programs named LIDOBS that will continue to expand and increase the knowledge on the donation and transplantation procedures.

**HOTT project (2012-2015)**
Combating trafficking in persons for the purpose of organ removal: an international research project aims to increase knowledge and information, raise awareness about the crime and to improve the non-legislative response to such a crime.

**ACCORD (2012-2015)**
ACCORD intends to improve the potential of Member States in the field of organ donation and transplantation and to contribute to the effective implementation of the EU Directive 2010/53/EU and the EU Action Plan on Organ Donation and Transplantation (2009-2015). The work on living donation helps creating a common methodology for registers of living donors.
OUR GRATITUDE GOES TO ALL PARTICIPANTS WHO WERE INVOLVED IN ALL THE STAGES OF LIDOBS CONFERENCE

More than 100 professionals from more than 50 institutions linked to living donation transplant programmes in 31 countries. A very special thanks go out to all the living donors and recipients who supported us and participate in this initiative.

LIDOBS Conference also provided a valuable networking opportunity and set the stage for further cooperation among transplant centers in Europe and beyond, including countries at different levels of living donation activities. The LIDOBS Network was consolidated!

LIDOBS shall function as a platform where international professionals actively working in daily clinical practice in living donation can exchange knowledge, networking, get engaged in discussions, and set working priorities following the values of safety, quality and transparency in living organ donation.

As a cross-disciplinary network, our thematic area of interest is focused on six main strands.

LIDOBS Network is characterized by territorial representation and is open to all stakeholders involved in living donation process.