Recommendations for High Quality Practices in Living Donation
These recommendations on best practice for living organ donation were developed by the Living Donor Observatory (LIDOBS). LIDOBS is a group of international experts who agreed to improve the quality of living donation, and to foster research and international consensus on strategies to protect living donors’ health and safety.

This informative leaflet describes the final recommendations agreed during the International Conference on Living Donation-High Quality Practices (LIDOBS) held in Barcelona, Spain on November 6-7th, 2014. This Conference brought together more than 100 participants representing greater than 30 countries from Europe, Asia, the Americas and Africa who discussed and defined consensus on the safety, transparency and quality of Living Organ Donation programmes.
LIDOBS consensus on living organ donation programmes to guarantee quality, safety and transparency in living organ donation

1. Ethical and legal aspects
2. Living donor protection
3. Kidney living donor follow-up
4. Liver living donor follow-up
5. Living donor registry
6. Quality indicators and certification

VALUES
- Safety
- Quality
- Transparency

LEVEL OF REQUIREMENT
- Excellence
- Advisable
- Compulsory
1. Commitment to non-commercialization of living organ donation.

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

3. Development and provision of quality indicators for transplant centres regarding living organ donation.

4. Empowerment and training of transplant professionals and students from all involved disciplines in the ethics of living organ donation.

5. Legislation and policy to protect non-resident living organ donors.

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

7. It is highly recommended that donors undergo psychosocial evaluation prior to selection and donation. After donation, healthcare services should always be available and regular evaluations should be performed.

8. Valid written informed consent should be given after the donor has been interviewed and approved by an independent donor advocate who is not involved in the recipient care.

9. Living organ donation should be cost-neutral. The living organ donor should not be subjected to any prejudice detrimental to employment, insurance coverage, or obtaining of credit, loans or mortgages.
10. Donor education should be performed by transplant institutions that provide high quality educational resources and tools. Harmonizing tools between different centres is recommended.

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

12. Psychosocial follow-up is mandatory in the short-term, and long-term follow-up is recommended for donors and/or recipients with high medical or psychological stress levels.

13. The most important factor for good living liver organ donor outcomes 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 analyses 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 period for medical follow-up of living liver donors should be one year. Follow-up should be performed at 1, 3, 6 and 12 months, and include patient interviews, physical examinations, laboratory tests and ultrasounds, and psychological examinations. These resources should also be available if needed by living organ donors after the first post-donation year. In particular, psychosocial follow-up should be available for life.
16. Registration of all living organ donors is mandatory, and adequate donor follow-up is necessary for the purposes of traceability, safety, and transparency of activities and outcomes of living donor procedures performed within all EU member states. A donor follow-up registry can help to protect living organ donors, and be a mechanism through which the scientific community can learn more about living organ donation.

17. Collection of living organ donor data must be through a central database system that is accessible to appropriately authorized persons, and compliant with legal requirements for data protection.

18. Regulatory audits are mandatory and data should be monitored on both national and institutional levels.

19. A specifically purposed, carefully designed registry of living kidney and liver donors is recommended to foster accurate assessments of the living donor experience.

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

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

22. All living organ donor transplant programmes should maintain an up-to-date donor registry, and collect, analyse and report data on short- and long-term outcomes and complications of living organ donation.
### Examples of EU-Funded Projects on Living Donation

<table>
<thead>
<tr>
<th>Year</th>
<th>Project Name</th>
<th>Duration</th>
<th>Description</th>
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<tbody>
<tr>
<td>2007</td>
<td>EULID</td>
<td>(2007-2010)</td>
<td>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.</td>
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<td>2010</td>
<td>ELPAT Congresses (2007, 2010 and 2013)</td>
<td></td>
<td>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.</td>
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<tr>
<td>2010</td>
<td>EULID</td>
<td>(2007-2010)</td>
<td></td>
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<tr>
<td>2012</td>
<td>EULOD, ELIPSY, ODEQUS</td>
<td>(2010-2012)</td>
<td>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.</td>
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<tr>
<td>2012</td>
<td>ODEQUS (2010-2013)</td>
<td></td>
<td>ODEQUS 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.</td>
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<tr>
<td>2013</td>
<td>cooRenoR</td>
<td>(2010-2012)</td>
<td>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.</td>
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<td>2014</td>
<td>LIDOBS Conference (2014)</td>
<td></td>
<td>Exchange experience and knowledge on Living Donation programmes 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 Programmes named LIDOBS that will continue to expand and increase the knowledge on the donation and transplantation procedures.</td>
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<tr>
<td>2015</td>
<td>HOTT project</td>
<td>(2012-2015)</td>
<td>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.</td>
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</table>
OUR GRATITUDE IS EXTENDED TO THE PARTICIPANTS WHO WERE INVOLVED IN ALL STAGES OF LIDOBS CONFERENCE

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

LIDOBS Conference also provided a valuable networking opportunity and set the stage for further cooperation among transplant centres in Europe and beyond, including countries at different levels of living donation activities. LIDOBS shall function as a platform where international professionals, actively working in the clinical practice of living donation, can exchange knowledge, network, engage in discussions, and set priorities following the values of safety, quality and transparency in living organ donation.

As a multidisciplinary network our thematic area of interest is focused on six main areas, represented in the Conference by the six working groups (WG).

JOIN LIDOBS NETWORK
Experience, research and consensus

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

JOIN US! http://lidobs.eulivingdonor.eu
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Agence de la Biomédecine- France
Antalya Medicalpark Hospital- Turkey
Beaumont Hospital- Ireland
Bulgarian Center for Bioethics- Bulgaria
Centro Hospitalar do Porto- Portugal
Centro Nazionale Trapianti- Italy
Charité Universitätsmedizin Berlin- Germany
Complexo Hospitalario Universitário A Coruña- Spain
Council of Europe- France
Dutch Transplantation Foundation- The Netherlands
ELPAT- Ethical, Legal and Psychosocial Aspects of Organ Transplantation
Erasmus MC University Hospital Rotterdam- The Netherlands
Foundation for Transplant- Romania
Fundació Puigvert- Spain
Gesundheit Österreich GmbH- Austria
Hôpital Foch- France
Hospital 12 de Octubre- Spain
Hospital Clinic de Barcelona- Spain
Hospital de Bellvitge- Spain
Hospital del Mar- Spain
Hospital Fernando Fonseca- Portugal
Hospital Germans Trias i Pujol- Spain
Hospital Sant Joan de Deu- Spain
Hospital Vall d’Hebron- Spain
Institute for Clinical and Experimental Medicine- Czech Republic
Instituto Português do Sangue e da Transplantação- Portugal
Instituto Português do Sangue e da Transplantação- Portugal
Irish Kidney Association- Ireland
Italian National Transplant Centre- Italy
Karolinska University Hospital- Sweden
Kidney and Pancreas Transplantation, University of Wisconsin- USA
King Faisal Specialist Hospital Riyadh- Kingdom of Saudi Arabia
Kobe University Hospital- Japan
Medicalpark Antalya Hastanesi- Turkey
Ministry of Health of Cyprus- Cyprus
Mount Sinai Hospital- USA
National Liver Transplant Program- Egypt
National Organ Donation and Transplantation Office- Ireland
Nederlandse Transplantatie Stichting- The Netherlands
Nephrology S.A.- Instituto de Nefrología de Buenos Aires- Argentina
New York Presbyterian- Weill Cornell Transplant Program- USA
NHS Blood and Transplant- United Kingdom
Nicosia General Hospital- Cyprus
Organización Catalana de Trasplantamientos- Spain
Organización Nacional de Trasplantes- Spain
Oslo University Hospital- Norway
Poltransplant- Poland
Sahlgrenska University Hospital- Sweden
Slovenija Transplant-Slovenia
Turkish Transplant Foundation- Turkey
UK Transplant- United Kingdom
University Hospital Duisburg Essen- Germany
University Multiprofile Hospital for Active Treatment “Alexandrovka”- Bulgaria
University of Michigan Medical School- USA
University of Wisconsin- USA
World Health Organization

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
This conference has received funding from the European Union in the framework of the EU Health Programme.