Introduction:
Exploring the experiences of potential donors’ family members (FM) in a follow up clinic is crucial to analyze the effects of organ procurement (OP) on the bereavement process, to gain insight on the reasons of family refusals (FR), and to improve family care during OP.

Methods:
A mixed-method study involving FM at 3 and 12 months after patients’ death was developed and approved by Local Ethics Committee. FM of potential donors after brain (DBD) and cardiac death (DCD) treated in Careggi Teaching Hospital, Florence (Italy) were eligible if adult and consenting. Invitation letters were sent to the entitled 2 months after death and those who actively responded were involved in an encounter with a multidisciplinary group including a clinical psychologist, two nurses and two cultural anthropologists with expertise in OP. Psychological profile and satisfaction with care was assessed with validated tools, while the experiences of organ donation (OD) request and traumatic memories were measured with close and open ended questions.

Results:
90 envelopes were sent to the entitled of 79 DBD and 11 DCD. Responders were 29, 31.0% were FM of DCD. Reasons not to participate were logistical problems, linguistic barriers, dissatisfaction with care, lack of interest, perceived excessive burden. Of all FM, 18 (62.1%) were female, mean age 54.9 (DS 15.7). Encounters included from 1 to 4 FM; 11 were spouse (37.9%), 10 (34.5%) sons, 4 (13.8%) parents, 4 (13.8%) other relatives. 28 FM were Italian, 1 from USA; 28 consented to OD, only one refused. Three FM completed 12 months evaluation.

Conclusion:
The study is ongoing. The enrollment of not consenting FM was a relevant obstacle to the collection of data that could help to better understand FR. In order to reach an adequate sample size to draw consistent conclusions, we extended the study to all the ICUs of the Tuscany Region with the aim of recruiting an appropriate number of FM who refused OD.