Introduction:
Organ procurement (OP) is a complex process in which clinical, organizational and psycho-social issues are at play. Understanding the experiences and related memories of potential donors’ family members (FM) in a follow up clinic is crucial to identify the most relevant factors affecting OP and the associated outcomes. Our aims were to describe the effects of all phases of OP on the psycho-social wellbeing of FM, and then to gain insight into the possible causes of family refusals to organ donation (OD).

Methods:
Mixed-method study involving FM at 3 and 12 months after patients’ death. Psychological profile was evaluated with validated tools: PWBS (psychological well-being scale), STAI-Y (state trait anxiety inventory – form Y), BDI-II (Beck Depression Inventory - II), IES-R (Impact of Event Scale – Revised), ICG (Inventory of Complicated Grief). Traumatic memories were assessed with a 4-point scale. Satisfaction with care was measured with FS-ICU (family-satisfaction ICU). Content analysis was based on audio-taped semi-structured interviews.

Results:
29 FM were enrolled; 18 (62.1%) were female, mean age 54.9 (DS 15.7); 11 were spouse (37.9%), 10 (34.5%) sons, 4 (13.8%) parents, 4 (13.8%) other relatives. All FM but one were Italian, 96.5% consented to OD. DBD and DCD processes were analyzed. Quality of Life’s more affected dimensions were personal growth and autonomy; mean values of BDI-II (10.2), IES-R (25.2) and ICG (21.7) were below the clinical cut-off. FM showed slight symptoms of anxiety. Traumatic memories were more frequent and intense in relation with the very early stages of the process (out-of-hospital rescuing/emergency department) and with the communication of bad prognosis and death (Figure 1). Satisfaction with care was fair good.

Conclusion:
Preliminary data suggests that the early stages of OP and the communication of bad news deserve attention. The recruitment of not consenting FM was a relevant obstacle.
Traumatic memories impact on potential donors’ FM