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Why I am writing this: to tell the other side of the transplant story—the donor side from personal experience. To help others understand the healing nature of doing something for others.

Getting a call no parent wants to get – ever – that your child (in this case, grown child) is in the hospital neuro-ICU and has suffered a brain trauma. He is alive, but in serious condition.

I will never forget the long drive to Tacoma General Hospital on January 2, 2020—one day after the start of the new year—not knowing much, fearing the worst; hoping “alive” meant he’ll be OK eventually; confused about what happened; nor what we would face when we got there. I kept holding on to the “he’s alive” phrase – where there is life, there is hope.

We were met by a small group, the nurse in charge of that unit and the neuro-trauma doctor attending him. We were taken to see Nicholas, our 35-year-old son and only child. He was on a ventilator and his eyes were closed; otherwise, he looked normal and peaceful. We learned he had suffered asphyxia and his brain had been deprived of oxygen for an undetermined amount of time. EMTs had been able to re-establish a heartbeat, but he was on a ventilator. The doctor was kind but gave us the straight facts: Nicholas’ brain had been deprived of oxygen for long enough that at this point the outcome was uncertain, but it did not look good.



Judith and Nick at Christmas

Then a most important thing happened. The doctor (I believe he was a neuro-ICU hospitalist) took us to a private space and discussed with us the kinds of brain trauma and how they are determined.

I cannot emphasize how important this conversation was. I am sure medical staff do realize these are sensitive conversations, but I emphasize that handling these well was crucial for our understanding, important decision making, and a vital step in our grief process. The doctor and the other caregivers treated us with respect, honesty, compassion and agency - people, though in shock and grieving, could handle painful information. Another important quality was the doctor and the rest of the team provided us time and space for questions, many repetitious.

We came to understand what brain death was, how it was distinguished from other forms of brain trauma, such as **Coma, Vegetative State and Brain Death**, which we learned was an irreversible cessation of all functions of the entire brain, including the brain stem. A person who is brain dead is dead, with no chance of revival.

I asked if or how they knew what state Nicholas was in – was he brain dead? I learned that pronouncing someone’s brain death is not a simple yes or no. There are criteria that are met or not met over the course of a couple of days that would determine whether he was brain dead. Our doctor explained that tests would be conducted, and he would be meeting with other doctors experienced in evaluation of the data. That was the process to determine Nick’s brain status. He did say that tests so far did not reveal any reactivity to pain, and he did not have a gag reflex – both indicators of brain death. At this point, he was not hopeful there would be recovery.

Stunned, I asked a lot more questions. “*You hear of people waking up from comas, might that not happen in this case?*” I had seen one of the fingers of his right hand move slightly and that gave me hope.

The doctor again told us that he did not think Nick was in either a coma or vegetative state, but more tests – over a period of hours or a couple of days – would need to be done for them to pronounce Nick as brain dead – which is dead. The heart and lungs were now functioning by artificial means and would stop when those were removed.

It was during these conversations that we discussed organ donation. I have always been an advocate of organ donation, as I knew Nick was. But in those moments, you want to make really sure that there is no chance of recovery before you give permission.

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THE HEALING POWER OF TRANSPLANTATION

Much as we wanted to hope, it became harder and harder to believe he would recover. We watched them perform some of the tests, which I am grateful they allowed us to witness - tests like the pain and gag reflexes. We gradually accepted our son was brain dead, and on January 4, 2020, he was pronounced brain dead – which is dead.

We gave permission for organ transplantation and the Life Center Northwest¹ (LCNW) organization took over. It was comforting to me to know that the transplantation team operated independently from the team that pronounced Nick brain dead. Separation of interests is an important concept to me – and allowed and allows me to trust these systems.

The LCNW nurses and organ donation coordinators were extraordinary – they explained every step of the process, provided comfort, and made sure Nick was well taken care of during his final days. The process of determining what organs

could be donated, finding and preparing the recipients, and getting the transplant teams ready to go takes several days. I found these days a grace granted to us. We were able to be with Nick – in a hospital room – but it was peaceful in its own way. LCNW provided a personalized quilt. Nick appeared peacefully asleep. I was grieving as were my husband and our son's fiancée, and we all took extraordinary comfort in our granddaughter, who reminded us of new life.

In the end, though Nick could have donated six organs in total (lungs, heart, liver, pancreas and two kidneys) for various reasons, four organs found new life in recipients that were very sick. His heart, his liver and both kidneys were transplanted.

I was especially thankful his heart was able to be transplanted. Partly because it was a heart, and also because I knew the odds were that one of the surgeons I worked with every day – and had for over 15 years – was likely to perform the transplant. Hearts do not stay viable as long as other organs, and therefore can't travel as far to be transplanted. In the state of Washington there are only a few places it could be transplanted, with UW Medical Center doing the most heart transplants in this region. So, though I don't know for sure since that information is not shared with organ donor families, the odds were one of our surgeons would likely be performing the transplant. This thought was comforting to me. I know our surgeons; I know their skill and compassion. It felt to me like my family was taking care of my son. This is a unique circumstance – knowing and working with cardiac transplant surgeons – but I know that skill and compassion are present in every transplant they do.

I know that his organs went to people who really needed them – a mother with three children received one of his kidneys, another woman got his other kidney; a man got his liver, and his heart went to a 40+ man who has a family that very much needed him. We know that all the recipients are alive and doing well; made it through the worst of COVID. In that I take comfort.

The death of our son was surely the hardest thing we have ever been through. The grief is real and it hits you unexpectedly, and is triggered by the smallest things; but there is grace, too. An important part of walking through the grief toward healing was the knowledge that our son had given the ultimate gift, the gift of life for others.

¹ Life Center Northwest is the federally-designated organ procurement organization and AATB-accredited tissue recovery organization serving communities throughout Alaska, Montana, northern Idaho and Washington. <https://www.facebook.com/lifecenternorthwest/>.



Top: Nick and Natalie around her 1st birthday - 2018

Bottom: Nick and Natalie a few months before his death - 2019