

# Eye Donation from Palliative and Hospice Care Contexts (EDiPPP)

Health Care Professionals Online Survey

\* Required

# Consent for participation

1. Please tick (check) this box to indicate that you consent to taking part in this survey.

I agree to participate in this survey

# Demographics

The following questions are about you and your role (note: please do not provide specific information such as the name of your hospital/trust/hospice, as this information could potentially be used to identify you)

2	2. What is your age? *			
	$\bigcirc$	18-29		
	$\bigcirc$	30-39		
	$\bigcirc$	40-49		
	$\bigcirc$	50-59		
	$\bigcirc$	60-69		
	$\bigcirc$	69+		
	$\bigcirc$	Prefer not to say		
3	. Plea	ase indicate if you identify as: *		
	$\bigcirc$	Male		
	$\bigcirc$	Female		
	$\bigcirc$	Prefer not to say		

4. Please indicate which ethnic group you most identity with ^			
$\bigcirc$	White British		
$\bigcirc$	White Irish		
$\bigcirc$	Other white		
$\bigcirc$	White and black Caribbean		
$\bigcirc$	White and Black African		
$\bigcirc$	White and Asian		
$\bigcirc$	Other Mixed		
$\bigcirc$	Indian		
$\bigcirc$	Pakistani		
$\bigcirc$	Bangladeshi		
$\bigcirc$	Other Asian		
$\bigcirc$	Prefer not to say		
$\bigcirc$			
	Other		
5. Which clinical setting do you currently work in? (please DO NOT specify your institution, as this information could potentially be used to identify you) *			
$\bigcirc$	Palliative Care		
$\bigcirc$	Hospice Care		
$\bigcirc$			
	Other		

	lease state below but DO NOT specify your institution, entially be used to identify you) *
as this information could pot	entially be used to identify you)
7. How many years have you wo indicate number of years belo	orked in palliative or hospice care settings? Please ow *

# **Perceptions**

Questions in this section ask about your views toward organ and tissue donation in general, and eye donation in particular.

8. Are you currently registered to be an organ/tissue donor? *		
○ Yes		
○ No		
Prefer not to say		
9. Have you stipulated any organs and/or tissues that you do not want to donate? *		
○ Yes		
○ No		
Prefer not to say		
10. If yes, please indicate below which organs or tissues you have indicated that you d not want to donate *		

# The following questions are about how you feel about eye donation

Please indicate whether you agree or disagree with the following statements

11	. Discussing eye donation is too distressing for a patient and/or their family *
	Agree
	O Not sure
	○ Disagree
12	. I feel confident in starting a conversation about eye donation with a patient and/or their family *
	○ Agree
	O Not sure
	Disagree
13	. Eye donation should be discussed routinely with eligible patients and/or their families *
	Agree
	O Not sure
	○ Disagree
14	. It is not my role to raise the option of eye donation with patients and/or their families *
	Agree
	O Not sure
	Disagree

15. It is important that patients know that they may be eligible for eye donation *		
Agree		
O Not sure		
○ Disagree		
16. I am concerned about how patients and/or family members might respond to the option of eye donation being raised with them. *		
Agree		
O Not sure		
○ Disagree		
17. If you wish to add any comments regarding how you feel about the option of eye donation, please use the space below		

# **Practice**

The following questions are about your knowledge and current practice relating to the option of eye donation as part of end of life care

		you aware that eye donation is an option that patients can choose as part of rance care/end of life care planning? *
	$\bigcirc$	Yes
	$\bigcirc$	No
	$\bigcirc$	Other
19. Does your clinical setting actively encourage the option of eye donation being discussed with patients and/or their families? *		
	$\bigcirc$	Yes
	$\bigcirc$	No
	$\bigcirc$	
		Other
20. Do staff within your clinical setting routinely discuss the option of eye donation meetings (e.g. team, case conference, multi-disciplinary team meeting (MDT)		
	$\bigcirc$	Yes
	$\bigcirc$	No
	$\bigcirc$	
		Other

21. Do staff within your clinical setting routinely discuss the option of eye donation in end of life care planning conversations with patients and/or family members? *
○ Yes
○ No
Other
22. Does your service routinely check the Organ Donor Register status of patients at the point of admission? *
Yes
O No
Other
23. Please summarise the process for checking Organ Donor Register status in your service (if unsure please write 'unsure') *

	es your clinical setting have clinical guidelir nation? *	ies in written form that include eye
$\bigcirc$	Yes	
$\bigcirc$	No	
	Other	
	es your clinical setting have information in the donation is raised by a patient or family m	
$\bigcirc$	Yes	
$\bigcirc$	No	
	Other	-
6. Do	es your clinical setting include eye donatior	n in its admission documentation? *
$\bigcirc$	Yes	
$\bigcirc$	No	
	Other	-

27. Please comment below if you would like to share any thoughts on discussing the option of eye donation with patients and/or families.
28. Which of the following best describes your current practice? *
I never discuss eye donation with patients or families
I discuss eye donation only when the subject is raised by patients or families
I routinely discuss the option of donation with patients and families
Other
29. At what point in a patient's care should the option of eye donation be discussed (Please select all that apply). *
Before admission
During admission
At first assessment by palliative care services
During in patient stay
During advanced care planning
Never
Other

30. How many times in the past year have you raised the option of eye donation with a family member? *
○ 0
O 1-5
O 6-10
O 11-15
<u> </u>
○ More than 20
31. Reflecting back on the last time you discussed eye donation with a patient and/or relative, how did you feel having that conversation? *
I have never discussed eye donation with a patient or family member
Somewhat uncomfortable
Very uncomfortable
Neither comfortable nor uncomfortable
Somewhat comfortable
○ Very comfortable
32. If you have had a discussion with a family member, was this discussion pre or post death of the patient? (please select all that apply) *
Pre-death
Post-death
I have not had a discussion with a family member

33.		o do you think should raise the issue of eye donation with a patient or family mber? (Please select all that apply) *
		It is my role
		The GP should have this conversation
		The Consultant referring the patient to Palliative Care
		Other palliative care specialist (e.g. CNS)
		A donation specialist
		All of the above
		Other
34.		ase summarise why you think the people above should raise the issue of eye nation with a patient or family member. *
35.	. Is tl	nere a donation link person or champion in your service? *
	$\bigcirc$	Yes
	$\bigcirc$	No
	$\bigcirc$	Don't know

6. If yes, what is the position of the link person or champion in your service? (please describe their position, but DO NOT add personal information such as names or institutions)							

# Legislation governing eye donation - knowledge and experience of practical changes

The next set of questions will ask you about recent changes to legislation governing organ and tissue donation in England.

This is commonly referred to as a move from an 'opt in' to an 'opt out' system (and also known as 'Max and Keira's Law').

Please answer these questions to the best of your knowledge, without undertaking additional reading or source checking (i.e. searching for answers online).

### 37. Please indicate your response to the following statements: \*

	True	False	Unsure
Patients in England are assumed to consent to organ and tissue donation unless they opt out.			
In the case of a patient 18 years or older with mental capacity, family/next of kin (NoK) cannot refuse donation unless the patient had indicated their wish to opt out prior to death.			
Patients can opt out of donating specific organs or tissues while maintaining a wish to donate others.			$\bigcirc$

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Strongly agree	
I am aware of the procedure for opting out of organ and tissue donation in England.	$\bigcirc$	$\circ$		$\bigcirc$		
I am aware of the procedure for specifying organs and tissues that I do/do not wish to donate.						
I am confident in my ability to talk through with patients and/or families the necessary processes for opting out of organ or tissue donation in England.						
39. Please summarise your current understanding of the processes for opting out of organ or tissue donation, providing as much detail as you would to a patient or family member/NoK in your service (if unsure, please write 'unsure')						

		Very negatively	Somewhat Negatively	Neither positively nor negatively	Somewhat positively	Very positively		
	Overall, the move to the opt out system has affected my clinical practice				$\bigcirc$			
	Overall, the move to an opt out system has affected patients and families/NoK within my service							
t a	41. Following your answer to the question above, please describe below the impact that the move to an opt out system has had on your clinical practice, and/or the patients and families/NoK within your service.  (if none or if you are unsure, please write 'unsure' below)							
	lave you received any ir rom your institution, or		-		_	_		
(	Yes No							

40. Please indicate your response to the following statements: \*

	Completely unsatisfied	Somewhat unsatisfied	Neither satisfied nor unsatisfied	Somewhat satisfied	Completely satisfied
For the information I have received regarding general implications of the legislation changes, I am					
For the information I have received regarding specific implications of the legislation changes for my service, I am					
44. Do you have any further outstanding information (if none please enter 'no	needs in re	-		-	

43. Please indicate your current level of satisfaction with the below aspects of information provision regarding introduction of opt out legislation. \*

e how ctive						
)						
46. Do you have any other comments regarding the move to opt out legislation governing tissue and organ donation in England, with respect to donation of eye tissue?  (if none, please enter 'none')						

# Preferences

The following questions are about provision and needs relating to knowledge and training about eye donation.

47.	Hav	ve you received any in-service training about eye donation? *
	$\bigcirc$	Yes
	$\bigcirc$	No
48.	Wh	o provided the training? *
	$\bigcirc$	My employer (e.g. hospital or hospice)
	$\bigcirc$	
		Other
49.	Нο	w long ago did you undertake the training? *
	$\bigcirc$	In the last 6 months
	$\bigcirc$	6-12 months ago
	$\bigcirc$	13-24 months ago
	$\bigcirc$	More than 24 months ago
50.		I the training provide you with the information you needed to be confident in cussing eye donation with patients/family members? *
	$\bigcirc$	Yes
	$\bigcirc$	Somewhat
	$\bigcirc$	No

-	nny further comments on the positive or negative aspects of the or information provided? (if none, please enter 'none') *
donation plea	t you have unmet knowledge or training needs relating to eye se describe these below e enter 'none') *
53. Do you know	where to find out information about eye donation if you need to? *
○ Yes	
○ No	

	tion? (e.g. policies and procedures, information for sure, please write 'unsure') *	patients and families etc.
Pleas	e indicate below where this information about eye	donation is held in your
orgar	nisation	,
(if un	sure, please write 'unsure') *	
	t further information would you like to have regard	ling eye donation?
(if no	ne, please write 'none') *	
1		

# Flash quiz (FQ) 57. How long after death can eye donation take place? 58. What are definite contraindications for eye donation? 59. Is there anything that needs to happen before eye donation can take place?

60. Of the following evidenced based barriers to eye donation in palliative and hospice settings, which do you view as being the most influential?

Please rank your responses from 1 = least influential to 5 = most influential

	1	2	3	4	5
Health care providers are reluctant to discuss the option of eye donation due to concerns that they will cause distress					
Health care providers lack knowledge in what needs to be done to organise eye donation				$\bigcirc$	$\circ$
Patients and family members are unaware of eye donation as an end of life option	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$	$\circ$
The option of eye donation is not 'embedded' as a routine part of end of life care clinical practice					$\circ$
Personal attitudes toward eye donation undermine clinical guidance and local policy about raising this option					$\circ$

In your view what are (if unsure, please ento	-	o eye donation?	

What needs to change?

# Thank you

We appreciate you taking the time to complete this survey and for adding to the knowledge base being generated by the EDiPPPP study

 $(\underline{https://www.southampton.ac.uk/healthsciences/research/projects/edipppp.page})$ 

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