The *EthicsLab Essentials* provides a core curriculum designed to enrich ethics committee members through a podcast and website format. A podcast format was chosen due to its easy accessibility and learning schedule flexibility for the listener.

**Episode: Organ Donation: Foundational Ethical Approaches**

**Description:**
Over 115,000 men, women and children await organ transplants in the United States. Even the largest football stadium in the US could not fit the number of patients on the national transplant waiting list. In 2016, 33,600 transplants brought new life to patients and their families. Since 1988, 683,000 transplants have taken place in this country. This episode’s guests include a transplant surgeon, an ICU doctor, and a health care ethicist. They discuss some of the foundational ethical approaches that honor organ donors, the patients who receive those organs, and the health care professionals who care for both.

**Process:**
Have your ethics team members listen to this podcast prior to your regular ethics committee meeting. Then, at your meeting facilitate a discussion and application of the episode around the following questions.

**Facilitation Questions:**
1. Why is it important for the informed consent process to be done by the organ procurement organization (OPO) or someone with specific training? What processes can the ethics committee help design to ensure the consent discussion occurs appropriately, each and every time?

2. Considering the organ donation policy and process at your facility, is there a risk of breaching the strict separation between the care team and the organ procurement team? What practices can the ethics committee help implement to prevent such a breach?

3. How could an ethics committee address issues about donation after cardiac death and potentially violating the dead donor rule? Could changes to policy or procedure help alleviate these concerns?

4. What tools or resources can the ethics committee provide organ recipients and physicians to think about proportionate and disproportionate means? What does it mean to say recipients might have a higher bar to say an intervention is disproportionate? What are the implications if they do have a higher bar?