

Organ operation

After death is confirmed and the death certificate has been issued, it may take a few hours before the deceased is transported to the operating theatre. It is possible to donate to kidneys, liver, pancreas, heart, lungs, corneas and tendons. The organ removal operation may take several hours. We recommend that family members return home or to another suitable location to rest before a viewing.

In some cases organ donation will still not be possible, despite of received treatment. Organs must be fully functional in order to be transplanted.

Viewing after organ donation

Once the organ donation is completed, it will be possible to see the deceased with out monitoring equipment attached. The deceased's body will then be cold and without blood circulation.

A viewing is recommended because it might be helpful in realising that the patient is dead. We are all different and not everyone wants a viewing. Our goal is to facilitate in the best possible way for each individual. An undertaker can also assist in organizing a viewing.

Family follow-up

We will contact next of kin approximately two to three months after the death and offer a follow-up conversation. This conversation, with a doctor and a nurse, at the hospital offers the opportunity to review the course of treatment and to answer questions. Relatives may also receive information about the organs and tissues that were donated. All information about the recipients is anonymous. Anonymity between donors and recipients of organs is required by law in Norway. Norway also collaborate with other countries in organ donation. Assumed links between donors and recipients will never be confirmed.

Donor family memorial gathering

In the follow-up conversation next of kin will be offered a information leaflet with an invitation to a memorial gathering for families of deceased who became organ donors. This gathering is arranged by the Department for Organ Donation at Oslo University Hospital.

Contact with media

Some families may experience interest from the media after dramatic deaths. It may be sensible for families to give themselves time to process before choosing to go public with an organ donation story in the media or on social media.

Department for Organ Donation

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www.oslo-universitetssykehus.no

Oslo University Hospital is the local hospital for a share of Oslo's population, and the regional hospital for residents of the South-Eastern Norway Regional Health Authority. It also has several national functions.

Post to the enterprise: Oslo universitetssykehus, Postboks 4956 Nydalen, 0424 Oslo. Switchboard: 02770



Information about organ donation for family members

Oslo University Hospital



Information to relatives about organ donation

This is information for family members who experience loss of a loved one, in hospital, when organ donation may be relevant.

When a life cannot be saved

When a patient is admitted due to sudden critical illness or injury, the primary objective is to save the patient's life. In some cases the patient may have suffered a brain injury of such severity that it is no longer possible to save the patient's life and further life saving treatment is futile. In such cases, organ donation may be an option. Death must have occurred before organ donation is possible.

How death is confirmed

Most people associate death with cardiac and respiratory arrest. Another way to confirm death is to determine that the blood flow to the brain has ceased, while the bodily functions are maintained by artificial means such as a respirator. Even though the brain is destroyed, the heart can keep beating and bodily functions can be maintained with intensive care and respirator treatment. This condition is referred to as brain death. In both situations, the patient is declared dead after a permanent cessation of blood supply to the brain, which means that the brain is destroyed.

Treatment that is maintained with the purpose of organ donation

When medical treatment to save a patient's life is considered futile, healthcare professionals will clarify whether organ donation may be possible.

To enable the opportunity for organ donation it is necessary to continue intensive care treatment to maintain the function of the potential donor's organs until organ donation may be carried out.

When blood flow to the brain ceases, the patient can no longer breathe unaided. The heart will continue to beat as long as the deceased is connected to a respirator that maintains the breathing function.

It may take hours or days before brain death occurs. Treatment is maintained as long as there is a possibility for organ donation and in collaboration with next of kin.

Several tests are performed to determine whether there is blood flow to the brain. If these tests, confirmed by an x-ray examination, concludes that the brain no longer has blood supply, the patient is declared dead and a death certificate is issued.

Sometimes a minimal blood flow to the brain continues despite irreversible brain destruction. In such cases treatment will be withdrawn. Death will occur when the heart and breathing stop. In some cases it may still be possible to donate organs after the patient dies of cardiac and respiratory arrest. Other measures must then be taken to provide the opportunity for organ donation. See a separate brochure about organ donation after circulatory death.



Consent to organ donation

The decision to donate organs will be based on the deceased's expressed or presumed wishes.

The physician may proceed with organ donation if there is no evidence to suggest that the deceased would have been opposed to this. Family members will always be asked about any such expressions. If the deceased's wishes are unknown, relatives must make the decision based on the presumed will of the deceased, and they are entitled to refuse donation.

Consent to organ donation is crucial for patients who are awaiting an organ transplantation that may give the possibility for a prolonged life and improved quality of life.

Consenting to organ donation shall not entail extra expenses. The closest next of kin are entitled to reimbursement of expenses due to the process of organ donation. The reimbursement is valid from the moment when life supporting treatment is considered futile until the organ donation is completed. Information leaflet and reimbursement form may be provided in the ICU.

What distinguishes a coma from brain death?

Coma is a state of prolonged unconsciousness. Injury or conditions causing a coma are often possible to treat. In a coma, the brain still has blood circulation.

Brain death occurs when blood supply to the brain ceases. Then brain tissue will be destroyed. Such destruction of the brain is irreversible and the patient is dead.

As long as treatment with a respirator continues and the heart is still beating, it may be difficult to comprehend that the patient is dead.



The body of the deceased will be warm, with a normal skin tone. There may also be reflexes from the spine, that cause body movement, even though the brain is no longer functioning. Some family members may need extra reassurance that death has occurred and that such reflexes are not signs of life.

Information and support

Physicians and nurses want to, the best of their ability, ensure that family members are supported throughout the entire process. Individuals have different needs for information, support and assistance. The goal is to ensure that each family receives the information they need.

Children as relatives should be taken care of in accordance to their abilities and needs. Feel free to ask for advice and assistance in providing children with information and to facilitate their visits to the hospital.

End-of-life rituals

Many want to mark the passing of a loved one with flowers and candles. We want to facilitate such rituals so that each person can say goodbye in their own way prior to organ donation. The hospital chaplains have experience in guiding family members through grief and crisis. They can be a support through conversation and end-of-life rituals. They can also facilitate contact with other religious communities.