Travel Grant Report Form

Name and origin of applicants

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Purpose granted

The purpose of our study was to visit the transplant coordinators in Helsinki to enable learning and strengthen our professional collaboration.

In recent years, Finland has significantly increased the number of organ donors, and we are keen to understand how this progress have been achieved. Furthermore, Helsinki operates a comprehensive transplant program including all organs and composite tissue and it would be of great interest to gain insight into their practices.

Amount granted

21 000 DKK

Time and place of visit

14-16 April 2026, Helsinki University Hospital

Report

During a two-day study visit to Helsinki University Hospital we gained valuable insight into the Finnish organ donation and transplantation system. This included their operational routines, donor management, coordination practices, DCD programs, and thoracic transplantation and coordination.

The visit included meetings with transplant surgeons, transplant coordinators, and thoracic coordinators as well as a tour of operating theatres, outpatient clinics and storage facilities. The Finnish transplant program is centralized in Helsinki, which serves as the national transplant center and performs all organ

transplantations, including highly specialized procedures such as intestinal, hand and facial transplantation.

A key part of the Finnish system is the role of the transplant coordinators. Six full-time nurses manage waiting list, donor processes, organ logistics and recipient follow-up. Their expertise is primarily obtained through clinical experience rather than formal postgraduate education. The thoracic coordinators operate nurse-led clinics with extensive responsibility throughout the patient journey before and after transplantation.

Finland applies an opt-out donation system based on presumed consent, although discussions with relatives remain standard practice. Death determination requires only one complete brain death assessment, typically performed by two physicians. Notably, there is no legal time limit between declaration of death and the donor surgery, allowing organ recovery to be optimized according to clinical circumstances and available resources.

Several factors appear to have contributed to Finland's increasing donor numbers in recent years. These include implementation of DCD, acceptance of older donors, and broader use of extended criteria donors. The country has also established a national donation responsible physician with a dedicated full-time national role. Supported by local donation-responsible physicians and nurses who perform audits and educational activities.

Thoracic transplantation uses innovative practices, including transportation of most heart donors to Helsinki prior to procurement, reducing ischemic time and improving organ assessment. The teams have also developed a locally produced lung preservation system that has successfully supported prolonged organ preservation.

Overall, the visit highlighted a highly centralized, flexible, and clinically driven system that combines national coordination with innovative approaches to donor management and transplantation logistics.

Evaluation

The study visit provided several valuable insights about how organ donation and transplantation services can be organized. One of the strongest impressions was the level of centralization in the Finnish system. Having a single national transplant center appears to create clear ownership. Streamlined decision making and professional expertise. It made us reflect on how central coordination can contribute to consistency and efficiency throughout the donation pathway.

By embracing DCD, accepting older donors, and utilizing extended criteria donors, Finland has successfully increased donation activity. This reinforced the importance of continuously reassessing donor acceptance practices to maximize transplantation opportunities without compromising safety.

The visit also highlights the value of a structured national donation network. The presence of a full-time national donation physician, combined with local donation-responsible professionals conducting audits and educational activities appears to strengthen donor identification and maintain focus on donation throughout the healthcare system. This underlined the importance of education and quality improvement efforts as key drivers of donation performance.

We found it particularly interesting that Finland has no legal time limit between death declaration and donor surgery. This flexibility allows clinical teams to optimize donor management before procurement takes place. It made us reflect on how organizational flexibility can sometimes improve outcomes.

Several practical innovations were also inspiring. The locally developed lung-preservation solutions and strategy of transferring potential donors to Helsinki before procurement demonstrated a willingness to adapt logistics to improve organ quality and reduce ischemic times. These examples highlighted the importance of innovation and to continue evaluation of established practices.

Overall, the visit reinforced the value of professional collaboration, flexibility and proactive approach to donor identification and utilization. It provided several ideas that could be explored further within our own organization and encouraged reflection on how established routines can be challenged to improve donation and transplantation activities.
