

Death and Organ Donation

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A recent letter published in the journal, “*Pediatric Critical Care Medicine*” (2010, Sept. 11(5): 641-643) once again raises questions concerning the criteria used in hospitals, including Catholic hospitals, to determine when death has occurred in order to allow **non-paired** organs to be harvested for transplantation for those waiting for new hearts, livers, or other organs. The letter was written by a group of pediatric intensive care physicians, one from Canada and six from the United States, and titled, “*A call for full public disclosure and moratorium on donation after cardiac death in children.*” Dr. Ari Joffe, from Edmonton, one of the seven signers, in an interview, said, “*We’re not trying to present the parent the choice to donate....The point we’re making is, ‘What if they are almost dead and we’re not sure if they’re dead, and it’s not at the point of irreversibility yet?’*”

In a separate article in the *New England Journal of Medicine*, August, 2008, (NEJM 2008; 359:674-675, 8/14/2008), Robert D. Truog, M.D., a professor of medical ethics and (pediatric) anesthesia at Harvard Medical School and F. G. Miller, PhD, a faculty member in the Department of Medical Ethics at the National Institutes of Health, questioned the “**dead donor rule**” which states that a patient must be declared dead before the removal of any vital organ for transplantation. They note that the concept of brain death has served medicine well but raise the question, posed by others, whether “*patients with massive brain injury, apnea, and loss of brain-stem reflexes are really dead?*”

They continue by writing that in the last few years “*reliance on the dead donor rule has again been challenged,*” this time by the reemergence of “*cardiac death as a pathway for organ donation.*” They continue, “*In typical protocols, patients are pronounced dead 2 to 5 minutes after the onset of asystole*”, i.e. cessation of the pumping action of the heart, and “*their organs are expeditiously removed for transplantation. Although everyone agrees that many patients could be resuscitated after an interval of 2 to 5 minutes.... Whereas the common understanding of ‘irreversible’ is ‘impossible to reverse,’ in this context, irreversibility is interpreted as the result of a choice not to reverse.*”

The authors conclude by stating that, in their opinion, ‘*Whether death occurs as the result of ventilator withdrawal or organ procurement, the ethically relevant precondition is valid consent by the patient or surrogate. **With such consent, there is no harm or wrong done in retrieving vital organs before death, provided that anesthesia is administered.***’

Removing vital organs from a patient prior to actual death will result in that patient’s death and is obviously immoral in the eyes of the Catholic Church. As Mark S. Latkovic, a Professor of Moral Theology at Sacred Heart Seminary in Detroit, states, in his article (The National Catholic Bioethics Center (NCBC) Quarterly, vol. 10, number 2, summer 2010) reviewing and explaining *Dignitatis personae*, published in 2008 by the Congregation for the Doctrine of the Faith on bioethical issues, the same basic ethical principles expressed by the Catholic Church have been in place since its beginning, “*that from the first moment of his or her conception a human being must be respected and treated as a person.*” Edward J. Furton, M.A., PhD, the Editor-in-Chief of the NCBC Quarterly, in his introduction, writes that *Dignitatis personae* “*reaffirms the main anthropological principles that govern moral reflection,*” (in bioethics) “*especially concerning the dignity of the person from the moment of conception.*”

There is no intent in the preceding paragraphs to stigmatize the practice of organ donation or advocate abolishing a procedure which has successfully allowed recipients of donated organs to live productive lives, something that would have been impossible without the hearts, livers, or other organs they received. However, ***with the push now taking place in some transplant centers to harvest organs prior to actual death,*** it is of paramount importance to be certain that adequate criteria are in place in our hospitals, in particular in Catholic hospitals, to ensure that death is not caused by the removal of those organs so that they may be used for transplantation. There is never a moral right to cause the death of any patient, deliberately or not, by removing an organ, which, by its transplantation, may benefit someone else.