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## **Ethical Issues: Organ Donation and Procurement**

The list of people waiting for organ transplants continues to grow. According to the Missouri Hospital Association more than 80,000 men, women and children nationwide are waiting for new organs, including more than 1,800 Missourians.<sup>i</sup> Because of the organ shortage, an average of 13 people die nation wide each day while waiting for transplants.

People can specify their wish to have their organs donated after death by signing a Uniform Organ Donor Card or by designating themselves as an “organ donor” on the back of their driver’s license. Since the vast majority of Americans do not take these steps, and since most opportunities for organ donation occur suddenly with the traumatic death of younger and healthier people, organ harvesting typically occurs as a result of decisions made by distressed family members following a tragic event and before, or soon after, the patient has actually been declared dead. Persons may also donate one of his or her paired vital organs (such as a kidney) and non-vital tissues to someone else while still alive. In fact, “living donor” kidney transplants are becoming more common each year, sometimes even to individuals unknown by an otherwise healthy donor.<sup>ii</sup> Such voluntary donations, however, must be done cautiously to protect the integrity, life, and health of the donor.

Ethically organ donation must have the specific aim of benefiting the life or health of the recipient, but this must be subsidiary to a decision by the patient’s representative that continued life support is no longer in the best interest of the patient. The decision to harvest and donate organs should never be the primary reason for withdrawing life support, which means that the donor's care and treatment must not be altered in any way that would be detrimental to his/her life or health for the purpose of better preserving organs or tissue for donation before or after death is declared. In short, the decision to withdraw life supporting care and treatment of a patient with end stage disease or irrecoverable injury cannot ethically be done for any other reason than what is in the best interest of that patient. Organ donation follows such a decision as a charitable offering out of respect and concern for the donor as well as the recipient.

Dr. Christiaan Barnard in South Africa performed the first heart transplant in 1967. Soon following this, in 1968, "brain death" criteria were created and allowed patients to become vital organ donors before the heart and lungs stop functioning.<sup>iii</sup> Presently death is defined by either irreversible cessation of heart-lung function or cessation whole brain function. Presently both criteria are used by transplant services to “declare death” prior to harvesting organs. The aesthetic of each process can be challenging for providers as well as families because once the decision is made to withdraw and donate, the transplant team takes over and the integrity of the donated

organs often becomes the priority. Brain death criteria allow organs to be harvested in the OR while heart and lung function is sustained. When brain death does not exist, however, strict criteria must be met before harvesting can occur. The requirements of family choice, the presence of severe brain injury in addition to a fatal illness or injury, and predictable demise within 60 minutes of withdrawing life support must all be met.

When using heart-lung death criteria the time from withdrawal to cessation of heart and lung function can be extremely challenging emotionally and logistically for everyone involved, requiring maximum comfort measures for the patient by the health care team and tight monitoring of vital signs by the transplant team in order to maximize the integrity of the organs and time the harvesting process precisely at the time of death. At these times emotional support and sensitivity to the needs of the family and team members, good communication, and effective palliative care protocols have never been more important to a successful outcome.

April has been designated as National Donate Life Month and health care providers are being encouraged to participate in the U.S. Department of Health and Human Services' "Workplace Partnership for Life" campaign. Mid Missouri Transplant Services and the Midwest Transplant Network will be actively joining in this effort and have a presence in our institution offering education and information about the importance of facilitating organ donation and enhancing transplant services. As awareness grows providers at all levels must remain patient centered and be prepared to respond professionally and effectively when patients and families inquire about or offer organ donation.

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<sup>i</sup> Missouri Hospital Association. *Hospitals Encouraged to Celebrate Donate Life Month*.  
<http://web.mhanet.com/asp/Regulations/organ.asp>

<sup>ii</sup> Ruane M. A Gift in Search of a Recipient. *Washington Post*. 11-3-99

<sup>iii</sup> Report of the Ad Hoc Committee of the Harvard Medical School. *JAMA*. 1968; 205: 337-340