

Imminent Death Organ Donation

CMDA affirms the sacredness of every human life, recognizing that life is a gift from God and has intrinsic value because all human beings are made in His image and likeness. For persons with illness that threatens life or health, organ transplantation may offer hope of a longer, healthier life. CMDA affirms ethical organ donation, meaning organ donation that is not coerced, in which organs are not purchased or sold, and through which vulnerable persons are not exploited or killed by vital organ procurement.

Ethical donation of solid organs is guided by the dead donor rule, according to which a potential organ donor must be dead before vital organs are removed for transplantation. Although medical criteria for the determination of death have been debated, decisions at the end of life nonetheless must distinguish ethically between acts of killing and allowing to die.^{1,2}

Proposals are undergoing evaluation in the U.S.³⁻⁸ and already are implemented in some other countries⁹⁻¹³ to increase the supply of potentially transplantable organs by procuring organs from patients who are imminently dying.¹⁴ Imminent death donation (IDD) by living patients could potentially apply to several types of donors:

- (1) The unconscious patient who is imminently dying from a devastating neurologic injury and irreversibly lacks decision-making capacity but is not brain dead.
- (2) The patient who is not actively dying but, as the result of a devastating neurologic injury, is chronically dependent on life-sustaining technology, and who, through an advance directive (made when the patient had full decision-making capacity) or substituted judgment by a legal surrogate, has made a decision to withdraw such technology. Organ donation would precede or occur simultaneously with such withdrawal. Such a patient might be:
 - (a) Permanently unconscious
 - (b) Minimally conscious
 - (c) Cognitively disabled or demented
 - (d) Neuromuscularly weak but cognitively unimpaired
- (3) The conscious, altruistic patient with decision-making capacity who is approaching death as the result of a progressive or devastating neurologic disease and requests assistance in an earlier death in order to donate organs before circulatory collapse renders them nonviable for transplantation.
- (4) The patient who has been diagnosed with a terminal disease, is dissatisfied with his or her present or anticipated future quality of life, and requests assisted suicide (so called “assistance in dying”) before the disease advances to its final stages.

In each case, death would be accomplished or hastened by the act of organ procurement.¹⁵ The rationale for these proposals includes the following arguments:

1. It has been argued that the donor’s autonomy to choose the manner and timing of death and to donate organs should be respected.^{7,16-18} However, this argument raises a number of concerns:

- Imminently dying patients are vulnerable and may not be truly autonomous. Illness may deprive the potential donor or surrogate of the capacity to make informed decisions or resist coercive efforts under the guise of persuasion, which may be subtle or prey upon the patient's despair.
 - The claim that procuring vital organs from the imminently dying honors the donor's autonomy may be driven by underlying utilitarian or economic motives.
 - Individual autonomy is neither incontestable nor an absolute principle. If autonomy were absolute, then a healthy person would have the right to sacrificial assisted suicide by donation of vital organs. The claim of autonomy must always be balanced with the principles of beneficence, nonmaleficence, and justice, as well as the need to preserve the integrity and trustworthiness of the medical profession.
 - Elevation of the patient's autonomy to absolute mastery that extends to being killed or assisted in suicide so long as the act is voluntary is a distorted sense of freedom that denies both the giftedness and sacredness of life, over which medicine has a stewardship responsibility, and God's providential purposes for that life.^{19,20}
 - Whereas the patient's autonomy encompasses the right to receive medical attention and the negative right not to receive a recommended treatment, it does not include the positive right to receive any particular treatment requested that may be outside the physician's expertise, skills, or judgment.
 - According a positive right to premature death to those who are autonomous would place at serious risk others who are less fully autonomous, such as patients with dementia, intellectual disabilities, or impaired consciousness.¹⁹
 - Assisted suicide is a moral evil; using organs thus obtained may involve complicity if such use incentivizes or presumes to justify the practice (see CMDA statement on Moral Complicity with Evil).
2. It has been argued that the practice of medicine has evolved in such a manner as to legitimize and even require physician assistance in, and hastening of, medical death when patients no longer consider their lives to be worth living.¹⁶ However,
 - Whereas technologies have evolved, unchanged are the moral conditions at the bedside, which include the reality of illness, the vulnerability of the patient, and the promise of the healthcare professional to endeavor to heal and not to harm.
 - Public opinions that may currently be in vogue are not a valid test of truth.
 3. It has been argued that the donor's altruism in donating organs for the purpose of saving another's life should be honored.¹⁵ However,
 - Patients who die as a result of physician-assisted suicide or who may request that their deaths be accomplished in the very act of procurement ("donation euthanasia") are not ethically appropriate sources of organs for transplantation, because they deny the sacredness of life of the dying patient. To accede to such a request is unacceptable, because it communicates that the patient's life has no further meaning.
 - To codify imminent death donation of solid organs would open the door to abuses and coercion and thereby place at risk the most vulnerable.
 4. It has been argued that procuring organs from the imminently dying is an act of compassion on behalf of other patients in need of transplantable organs.¹⁶ However,

- Procuring organs from the imminently dying ignores good palliative medicine and compassion for the dying patient.
 - Assisted suicide and euthanasia violate both the Hippocratic Oath and the Hippocratic directive, “First, do no harm.”²⁰
5. It has been argued that organs should be procured from the imminently dying or in conjunction with euthanasia because, when retrieved from patients with a functional circulation, they are more viable and lead to better outcomes for the transplant recipient than ischemic organs retrieved from patients without circulation at the time of retrieval.¹⁰ However,
- Organ procurement is not an end to be gained at all costs or through any means. Organ procurement should be performed within a covenantal relationship among patient, physician, and society, eschewing a utilitarian ethic of the greatest good for the greatest number as determined by secular ethical systems that may be susceptible to influence by financial, social, or political interests.
 - The argument that the dying patient should relinquish his or her organs sooner presumes that the interests of the potential transplant recipient are of greater importance than and should overrule the needs of the dying patient, and thus that the dying patient is someone of lesser value. This attitude comes very close to asserting a claim of ownership of the dying patient’s organs. Human beings’ organs are not the property of the state, healthcare institutions, or the transplantation industry.
6. It has been argued that the currently-accepted practice of withdrawing life-sustaining medical interventions is already equivalent to euthanasia;^{5,13} therefore, a more aggressive agenda of ending life sooner for the utilitarian purpose of obtaining organs is justified. However,
- CMDA affirms that there is a meaningful ethical distinction between euthanasia and allowing a patient to die of natural causes. When life-sustaining treatment is withdrawn, the proximate cause of death is the underlying disease.
 - Proposals to procure organs in the imminently dying would necessitate revocation of the “dead donor rule.”¹⁸
 - It is ethically impermissible to kill some people to benefit others.
7. It has been argued that physicians whose religious beliefs or moral conscience prevents them from using their knowledge and skill to terminate their patient’s lives are duty bound to refer their patients to others willing to perform such an act, or else should be forced to resign from the practice of medicine.^{9,21,22} However,
- Medicine is a healing vocation into which many healthcare professionals enter as a calling (See CMDA statement on Professionalism) and is fundamentally unlike a service industry defined by a job description. The most exemplary and trustworthy healthcare professionals are those who identify with and live out the moral ethos of their healing vocation. To impose on healthcare professionals, who are committed to healing, a legal duty to kill would dangerously violate their moral integrity and severely damage the trustworthiness of their profession.²³
 - Whereas the state can legitimately limit healthcare professionals in doing what they believe to be good, the state does not have the legitimate authority to force healthcare

professionals to commit acts that they believe to be morally wrong.²⁴

8. The opinion has been asserted that time-honored moral prohibitions against taking innocent life, such as those expressed in the Hippocratic Oath and the Bible, “have no legitimate bearing on the practice of 21st century medicine” because there is no scientific test (accepted by atheists) for the existence of God.^{21,25} However,
 - Nor can any scientific test limited to empirically-verifiable factual data prove that atheism is correct or disprove the existence of God. Additional sources of knowledge are needed to discern moral values.
 - Medicine, of all the professions, should affirm the value of human life and embody an ethic of healing rather than a rush to death. The healing orientation of medicine benefits all of society.
 - Atheism also is a belief system, but in comparison to theism, atheism provides an impoverished ethical basis for the healing mission of medicine, as it rejects the sacredness of human life and accommodates the view that humans are nothing more than biological machines with interchangeable parts.²⁶

Conclusion

Donation euthanasia and procurement of organs from the imminently dying are incompatible with the ethical principles of the Christian Medical & Dental Associations. Specifically:

- Christian physicians affirm that God, in His mercy, has provided the possibility of organ transplantation for many patients in need and that this life-saving technology comes with great moral responsibility.
- CMDA upholds the ethical practice of uncoerced solid organ donation, including single kidney or partial liver donation from living patients and vital organ donation from patients determined to be deceased by whole brain or circulatory criteria (see CMDA statements on Death, Overview on Human Organ Transplantation, Organ Transplantation after Assisted Suicide or State Execution, and Organ Donation after Circulatory Death).
- CMDA upholds the “dead donor rule” as an inviolable boundary for the ethical removal of vital organs for transplantation and opposes efforts to circumvent or abolish it.
- CMDA emphatically rejects in practice and in public policy organ donation by acts of medical killing, including
 - Assisted suicide in the patient who has been diagnosed with a terminal illness or a severe disability and requests donation of vital organs, the removal of which would cause or hasten the donor’s death.
 - Euthanasia with intent to obtain transplantable organs.
- Under no circumstances should healthcare professionals be encouraged or coerced to participate in the hastening of death for the purpose of organ procurement, nor be required to be complicit in such killing by referral to others who will comply (see CMDA statement on Healthcare Right of Conscience).

*Unanimously approved by the House of Representatives
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