Over 120,000 adults and children are waiting for an organ in the US, and an average of 20 Americans die every day from the lack of available organs. Currently, organ transplant policy and laws in the US allow for organ procurement from three sources: neurologic deaths, controlled circulatory deaths, and living organ donors. Imminent death donation (a form of living organ donation) represents a potential solution to our organ shortage crisis, and proper balancing of patient autonomy with non-maleficence and respect for persons makes this an ethically permissable strategy.

Transplant surgeons have long been held to the “dead-donor rule,” which posits that organ procurement should not cause a donor’s death and that a patient with no brain function could be “brain-dead” and therefore able to donate organs.\(^1\)\(^2\) There are a number of issues with this rule.\(^3\) First, the dead-donor rule is based on the false assumption that people must be dead to donate organs; obviously this is not true, as living people routinely donate kidneys. Second, it is more consistent with current practices to procure organs if doing so does not violate the interests of the donor rather than whether or not the donor is “dead.”\(^4\) For example, society does not require that a patient be “dead” before ending life-sustaining therapy, but rather it requires that removing life-sustaining therapy does not violate the patient’s interests. It is not clear why we should have more stringent rules for procuring organs than ending life-sustaining therapy. Third, many people that are “brain-dead” still retain hypothalamic function, and therefore are not truly
Perhaps what we mean by “brain-dead” is actually lack of brain cortical activity. In summary, a patient does not have to be dead to donate organs.

Critics of imminent death donation state that donation at imminent death is not in the interest of the donor and therefore violates the ethical principle of non-maleficence. While it may not be in the medical interest of the donor, it can still be in the general interest of the donor, as the donor benefits in other ways. Allowing donation at imminent death can give these donors dignity, pride, honor, and legacy before they die, which is certainly in their best interest. As health care professionals, we can certainly comment on what is in the patient’s medical interest, but it is up to the patient to incorporate this information and determine what is in his/her overall best interest. Therefore, imminent death donation is consistent with the ethical principles of autonomy and beneficence.

With regard to a limit on the number of organs to be donated, it is most ethically defensible to allow the donation of one kidney at this time. This procedure is unlikely to hasten the death of the donor; therefore, the ethical principles of non-maleficence and respect for persons are upheld. Harvesting additional organs before the patient is dead may violate respect for persons. However, this must be balanced with patient autonomy; if the patient is fully consented, competent, and understands that donating additional organs would hasten death, then we must respect patient autonomy and allow the patient to do so.

In order to make imminent death donation a reality, the United Network for Organ Sharing (UNOS) needs to change from assessing all-cause donor mortality to donation-specific mortality. Under the current assessment, an individual could donate a kidney without complication but die in a car accident on the way home, and this would appear as
a donor-related death and put the institution’s organ donation program at risk of suspension. Changing to donation-specific mortality would allow patients with chronic disease (e.g. cystic fibrosis, amyotrophic lateral sclerosis) to donate organs at the time of imminent death. An additional benefit to this proposal is that it provides these patients with a meaningful, rewarding experience and legacy at the end of their lives, which many patients strongly desire. In a pilot study conducted by Fost, a group of adult cystic fibrosis patients were asked if they would donate their kidneys prior to death if they were admitted to the hospital for terminal care. About one-third said yes, and another one-third said they would like to learn more about it.

At the end of the day, there remain over 120,000 people waiting for an organ. Our previous efforts to increase organ donation have been ineffective. Now is the time for implementing innovative and ethical solutions to save lives. Imminent death donation fits the bill.
References

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