Ethical Calculus:
Organ Donation at the End of Life

My family would never be the same after my youngest brother, Reilly, was born without functional kidneys. Reilly's odds were grim and physicians repeatedly advised my mother to withdraw care. Her stubborn refusal to give up on Reilly led him to be placed on dialysis as a neonate, and to an eventual kidney transplant from our father. Reilly is now finishing his first year of college at UC San Diego where he is majoring in electrical engineering. By risking his own survival, my father was able to give the gift of life to Reilly. My father was able to make Reilly whole.

Every 22 minutes an individual in the United States dies while waiting for a life-saving organ transplant. Despite the immense morbidity and mortality extolled by the organ shortage, questionable restrictions preclude many donors from willingly donating their organs. Such precluded donors include the financially incentivized, the pediatric population, and the terminally ill. In considering the case of terminally ill organ donors, there is a conflict between the age-old ethical principle of “do no harm,” and the recently championed principles of beneficence and autonomy, which empower physicians to care for organ donors and recipients in a way that respects patients’ desires and serves the greater good.

The case against terminally ill organ donation rests on “do no harm,” which demands that doctors deny any intervention that will actively hurt somebody without a chance of benefit for that person. While this may seem self-evident, it is overly simplistic and if strictly observed would preclude all living donor transplants as the donor is exposed to risk, which is ethically synonymous with harm, without any personal physical gain. Transplantation regulations have thus ambiguously relaxed “do no harm,” and a patient is regarded as qualified to donate if they have a meaningful chance of returning to full health after donation. Almost as if swimming across the English Channel and drowning during the final pitch, this dictum allows for living organ donor transplantation at-large but disqualifies the terminally ill from being living donors.

In the opinion of the author, this standard disqualifies those from donating organs that would benefit from it the most. Organ donation can give a sense of meaning and purpose to a patient whose life is ending. Physicians are expected by society to give of themselves for their patients, to be “worthy to serve the suffering.” As physicians we should strive to enable that same virtue of altruism for the terminally ill. Moreover, prohibiting the terminally ill from donating on the basis of “do no harm” rests on a narrow interpretation of that ethos, blind to the immense benefit received by the organ recipient and the functional harm imparted on the recipient by delaying transplantation.

Better outcomes for the organ recipient are associated with donations from living donors. Also, many patients awaiting transplant are in a precarious state of health and are needlessly endangered by delaying transplant. The end of life for terminally ill patients can involve large amounts of medication with the potential to damage subsequently donated cadaveric organs, further harming the eventual transplant recipient. These practical aspects suggest that denying a terminally ill patient their request to donate before death causes functional harm to the potential recipient, which if nothing else violates the spirit of “do no harm.” In the ethical calculus of organ transplantation, the donor and recipient are not independent variables but a system of equations, and the solution to this problem is for the
reasonable desire of a terminally ill patient to serve the greater good to be respected by laws and physicians alike.

“Do no harm” has served physicians well since its inception thousands of years ago, but the authors of the Hippocratic Oath did not foresee the ethical challenges posed by organ transplantation. Organ transplantation saves lives, like Reilly’s. Our ethical codes of conduct as physicians must be modernized to appreciate all of the risks and benefits for both the donor and recipient, and to facilitate the charitable act of organ donation for the sake of the donors who need it most.

Left: Reilly after receiving a kidney transplant from his father (also pictured). Right: 18 years later, Reilly and the author after hiking out of Havasupai Canyon.

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References:

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