

A One Time Opportunity for Generosity

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Nine eleven celebrated a decade of safe measures taken in order to prevent further useless human losses. Since then, violence against human beings is supposed to be prevented and opposed by security measures. The number of human beings deceased as a result of that terrorism act was appreciated at 2982 (1).

Compared to this devastating attack against humanity, the fact that a number of 6467 patients died in the USA in 2012 while waiting for an available organ passed almost unobserved by the media (2). Still, a number of 22187 organ transplantations were performed from 8143 deceased donors. Summing up the lost human lives in the battle to survive by human organ transplantation, we can easily see that despite the organ shortage, the gift of life allowed 7571 otherwise lost patients to continue to live. To an accountable, it would be a positive balance. When looking at the figures of the waiting list, that is over 120 000 souls, the disparity between need and supply of transplantable organs is impressive (2).

So, are there ways or opportunities to increase organ donation? And doing so, are we at risk of disregarding moral or ethical values? Could we actually harm the donors and/or their families?

It is no news that brain death organ donation is a sensitive problem and therefore it should be carefully approached. However, we increasingly encounter families who conscious of the irreversible condition of their beloved ones, anticipate our proposals and offer as a good farewell, the body of their parents. Their distress if the procedures, for clinical reasons, cannot be performed, is unmeasurable.

At the opposite pole are those who aggressively reject the reality of brain death, pulling allegations to the medical team, seen as scavengers and sheer business men. They are often the victims of ignorance, of manipulators, or having been abused before for some reason and conscious as to their eventual social-economic vulnerability, are afraid of further exploitation.

All these attitudes mirror our diversity in education, moral values, awareness, duties, responsibilities and generosity.

A couple of years ago, an unusual question has been addressed to the medical readers: If resuscitation to all would not be an abuse (3). Imposing a right in an indiscriminate way might become an abuse in certain situations. It is well known that “one of the first treatments used in critically ill patients without obtaining their consent was CPR” (car-

diopulmonary resuscitation) (4). Paradoxically, refraining from CPR is perceived by the naïve by-standers as a breach of medical duty and a refusal of a “last chance”. Still, resuscitating against the well documented, medically sound patient’s wishes is battery. Continuing the idea of resuscitation, preserving a donated organ would represent another way of preserving life of the both the donors and the recipient. If converting quality into ethical quantity, the result would favor donation.

The equation of organ donation is at this moment quite simple: there is a huge need with a gap between needs and delivery, much family related sensitivity as to organ donation of the brain dead and hopes of prolonged survival of the organ receivers due to better management.

Organ donation is regarded as a particularly personal matter, mainly because of mortality (5). You get the opportunity of becoming ultimately generous when brain-dead only once at the end of your lifetime. Why loose this unique chance?! Why let your family regret after departing from you for good, that you or they denied donation?! Experience showed that often families regret not to have agreed to organ donation. A bold approach was recently suggested by Shaw, to tell directly those interested that organ donation was the right choice, and that it equaled any other lifesaving action otherwise taken without hesitation. No-one has the right not to be told that refusing donation is the wrong decision, all things considered (5).

Stubborn and self-conscious as we often behave, we adopt unbreakable opinions and attitudes on unproven issues, or not backed up by sound evidence. When it comes for the daily problems, we act either according to our pre-defined patterns and protocols, but we do not exclude acting on a “whim” basis or on our intuition, only because we have the opportunity and the right to do so. It does not happen only to the others to be confronted with organ donation. It might happen to us too, to need an organ or to face brain death.

The medical teams and the managers would like to minimize distress and costs to everybody with increasing benefits. Thus convincing the families and the potential donors while still pretty much sane and alive of the righteousness of donation becomes a duty of care.

A national program aiming among other targets, at educating the physicians for the management of transplantation is implemented as I write. It is known as the project “Developing competencies in transplantation” under the umbrella of the POSDRU grants. Our University joined in and started the lectures and the skills program in the ICU. We are looking for results on the short and long run. We

will let you know when completed, if this intense and large program ended up in the interest of survival in the light of generosity.

References

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