THE DONATION OF ORGANS: A CELEBRATION OF THE GOSPEL OF LIFE
(Revised December 1995)

The press and media regularly report on celebrities receiving life-saving organ transplants, persons whose organs have been donated after death, and relatives who donate a non-vital organ to a loved one. A prominent priest in Miami received the gift of a heart implant, and is now pastor of a large church. More and more people await organs to preserve their lives or physical health, but fewer receive them. Likewise, people seek bone and other tissue to restore function to limbs or other portions of their bodies. These needs can only be fulfilled by the donation of organs and tissue from other people. Information on needs and resources can be found at the end of this paper.

Questions often arise as to one’s attitudes and feelings about the donation of organs. This Commentary will focus on traditional Catholic teaching and current moral and ethical concerns. Issues such as brain death, anencephaly, and the protection of the human person will be discussed here, and information on needs and resources are provided.

THE DONATION OF ORGANS, A POSITIVE MORAL GOOD

A person’s decision to donate his or her organs after death is regarded as an ethical and charitable act. Pope Pius XII in 1956 stated:

A person may will to dispose of his body and to destine it to ends that are useful, morally irreproachable and even noble, among them the desire to aid the sick and suffering . . .¹

Expanding on this theme, Pope John Paul II, in his Encyclical Letter, Evangelium Vitae (The Gospel of Life), points out that heroic actions often take place in everyday living:

These are the most solemn celebration of the Gospel of life, for they proclaim it by the total gift of self . . . A particularly praiseworthy example of such gestures is the donation
of organs, performed in an ethically acceptable manner, with a view to offering a chance of health and even life itself to the sick who sometimes have no other hope.\textsuperscript{2}

It has been said that the moral issues in the donation of organs from living donors are different from those involving organs from dead persons. However, the basic principles are the same . . .

Transplantation presupposes a prior, explicit, free and conscious decision on the part of the donor or someone who legitimately represents the donor, generally the closest relatives. A person can only donate that part of self by which he can deprive himself without serious danger or harm to his own life or identity and for just and proportionate cause. Obviously, an entire vital organ can only be donated after death. The body can never be treated as a mere biological entity; nor can its organs or tissues ever be used as items for sale or exchange.\textsuperscript{3}

The Bishops of the United States have issued Ethical and Religious Directives for Catholic Health Care Services, which speak to these concerns. They set forth these principles relating to transplantations:

30. The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of the prospective donor must be respected, and economic advantages should not accrue to the donor.

62. The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.

63. Catholic health care institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tissue for ethically legitimate purposes, so that they may be used for donation and research after death.

64. Such organs should not be removed until it has been medically determined that the patient has died. In order to prevent any conflict of interest, the physician who determines death should not be a member of the transplant team.

65. The use of tissues or organs from an infant may be permitted after death has been determined and with the consent of the parents or guardians.\textsuperscript{4}

\textbf{BRAIN DEATH: THE DETERMINATION OF DEATH}

Historically, death was determined by the irreversible cessation of circulatory and respiratory functions (heart beat and breathing). As technology developed, and respiration and heart beat were artificially maintained, criteria for determining brain death
were proposed, debated and refined, and gradually a consensus was reached. In 1980, the Florida law was adopted, with the support of the Florida Catholic Conference. Sec. 382.009 reads as follows:

(1) For legal and medical purposes, where respiratory and circulatory functions are maintained by artificial means of support so as to preclude a determination that these functions have ceased, the occurrence of death may be determined where there is the irreversible cessation of the functioning of the entire brain, including the brain stem, determined in accordance with this section.

(2) “Determination of death pursuant to this section shall be made in accordance with currently accepted reasonable medical standards by two physicians. . . One . . . shall be the treating physician, and the other . . . shall be a board-eligible or board-certified neurologist, neurosurgeon, internist, pediatrician, surgeon, or anesthesiologist . . . ”

The great pro-life physician, Eugene F. Diamond, M.D., developed a position paper on this subject on behalf of the Linacre Institute which issues the Linacre Quarterly, the authoritative publication of the National Federation of Catholic Physicians Guilds. Entitled Determination of Death, it was developed with the collaboration of an impressive list of pro-life theologians, philosophers, physicians and attorneys. The paper asserts the legitimacy of the use of brain death criteria and concludes: “The acceptance of brain-based criteria may be helpful in organized opposition to legalized euthanasia.”

The issue of determination of death by brain-based criteria must be clearly distinguished from other controversies.

A) The persistent vegetative state. When brain stem function remains but the major components of cerebral function are irreversibly destroyed, the patient is not “brain dead.” Such patients may exhibit sleep-wake cycles, yawning, involuntary movements, and independent respiration. Controversies regarding food and fluids for those in a persistent vegetative state are not relevant to the question of brain death.

B) “Do not resuscitate” orders. This is fundamentally a decision that cardio-pulmonary resuscitation and other extraordinary measures are contra-indicated because of the hopelessness of the patient’s prognosis. This is different from a determination of death.

C) Ordinary versus extraordinary care. The physician’s and the patient’s respective obligations to use or accept certain forms of therapy is not relevant to the patient who has been declared dead. Such a patient is beyond benefit or burden. Brain-based determinations of death are employed with the patient on extraordinary forms of artificial life support.
CONTEMPORARY CONCERNS

One patient lies in a hospital bed on life support systems facing death; one lies in another bed facing death or dire disability unless a vital organ is found for a transplant. They may be in the same room, or the same hospital, or hundreds or thousands of miles apart. Each is entitled to care and protection, but their interests may well be in conflict in some regards.

The dying patient’s medical team must be dedicated to him or her solely. The Florida law provides that the attending physician or the one who determines death “shall not participate in the procedures for removing or transplanting a part.” Section 732.917, Florida Statutes. Occasional suggestions that transplant teams or organ procurement organizations have a more direct role in the treatment of the dying patient, or the prospective donor, must continue to be rejected.

The United Network for Organ Sharing coordinates matters nationally for all of the organ procurement organizations funded by the United States government. It maintains and asserts a vigorous ethical standard in the field, and is protective of donor’s rights. The supply of organs and tissue depends on the trust and goodwill of all the people.

However, the demand for healthy organs brings on ill-advised attempts to expand the supply by redefining death or dehumanizing dying patients. For example, there are the recurring efforts to define the anencephalic child as dead, although such a child is breathing and has a heart beat and some brain function. The excuse given is that the organs are healthier while alive, the child will inevitably die within a few days, the upper brain is absent, the test for brain death doesn’t work here, and “some good can come from this tragedy.” The fact is that this baby is a human being, a citizen, and legally protected by the Americans with Disabilities Act. More importantly, she or he is a child of God, made in His image and likeness, and must not be treated as an object or a mere means to the benefit of others.

These occasional attacks on the anencephalic child also show the inability of science to accurately diagnose or define the human condition sufficiently to legally categorize people. The experts insist that such a child cannot live more than a few days. When confronted with cases of children diagnosed as anencephalic who live for several years, including one who lived twelve years, pediatric neurologists respond that these are not true anencephalics, but rather micro-cephalics, or others. (The twelve year old received federal educational aid for the handicapped based on the diagnosis for anencephaly.) Human rights cannot be based on such uncertainties.

People should be encouraged to donate their vital organs in the event of death. However, recent proposals to increase donations by harvesting organs from patients who are not really dead are morally wrong, and may well have the opposite of their intended effect by undermining trust in the organ transplant system.
ENCOURAGEMENT OF ORGAN DONATION

The Catechism of the Catholic Church states: “Organ transplants conform with the moral law and can be meritorious if the physical and psychological dangers and risks incurred by the donor are proportionate to the good sought for the recipient.” (Par. 2296) When the conditions that determine death are properly met the donation of organs is highly encouraged. In such cases, organ donation constitutes an act of charity by which donors make it possible for recipients to continue their earthly life while they themselves receive the reward promised to the generous. The most appropriate time to consider organ donation is before the time of death when emotion can easily overwhelm reason. As the following statistics will show, there is a great need for serious reflection to be given by individuals as to their willingness to donate their organs at the time of their physical death.

NEEDS AND RESOURCES

The current need for organs, both in Florida and in the United States, is well documented. The following are on the waiting list registered with the United Network for Organ Sharing:

<table>
<thead>
<tr>
<th></th>
<th>Florida</th>
<th>U.S.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>770</td>
<td>29,235</td>
</tr>
<tr>
<td>Liver</td>
<td>79</td>
<td>4,850</td>
</tr>
<tr>
<td>Pancreas</td>
<td>0</td>
<td>241</td>
</tr>
<tr>
<td>Kidney-Pancreas</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Intestine</td>
<td>3</td>
<td>75</td>
</tr>
<tr>
<td>Heart</td>
<td>53</td>
<td>3,258</td>
</tr>
<tr>
<td>Heart-Lung</td>
<td>0</td>
<td>211</td>
</tr>
<tr>
<td>Lung</td>
<td>11</td>
<td>1,811</td>
</tr>
</tbody>
</table>

There are three types of agencies which assist in anatomical gifts and transplants: organ procurement organizations (O.P.O.), eye banks and tissue banks.

The Florida Certified Organ Procurement Organizations are: LifeLink of Florida, Tampa; Lifelink of S.W. Florida, Fort Myers; Translife O.P.O., Orlando; University of Florida O.P.O., Gainesville; and University of Miami O.P.O., Miami.

The Florida Certified Eye Banks are: Central Florida Lions Eye Bank, Inc., Tampa; Florida Lions Eye Bank, Miami; LifeLink of S.W. Florida, Fort Myers; Medical Eye Bank of Florida, Orlando; and North Florida Lions Eye Bank, Jacksonville.
The Florida Certified Tissue Banks are: Biodynamics International (U.S.), Inc., Alachua; Central Florida Tissue Bank, Orlando; Greater Florida Tissue Bank, Winter Park; LifeLink Foundation Tissue Bank, Tampa; Translife Tissue Bank, Orlando; University of Florida Tissue Bank, Inc., Alachua; and University of Miami Tissue Bank, Miami.

NOTES