

Organ donation policy

Following the brief *News Review* piece (*Triple Helix* 2008; Easter:5), respected pro-life campaigner **Stuart Cunliffe** takes issue

Andrew Fergusson says the Christian church should support the principles of organ donation and transplantation and prominent Christian figures should become role models in encouraging organ donation. I disagree. I do not object to people donating their organs for others' use after their death, but the end does not justify the means.

Traditional criteria for certifying death were that breathing and heartbeat had irreversibly ceased. In 1976, with techniques now available to provide ongoing support for brain-damaged patients, the Conference of British Medical Royal Colleges decided that brain stem testing would establish whether or not the patient would die if support were removed.¹ In 1979, at a time of increasing demand for donor organs, the Conference decided brain stem testing would establish whether or not the patient was dead already.² Prognosis became diagnosis.

The Department of Health tells people organs are removed 'only when death has taken place for certain'.³ Potential donors and next of kin are led to believe that the ventilator will be switched off and then organs excised. They are not told that ventilation will be continued until after organs are removed, and that the patient will be breathing and his or her heart beating when organs are taken. Brain stem testing does not and cannot prove lack of awareness.

In 1998 Dr Fergusson wrote 'We are in fact agreed that the current practice of removing organs such as heart, liver and pancreas from people said to be brain stem dead who are being ventilated at the moment of the removal of those organs is unethical'.⁴ How he can now write about 'an altruistic free gift in a context of fully informed consent' when he knows full well the conditions in which organs are removed I fail to understand.

references

1. Conference of Medical Royal Colleges and their Faculties in the United Kingdom. Diagnosis of brain death. *BMJ* 1976; ii:1187-8
2. Conference of Medical Royal Colleges and their Faculties in the United Kingdom. Memorandum on the diagnosis of death. *BMJ* 1979; i:332
3. Leaflet *Join the NHS Organ Donor Register and give the gift of life*, undated
4. His letter to me dated November 17, 1998

Andrew Fergusson replies:

First, Stuart has quoted me from a personal communication ten years ago. What he quotes remains my personal view, but in writing a *News Review* piece now, my duty is to represent the consensus view of CMF. The Medical Study Group revisited the question of organ transplantation before that *Review* was written, and the principles implicit or explicit there were based on the Study Group discussion.

Secondly, the *News Reviews* in *Triple Helix* are brief summaries of developments in the subject in question, and for fuller treatment of the issues involved, readers will have to consult

the references given and read more widely, perhaps by searching at www.cmf.org.uk. The amplification of Stuart's particular point, which follows, can be found in this extract from a Supplementary Submission¹ made by CMF in February 2008 to the House of Lords inquiry into the European Commission Communication: Organ donation and transplantation – policy actions at EU level.

Consent by patients and families can only be truly valid if it is fully informed

Q1. Please would you describe any particular aspects of organ donation and transplantation which are considered ethically problematic within the context of your organisation's religious beliefs – as these are perceived: (a) within the UK; or (b) in other EU Member States?

a. We have already expressed strong support in principle for the concept of organ donation and transplantation, as an altruistic free gift in the context of fully informed consent, and have no fundamental ethical concerns with donation *per se*.

Some members are concerned about lack of transparency in the information provided to potential donors and their families about the issue of the timing of cessation of ventilation. Organs to be retrieved are in the best condition if well perfused with well oxygenated blood, so the practice is to leave the donor on the ventilator until all the organs to be retrieved have been removed, and then turn off the ventilator. Those with concerns here have reservations about the concept of brain stem death and would argue that it is the act of removal of organs which ends the donor's life. They believe the ventilator should be turned off and removal of organs should not take place until classic criteria of death have been fulfilled – the donor stops any natural breathing and the heart stops.

Most members, fully aware of the situation about ventilation, accept the concept and criteria of brain stem death and have no such reservations. However, both sides would agree that consent by patients and families can only be truly valid if it is fully informed, and that information about this issue should be given transparently, even at the risk of lowering donation rates. The practice of organ donation must have public confidence and support.

b. We cannot speak for other EU Member states, though would expect our sister organisations in those countries to mirror the position expressed above.

reference

1. www.cmf.org.uk/ethics/submissions/?id=50