



Donor Heroes? - December, 2015

I recently returned from the International Organ Donation and Transplantation Procurement Congress in Seoul, South Korea.

The opening ceremony carried a tribute to those who make transplantation happenorgan and tissue donor heroes. This caught my attention because despite widespread public use of the term in relation to organ donation, the idea of donors and donor families as heroes is contentious in philosophical and regulatory circles.

The Oxford Dictionary defines a hero as "a person who is admired for their courage, outstanding achievements, or noble qualities" and provides examples of 'war hero' and 'football hero'. Many would argue that saving a life through donating organs and tissue at death is also heroic. However, a view that deceased organ donation is not heroic and should not be portrayed as such is justified by the idea, 1) that it is not possible to harm the dead, 2) deceased organ and tissue donation saves lives and benefits society, and 3) most people share this view. These ideas underpin regulatory practical. and approaches to organ donation around the globe-including the idea that unless stated otherwise, consent to donation should be assumed following death because it's the 'right thing to do'.

The Age recently published an article by renowned Australian philosopher Peter Singer and others (Savulescu, Singer, & Isedale, 2015) who argued that families have

a duty to agree to donate because "donating organs after death is the easiest rescue of all, because there is no cost to giving organs in these circumstances". This is the nub of the question regarding heroism, because if we assume there is no cost, we can assume there is no courage or sacrifice, or noble action and therefore we conclude there is no heroism.

The idea that donation is for the 'greater good'- a utilitarian based argument, fails to consider the potential the cost of the decision for families. My research shows that some families find the cost involved in agreeing to donation became a sacrifice too great for the family to bear. Whereas, other families experienced overwhelming benefits associated with the decision.

Importantly, in calculating the costs of donation consent there is an assumption that barriers to honouring the dead are irrelevant, that potential harm to families is irrelevant, and that informed consent is irrelevant in the calculation. These assumptions fail to consider the cost to families caused by poor information and communication with the health care team regarding end of life care and organ donation.

Care of the deceased and the bereaved underpins our social cohesion and sense of

humanity. This is evidenced by the effort and costs involved in trying to recover, honour and repatriate the bodies of deceased in cases of war, air disaster, ship wreck and accident. The argument that there is no cost associated with family consent to organ and tissue donation will be supported when our community have the opportunity understand the organ and tissue donation process and its potential impact themselves and their families at death; when health care professionals have sufficient knowledge in the practices of determining death and managing organ and tissue donation to effectively communicate with decision makers: and when the families of the deceased believe their loved one is suitably honoured and remembered for their donation.

In conclusion, is the decision to be a donor a heroic decision? Are donor families heroic in agreeing to donation? Every experience is different, but in every donation situation people are required to consider life and the survival of themselves and others in the face of death. At an individual level and at a family level the decision-making process may require a heroic effort. Some donors and their families experience excellent care within our health care system- but that cannot be said for all. For those who have received excellent care, it can be argued that there was little if any cost i n agreeing to donate- in f a c t many would say that the decision benefited them and their families. For other families, the experience may be very different - and ultimately the donor and their family may make sacrifices to enable donation which are heroic. Holly Northam

REFERENCES

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