

Should “Brain Death” be the Standard for Organ Transplantation?

Kenneth J. Coughlan

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While much good has occurred in the context of organ donation, if D. Scott Henderson's thesis is correct then not all results of the manner in which organ donation has been conducted since 1967 have been "good." Specifically, the increasing acceptance of brain death as the relevant criterion, combined with the various inadequacies of that standard, have resulted in the extraction of organs from living patients (Henderson 2011, 161-64).

A road forward must take into account not only the benefits of organ donation but also the proper respect due to all human life and specifically the lives of potential donors. To do otherwise is to resort to utilitarianism, by which the longer term good of prolonging the life of an organ recipient is seen to outweigh the limited good of briefly extending the life of the potential donor (or extending a life that society deems no longer worth living).

However, acknowledging that human life has inherent value does not require that it be regarded as having ultimate value. According to Christianity there is an eternal life after this one. As such, Christianity (along with the Hippocratic tradition) have acknowledged a permissible distinction between killing and allowing to die. Whatever parameters are placed upon organ donation must take all these factors into consideration: (1) the inherent value of human life; (2) the distinction between killing and allowing to die; and (3) the potential good inherent in organ donation.

As Henderson observes, utilization of the cardiopulmonary death criterion, without allowing for a short asystole time, strikes an appropriate balance of all three considerations (ibid., 174). The cessation of cardiopulmonary and respiratory function is superior to brain death when determining actual death. Further, requiring an adequate asystole period prevents organ harvesting from occurring while the heart has stopped but the brain tissue is still living.

As a practical matter, this will likely result in fewer available donor organs (although some of this reduction may be offset by an increased donor pool once the brain death criterion is no longer in use). However, recognizing the value of organ donation does not require elevating that value above all other considerations. Permitting the harvesting of organs from a living patient should never be morally permissible. Therefore, this standard grants the correct amount of consideration to the value of organ donation, but no more than is appropriate.

REFERENCES

Henderson, D. Scott 2011. *Death and Donation: Rethinking Brain Death as a Means for Procuring Transplantable Organs*. Eugene, OR: Pickwick Publications.