

Organ Donation After Euthanasia: A Pure Act of Altruism Fulfilling the Patient's Last Wish

To the Editor:

Euthanasia is controversial among health care professionals worldwide, but the number of countries that allow euthanasia is increasing and currently includes Belgium, the Netherlands, Luxembourg, Colombia, and the province Quebec in Canada (1). Several ethical controversies, such as whether the physician should always inform patients about the possibility of organ donation after euthanasia, which preparatory investigations are allowed, and whether the donor should be informed about matching recipients, are beyond the scope of this article (2).

Not all physicians have the intention to perform euthanasia, and they are often reticent in their decision to do so. A physician's refusal to perform euthanasia will always be respected (3). Patients who want to donate organs after euthanasia are not those who feel that their dignity is undermined by dying but rather those who remain positive. The fact that they have the possibility to donate organs has a positive influence on their suffering and has been shown to reduce ongoing chronic pain, potential low mood, and diminished quality of life (4). These patients embrace the fact that they are able to control their dying process, which does not imply that they are willing to hasten their death. Undeniably, this type of donation can be considered an act of altruism, and why should such an altruistic act be impeded?

The decision to request euthanasia when combined with organ donation is indisputably a result of shared decision making, after multiple conversations between the patient and the treating physician (5). Not respecting the six core functions of patient–clinician communication or not using the “informed” type of decision-making process could result in a breach of trust, and the patient could potentially and understandably withdraw from the procedure (6). With respect to the euthanasia procedure, the fact the patient makes an autonomous decision is confirmed

by a second, independent physician who examines the patient and discusses his or her request.

To ensure the patient does not feel pressured in any way, the authors emphasize that both procedures need to be separated as strictly as possible, consequently discussing the organ donation aspect only *after* the euthanasia request has been granted. The Dutch Practical Manual underscores this aspect and delineates the organ donation process that follows. The authors nevertheless acknowledge the need for additional studies (e.g. addressing ethical aspects and perception of the relatives regarding the care during and after the combined procedures and their resulting quality of life) to further elucidate these and other so-far-unknown aspects of this relatively new and unknown combination.

The result of a procedure in which organ donation follows euthanasia should always be that the ethical “do no harm” principle is maximally respected. Another result is the prolongation of and improvement in quality of life for multiple recipients, while potentially maintaining or even improving the quality of (the remaining duration of the) life of the donating patient and his or her relatives and friends. In our experience, organ donation after euthanasia overall leads to “good” results originating from an undesirable yet unfortunately unavoidable medical situation.

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Letter to the Editor

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Disclosure

The authors of this manuscript have no conflicts of interest to disclose as described by the *American Journal of Transplantation*.

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