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LETTER TO THE EDITOR

The right to become an organ and tissue donor at the end of life of critically ill patient☆

El derecho a ser donante de órganos y tejidos al final de la vida del paciente crítico

Dear Editor:

Regarding Estella et al. interesting editorial published in Medicina Intensiva on palliative care in the critically ill patient, we would like to make a few comments.[1]

It has been a while since healthcare providers accepted that the goals of medicine go far beyond healing our patients and include end of life care as well. We believe it is interesting to deal with this goal in the INTENSIVE MEDICINE setting.

It is widely known that a high percentage of our patients do not have any healing options and their therapies are oriented towards comfort and wellbeing.[2] A high percentage of these patients remain on life support whose futility at a given point leads to withdrawing this therapy. This inevitably leads to the patient's death in a short span of time as a consequence of the natural course of his disease. When the irreversible cessation of the cardiocirculatory function has been certified these patients—if possible—and their families are proposed to become organ and tissue donors. To this day, this new way to donate organs and tissues amounts to almost 25% of the overall organ donors in Spain, and according to our community registries this year it amounts to 28.3% of all donors already.

With the end of life organ and tissue donation plan of our patients—in cases where medical conditions allow it—we are preserving the right of our patients to become organ and tissue donors. We are also making transplants available for thousands of people who need them to stay alive or improve their quality of life significantly. The option of end of life donation should be offered to all citizens; however, as subject matter experts, healthcare providers should inform, advise, and incorporate this option within our patients' anticipated life planning.

Intensive medicine services (IMS) in our country are the true makers of the Spanish model of organ and tissue transplants. This is so because they allow thousands of patients exercise their right to donation. Thanks to this multidisciplinary effort, our patients find themselves in the country with the highest chances of accessing transplant programs when needed. If we want to remain being the cornerstone of the Spanish model of donation and transplants on top of maintaining the excellent process of detection, diagnosis, and maintenance of brain death in the IMS, we need to incorporate: intensive care to donation, controlled and uncontrolled asystole donation of extra-hospital EMS, and the detection of multi-tissue donors.[3–5]

Lastly, we should have a few words for the healthcare personnel that provide end of life care to patients. The patients right to donate should go hand in hand with the healthcare providers obligation to offer this option in all possible healthcare settings. By doing this we will be respecting our patients' autonomy and facilitating much needed therapies.

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Reply to ''The right to become an organ and tissue donor at the end of life of critically ill patient''☆

Respuesta a «El derecho a ser donante de órganos y tejidos al final de la vida del paciente crítico»

Dear Editor:

In reference to the editorial underscoring the importance of end of life palliative care in critical patients,[1] Daga et al. comment on the need to offer such patients the possibility of becoming organ and/or tissue donors.

The relevant role played by Intensive Care Medicine in the success of the Spanish organ donation model has been characterized by high ethical quality. At present there is still an imbalance between the demand for organs and the number of donations, and this has led to the introduction of strategies designed to improve the detection of additional donors on the part of the Spanish National Transplant Organization (*Organización Nacional de Trasplantes* [ONT]).[2] In this regard, donation modalities different from those related to brain death have been developed.

In their letter, the authors comment on care oriented towards donation, and on controlled and non-controlled non-heart beating donation – situations which from the ethical perspective deserve separate analysis.

In relation to care oriented towards donation in patients with catastrophic brain damage in wait of brain death, we must ask ourselves whether donation is able to justify the introduction or maintenance of treatment measures that are futile.[3] In any case, from the ethical point of view, such measures should be decided on the basis of positive consent from the patient as assessed from his or her history of values, with full guarantees of the absence of suffering. Palliative care is of particular relevance in this respect, and we must foresee the different possible outcomes, guaranteeing in each scenario quality end of life care, regardless of whether donation finally occurs or not.

In relation to controlled non-heart beating donation, and in addition to patient consent, it is essential for the decisions on limitation of life support to be made by the team caring for the patient independently of the transplant coordination team. Once the decision has been made, the possibility of organ donation would be offered as a right of the patient at the end of life.

Non-controlled non-heart beating donation is little developed outside Spain, and deserves special consideration from the ethical perspective,[4] due to the prognostic implications derived from prolonged cardiopulmonary resuscitation and the difficulties in the context of an emergency situation not only for obtaining consent but also for starting the organ preservation procedures. It is very unlikely to be able to determine the patient preferences, unless there are advance directives in the form of a living will. Furthermore, the relatives are not always present, and in such situations the conditions would not be ideal for adopting an adequate informative process.

In coincidence with the authors, we consider that organ donation should form an integral part of end of life care and should be offered as a patient right – ensuring high ethical quality adapted to each situation in our clinical practice.

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