EDITIORAL

Donation after cardiac death: an ethical balancing act?

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Since the beginning of the 1950s, with the coming of ventilators, and the ability to manipulate death as a direct consequence of organ support in intensive care departments, the question about what defines the end of human life has become more pressing and more intricate [1]. In the first heart transplantation in 1967 carried out by Barnard, the donor heart came from a young woman who died after trauma, and her heart was retrieved from her body after it had stopped beating, making it a Donation after Cardiac Death (DCD) procedure. Improved organ support in the ICU made it necessary to define death in a new way. This eventually led to the Harvard ad-hoc committee definition of brain death in 1968 [2]. This definition made it possible to declare a person dead on neurological grounds while the heart was beating, thus legalizing organ donation from donors who still had circulation at time of organ retrieval, and thereby greatly improving the results of organ transplantation.

For several years, the increasing demand for organs for transplantation has not been able to be met by the limited supply of donated organs. This situation is not only caused by the fact that the majority of adults in the Netherlands are still not registered as organ donors. The number of traffic casualties has decreased over the years, and changes in treatment of patients with acquired brain damage including the introduction of interventions such as hemicraniectomy in trauma and stroke, coiling in subarachnoid haemorrhage and therapeutic hypothermia in cardiac arrest have all probably led to fewer patients suffering brain death.

This decrease in donor organs has prompted an exploration of organ donation from patients who do not fulfill the criteria for brain death, and we have come full circle: we have once again started to organ donation from patients who do not fulfill the criteria for brain death. And thus, if there is doubt, we should examine that doubt and find agreement on the diagnosis of death. While this is a daunting task, it is not one we should refrain from performing. We as a society are obliged to carefully balance the interests of both organ donors and organ recipients.

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