EUTHANASIA COMBINED WITH ORGAN DONATION: CURRENT STATUS AND CONCERNS

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DEAR EDITOR,

In parallel with the increasing number of countries legalizing euthanasia, we can observe an increase in the practice of combining euthanasia with organ donation, including donors euthanized for psychiatric disease. Euthanasia combined with organ donation has been practised in the Netherlands, Belgium, Canada and Spain (1).

Professional and public awareness of this evolving practice are limited. Understanding the complexity of pre- and postmortal interventions on donors is becoming a challenge even for medical professionals, especially when complex perimortal procedures (like normothermic regional perfusion) are introduced to improve organ oxygenation and allow heart procurement, along with other organs (2).

A scoping review of practice and challenges for organ donation after euthanasia (=medical assistance in dying) was published recently, summarizing that an increasing percentage of patients have received organs from euthanized patients. 286 euthanized patients donated organs, and 873 recipients have received organs from euthanized patients, including in 2021. This represented 14% of all recipients from DCDD (donors after circulatory determination of death) in countries where euthanasia is legal (1).

Recently, lung transplantations from 22 euthanized donors were reported. Nine donors were euthanized for neuromuscular disease, 8 for non-specified psychiatric disease (including a 28-year-old female), and 5 due to unbearable pain (presumably not from malignant disease, which is a contraindication for donation) (3). Transplanting lungs from a female euthanized for mental disease was reported in 2011 (4).

Euthanasia for psychiatric disease or mental suffering is controversial in itself, and even more so if combined with organ donation. Mental disorders were accepted for granting euthanasia or assisted suicide in 6/8 countries, in 4/8 even for minors, as reported by Mehlum et al. in 2020 (5) in a paper reviewing euthanasia and assisted suicide in patients with personality disorders. Based on their findings, the authors concluded that the current legislation and practice of euthanasia and assisted suicide for people with personality disorders were based on an inadequate understanding of the underlying psychopathology and a lack of awareness about contemporary treatment literature. Moreover, they asserted that this practice has neglected the individual's potential for having a life worth living (5).

In the context of organ donation combined with euthanasia, one should not overlook the fact that terminally ill, very old patients or those with malignant disease (the primary candidates for euthanasia) are not suitable for organ donation, either because of suboptimal organ quality or disease transmissibility. The most »desirable«organ donors (as concerns organ quality and disease transmissibility) may be relatively young patients euthanized for psychiatric disease or mental suffering.

The proponents of combining euthanasia with organ donation have several arguments: 1) the patient wishes to combine euthanasia with organ donation, if, in realizing their wish, we respect the patient's autonomy; 2) euthanasia combined with organ donation gives meaning to death; 3) euthanasia combined with organ donation is a chance for a second life (of the donor and of the recipients); 4) euthanasia and organ donation is an act of (extreme) altruism (6); 5) decision for euthanasia and decision for organ donation are completely separated- only after euthanasia is granted can the to-

pic of organ donationbe discussed; 6) the procedures of euthanasia and organ donation should be kept as separated as possible.

However, separating a decision for euthanasia from one for organ donation may not (always) be possible. As argued by Buturović Z, "patients proceeding through the euthanasia pipeline already face substantial situational pressure, and adding organ donation on top of it can make the whole process work as a commitment device. By allowing euthanasia patients to donate their organs, we are giving them additional reason to end their lives, thus creating an unbreakable connection between the two." (7).

It is not possible to overlook the slippery slope in real life after legalizing euthanasia. Euthanasia was primarily introduced to end suffering of "the sickest of the sick". This was the basis for public support. But soon after its legalization (and sooner in every new country), euthanasia is expanded to include mental suffering, children and organ procurement. Organs are procured first from patients euthanized for neuromuscular disease, then for psychiatric disease.

Transplantation medicine is one of the major achievements of the 20th century. Together with artificial organ replacement, it was animportant field of medicine contributing to the birth of modern bioethics. Transplantation medicine is deeply involved in our understanding and definition of death. However, in parallel with all the achievements, one should never overlook the limitations and ethical concerns related to transplantation medicine. We should never forget to protect the weak and the vulnerable. And be careful not to cross the red lines, regardless of the most noble aim.

Organ procurement from euthanized patients, especially if the basis for euthanasia was psychiatric disease, causes deep concern and requires deep reflection. As underlined by the fathers of modern bioethics 40 years after publishing their ground-breaking book, "Principles of Biomedical Ethics", all four bioethics principles are of equal importance (respect for autonomy, non-maleficence, beneficence and justice) (8). In the concluding paragraph of a paper published in N Engl J Med 2005, Eric J Cassel wrote that "the biggest thief of autonomyis sickness". We should not neglectthe power of authority in medicine when obtaining informed consent (9), and should be aware that consent may be signed out of obedience and not from an authentic, autonomous decision.

The challenges in obtaining informed consent from patients requiring euthanasia combined withan organ donation procedure are substantial. Can patients understand the process of determining death and all the pre- and postmortem interventions and procedures involved when combining euthanasia and organ donation? Recently, postmortal extracorporeal oxygenation was introduced after euthanasia (to enable procurement of the heart), making the entire procedure all the more complex (2). Can patients withdraw their consent for euthanasia and organ donation at any time, despite being under the pressure of organ recipients and medical teams waiting for their organs? Rosenbaum reported on the case(s) of patient who admitted that she still wanted to live after requesting euthanasia, but were afraid to admit it in front of her family (6).

To conclude, transplantation is based on trust in medicine and doctors. Owing to ethical controversies (like transplanting organs from patients euthanized for psychiatric disease), we may, as a consequence, have less and not more organs available for transplantation in future.

Increasing professional and public awareness of the present status, evolution and perspective of euthanasia combined with organ donation is necessary, as well as critical debate on the slippery slope of this practice and related ethical concerns. Euthanasia combined with organ donation should be included as an important part of the general debate on euthanasia.

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