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LETTER TO THE EDITOR

Moral complexity in the organ donation process: The satisfaction of a job well done

Complejidad moral en el proceso de donación de órganos: la satisfacción del trabajo bien hecho

Dear Editor:

Dying constitutes the final act in the personal biography of every human being and the former cannot be separated from the latter as something detached from it. A dignified life requires a dignified death, and out of respect for the patient's dignity, it is up to them (or their legal representatives) to choose how and under what circumstances they wish to die.[1] Respecting the dignity of those who are in the process of dying means allowing them to choose the possibility of donating their organs, respecting their autonomy and freedom to manage their own biography according to their values. On the contrary, not offering the possibility of donation to a patient based on compassionate arguments is to adopt a paternalistic attitude that deviates from what the doctor-patient relationship should be.

Donation-oriented intensive care programs (DOICP) respect the principle of autonomy, as they allow the patient's will to be incorporated into their care process, including instructions regarding the fate of their organs and/or tissues, and considering the moral values and principles that have shaped their life project. Regarding the family of the potential donor, donation can provide comfort in the face of loss and an opportunity to express values, such as solidarity and social commitment. For patients awaiting transplantation, by enabling organ donation, DOICPs help improve their survival and quality of life.[2] Recognizing our patients' principle of autonomy and respecting their right to be donors is not a process of reducing the person to a mere öbjectör diminishing the integrity of such person.Örgan donation is a comprehensive part of end-of-life care. Therefore, our patients' right to donate must be accompanied by the obligation of health care professionals to present this option in all possible scenarios.

For the ëmotional costöf our work as intensivists, if we are not confident in our ability to effectively manage the ethical and professional responsibilities associated with the care of potential donors at the intensive care unit (ICU) setting, we should perhaps prudently consider this matter before working in a specialty where such challenges are so common.[3]

From an ethics of responsibility, what is fragile makes us responsible. When the fragile is a human being, they are entrusted to our care, delivered to our custody, and we are responsible for them. The professional's responsibility extends to managing the dying process of patients, which is also served by the ICU.[4] DOICPs allow the patient to manage their life trajectory, including the right to chart their own course toward death.

We must remember that each patient on the waiting list, for whom transplantation is the only way to improve their survival and quality of life, is the responsibility of all health care professionals, including intensive care specialists.[5]

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The organ donation process: An ethical commitment

El proceso de donación de órganos: un compromiso ético

Dear Editor:

We have read with interest the letter to the editor entitled ''Moral complexity in the organ donation process: a prudential act''[1] and felt it necessary to make a few comments on some aspects of its argumentation. Organ transplantation is a life-saving therapy, and patients on the waiting list have no alternative therapy. As intensivists, we are responsible for reducing the number of patients on the waiting list by facilitating the donation process in our units. In fact, Donation-Oriented Intensive Care (DOIC) is a common practice in our units[2] and in most developed countries. Fortunately, the debate is well-resolved, and in full compliance with the principles of bioethics, the following aspects could be argued.[3]

Regarding the principle of beneficence: end-of-life decisions should be made primarily based on values rather than facts. For the patient, it represents an opportunity to express values such as solidarity and altruism and may be the best therapeutic option until their poor prognosis is properly assessed. For the family, it provides solace in the face of loss, and for patients on the waiting list, it offers a genuine chance of survival.

Regarding the principle of non-maleficence: DOIC requires ensuring the absence of suffering and the patient's comfort, as outlined in existing protocols. Therefore, if deemed appropriate, DOIC should consider the possibility of having the patient accompanied by their family at the intensive care unit (ICU) setting. The option to revoke consent for DOIC is mandatory.

Regarding the principle of autonomy: All human beings aspire to live with dignity, as recognized by science, society, and law. A dignified life deserves a dignified death as an inseparable concept. Respecting dignity necessarily involves considering the option to donate each person's organs, either directly or through representation, thus respecting the patients' wishes and values. Providing this option is indeed a moral obligation for the health care personnel involved in patient care. Failing to offer it based on compassionate arguments would represent an undesirable paternalistic attitude.

Regarding the principle of justice: the use of ICU resources for DOIC is a matter of cost-opportunity. The moral obligation of health care providers is to allocate resources to a real—not a hypothetical—situation. Choosing a patient for DOIC vs the hypothesis that those resources could be allocated to a patient who might present represents the denial of an opportunity to stay alive in favor of a potential situation that does not exist yet.[4]

We agree with the authors that the donation process requires a deep understanding and analysis of each patient's situation. Therefore, SEMICYUC considers DOICs necessary to be included in the ICU care practice and, consequently, includes this reality in both its documents and recommendations.[5]

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Authors' contribution

All authors have contributed to the conception and drafting of this letter.

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