

Moral and Ethical Implications of Opposing the Family's Wishes to Harvest Organs – A Case Study Analysis

Organ donation is considered a noble and honourable act in the society since ages, and a means to save hundreds and thousands of lives. Despite the significance of organ donation in the current context where the rates of chronic conditions are on the rise, there is a lot of uncertainty and stigma attached to the organ donation process. A lot of people might agree to organ donation without fully understanding the implications of their decision for themselves and their families. They may, also, not fully comprehend the situation under which organs are harvested including the concepts of brain death, autopsy, and violation of bodily integrity. In the event of a person's death and the ensuing controversy surrounding organ donation, there are several factors that need to be considered such as the family members' wishes, reliability of the patient's consent to donate organs, and the ethical and moral implications of going against the family's wishes for harvesting organs from the deceased.

This paper analyzes a case study where the organ procurement agency moved to court because the parents refused to honour their son's agreement to donate organs in the event of an accident. It covers aspects of legal and ethical implications, the definitions of brain death, and dealing with refusal of family members to proceed with donation.

The case of a young Columbus man regarding organ donation after meeting with an accident was iconic as it represented the first time the case was moved to a courtroom in the state of Ohio, the United States. The person in question, Elijah Smith, met with a bicycle accident on July 3rd, 2013, and was declared brain dead the next day. Officials at the Grant Medical Centre informed the organ procurement agency, Lifeline of Ohio, that Smith had indicated on his driver's license application that he wished to be an organ donor after a fatal accident that claimed his life. However, Smith's parents were not aware of his decision and they refused to allow their son's organs to be harvested despite his consent on the driver's license application. His parents claimed that he "did not fully understand" the implications of the choice he had made while filling out his driver's license form (Manning, 2013).

The officials at the Grant Medical Centre informed the agency that they could not proceed against Smith's parents' wishes and that they would need a court order to harvest his organs. The organ procurement agency, Lifeline of Ohio, took the case to the Franklin County Probate Court where the judge provided a verdict in favour of the agency. The judge, Guy Reece, informed the concerned people that as per Ohio law, it was Elijah Smith's decision to donate his organs and no one, including his family, could undo this decision (Manning, 2013).

Smith's parents believed that the agency had betrayed them and gone behind their backs to get a court order for harvesting their son's organs. They stated that their son might have recovered if the hospital had given him a few more days; however, acquiring his organs was more important to the agency than trying to save his life. The hospital claimed that Smith was already brain-dead and the only reason that he was on a respirator was because of his consent to donate organs after his death (Manning, 2013).

Smith's parents may have been right on one point that their son had a limited understanding of brain death and organ donation, and did not fully understand the implications of the choice he had made. They claimed that their son was not aware that a person who donates his organs remains on mechanical ventilation while the surgery to remove his organs is performed. They clearly stated that they did not want their son to die as a consequence of organ removal. They preferred that their son would stop breathing naturally and death would occur when he was taken off the ventilator. However, the hospital had only kept him on the ventilator so that his organs remained healthy and fit for donation (Green et al., 2015). As per the Ohio law, only the person who consents to donate his organ has a say in the decision and this decision cannot be revoked by anyone except the concerned person. Based on this argument and Elijah Smith's signature on the driver's license application form, the organ procurement agency, Lifeline of Ohio, won the case and proceeded to harvest Smith's organs (Crane, 2013).

In this case, the agency's decision to overrule Smith's parents' wishes and harvest the organs anyway may not have breached any of the state laws. However, this case raises several ethical questions. The most important of these questions is: does the person's family have the

right to refuse organ donation despite the person's consent to proceed, especially if the family is not aware of the decision? The answer to this question depends on the situational context including the extent of the person's understanding and willingness to donate organs. According to Wilkinson (2011), harvesting organs from a person who doesn't want to donate is worse than not harvesting organs from someone who is willing to donate. If this claim is considered, then in the event that the information of a person's consent to organ donation is not reliable or complete, it is better to not take organs from the person. However, Wilkinson (2011) goes on to argue that there are several patients whose lives depend on an organ transplant, and despite uncertainty over a person's consent to donate organs, the family should allow organ donation to take place so that several other lives can be saved.

In the case of Elijah Smith, although he consented to donate organs on his driver's license application, his family absolutely refused for organs to be taken from his body. In such a scenario, where the person is not in a position to give verbal consent and the family, being unaware of the person's decision, does not consent to organ donation, it is only moral that the family's wishes be honoured. Organs cannot be considered a material resource that can be taken from people against the wishes of their families. In the event that a family wishes not to be distressed over forceful taking of organs from a recently deceased person, the organ procurement agency needs to behave in a professional and sensitive manner, and not move to court over the matter (Iltis, 2015).

In Germany, a new curriculum has been introduced by the German Medical Association in 2015 for physicians, which prepares them to deal with different situations related to organ donation. After the completion of the program, the physicians qualify as transplant coordinators and they are given the responsibility of talking to relatives, keeping in mind the legal and ethical implications of organ donation and the rights of the patients and their families. This training program also covers situations where despite all explanations provided to the family, the family members continue to oppose organ donation. In such a scenario, the reasons for the refusal need to be carefully considered in social, cultural, and religious contexts, and the

donation process should be stopped if it represents too much distress for the family (Primc, 2017).

There is also a lot of controversy surrounding the concept of brain death, with a lot of experts claiming that brain death does not necessarily indicate the death of a person. The introduction of the mechanical ventilator has made it possible for prolonging the physiological functioning of patients who physicians may describe as “hopelessly unconscious” or in a deep state of coma. It is still unclear whether a person on a mechanical ventilator should be considered alive or dead and if the burden of material and financial resources should be considered before prolonging the life of patients who are not set to recover according to strict medical criteria. As a person on a mechanical ventilator is ideal for organ donation, hospitals may be reluctant to take off the ventilator support if they feel there is a possibility of harvesting organs from the patient (Nair-Collins, 2015).

In the case of Elijah Smith, the patient’s parents claimed that they had seen signs of improvement in their son and that the hospital had ignored these signs just so they could harvest his organs. Despite the fact that a medical diagnosis has precedence over a family member’s “gut feeling”, it should not be ignored that this may be the last hope of the family to hold on to their loved ones. In such a situation, hospitals and organ procurement agencies need to act sensitively to the family members’ distress and devastation, and not force their agenda of harvesting organs from the patient if the family members are not ready.

In conclusion, the case of Elijah Smith highlights the boundaries and limitations that surround organ donation, and the moral and ethical implications of the process. Despite the law stating that only the concerned person can decide or give consent regarding organ donation following his death, the family members’ refusal cannot be ignored or overruled. The situation cannot be viewed objectively by only considering the facts; rather, it needs to be analyzed subjectively and a decision should be taken based on the cultural and religious backgrounds of the patients, the understanding of the patient regarding concepts of brain death and organ donation, and the family members’ wishes regarding the organ donation process.

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