Organ transplantation offers the potential to restore critically ill individuals to a productive and viable life. Kidney, heart, lung, liver, pancreas, cornea, bone marrow, bone, and skin transplants have been performed in large numbers worldwide and are accepted as a “standard of care” throughout the medical community. Patients generally undergo these procedures without questioning the ethics of living and cadaver donation. However, a recent occurrence at our hospital generated a serious moral controversy and raised a number of important questions about who speaks for the Catholic Church.

**Case Study:**

**A Dangerous Argument against Organ Donation**

Theodore I. Steinman, M.D.

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**A Transplantation Process That Generated Controversy**

The scenario centers on a forty-seven-year-old patient suffering from chronic kidney failure who faced transplantation as an option. Detailed discussion was held with the patient about living donor versus cadaver kidney donation, a routine part of the transplantation evaluation. Her twenty-three-year-old son offered to donate one of his kidneys, but members of our transplant evaluation team had reservations about using a kidney from this young man because of the possibility of genetic transmission of the mother’s disease to her children. It could not be determined with absolute certainty that he had not inherited this genetically transmitted kidney disease from his mother.

I want to acknowledge Judi Hansjon for her thoughtful review and valuable input into this essay.
As the patient and family were weighing the transplantation choices, she gave me a newly read article titled “Are Organ Transplants Ever Morally Licit?” by Bishop Fabian W. Bruskewitz, Bishop Robert F. Vasa, Walter W. Weaver, Paul A. Byrne, Richard G. Nilges, and Josef Seifert, which appeared in The Catholic World Report (CWR).1 The “commentary” article appeared several months after Pope John Paul II had acknowledged, in his address to the XVIII International Congress of the Transplantation Society on August 29, 2000, that the use of brain death criteria for the determination of death was acceptable within the Catholic tradition.2 The authors reinterpreted the Pope’s message to fit their own viewpoint that the worldwide-accepted criterion of brain death was invalid. After reading the essay, this devout Catholic woman believed that she would be in mortal sin if she were to participate in a cadaver donor kidney transplant.

Those of us in the transplant community were dismayed to see this reinterpretation of John Paul’s words. I personally wrote to the Vatican to inform His Holiness and advisors about the views offered in the CWR article and to verify if my understanding of the Pope’s message to the Transplant Congress in Rome was correct. Here is the response I received:

Vatican City
September 14, 2001

Dear Professor Steinman:

The Secretariat of State of His Holiness John Paul II has asked me to respond to your letter of April 7, 2001. In it you express your perplexity and conscientious concern after reading the article that appeared in the periodical Catholic World Report (March 2001) entitled “Are Organ Transplants Ever Morally Licit?”

I can confirm that this article does not reflect the official doctrine of the Church. The Church’s thinking continues to be what was expressed in the Holy Father’s discourse of August 29, 2000, which states: “Here it can be said that the criterion adopted in more recent times for ascertaining the fact of death, namely the complete and irreversible cessation of all brain activity, if rigorously applied, does not seem to conflict with the essential elements of a sound anthropology” (L’Osservatore Romano [August 30, 2000], n. 5).

An indication of this kind had already been given in the Charter for Health Care Workers, published by the Pontifical Council for Health in 1995, as guidelines for health care personnel. Guided by what Pius XII affirmed in 1957, the Charter recalled that it is the task of medical science to specify the moment of death, and in quoting the conclusions of the Pontifical Academy of the Sciences, stated: “In regard to this determination, the Pontifical Academy of the Sciences has made an authoritative contribution. First, with respect to the biomedical definition of death: ‘persons are dead when they have irreversibly lost all ability to integrate and coordinate the physical and mental functioning of the body.’

“Second, in regard to the precise moment of death: ‘Death comes: a) when the spontaneous functions of the heart and breathing have definitively ceased; or b) with

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1 The Catholic World Report, 11.3 (March 2001), 50–56.
the irreversible arrest of all brain activity.’ In reality, ‘brain death is the true criterion of death, although the definitive arrest of cardio-respiratory activity very quickly leads to brain death.’

“Faith and morals accept these findings of science. However, they demand of health care workers the most accurate use of the various clinical and instrumental methods for a certain diagnosis of death so that patients are not declared dead and treated as such when in fact they are not dead.”

I would like to take this opportunity to thank you on behalf of the Holy Father both for the confidence and appreciation you expressed for his Magisterium, and for your own commitment in the service of patients. In the Holy Father’s name, I am pleased to extend to you his apostolic blessing as a sign of the Lord’s accompaniment in the comforting task you carry out for patients and their families in the delicate area of surgery.

With the assurance of my prayerful good wishes, I am

Sincerely yours in the Lord,

Most Rev. Elio Sgreccia
Vice-President
Pontifical Academy for Life

This letter confirmed my own listening to and subsequent reading of the Pope’s remarks. Unequivocally, the Catholic Church acknowledges the finality of brain death and that such a definitive diagnosis allows for the recovery of solid organs for transplantation.

The article condemning cadaver donation generated much angst with the patient and her caregivers. A considerable amount of personal and family counseling was needed to reassure the patient that she was not violating the tenets of her faith by accepting a kidney transplant from a cadaver source. Meetings with members of the local Catholic clergy convinced her that she would not be committing a sin by accepting a kidney transplant. A Catholic priest assured the woman that the physicians involved in her care were not evil or sinners. In addition to the spiritual confusion she suffered, it was also necessary for the medical team to reaffirm that the cadaver donor does not suffer any pain from the surgical procedure that removes the kidneys and other solid organs used for transplantation.

The patient is now twelve months post-cadaver-kidney-transplant and has normal kidney function. She has returned to be a productive member of society, functioning normally at home and at work. Her strong support system of family and friends is a sustaining factor in her recovery.

The Power of the Written Word

The written word can generate a positive or negative force. Frequently, the less-than-discerning reader will accept as gospel that which appears in print. If it is published in a newspaper or magazine, it must be true. This is especially true for the Catholic who reads what comes from the hierarchy of the Catholic Church. The authors of the CWR article are opponents of the neurological criteria for the determination of death. Their attempt to reinterpret the address of Pope John Paul II only served as an avenue to inject their own bias and distort Catholic teaching to fit their negative views of organ transplantation.
The key passage from the Pope’s Address to the Transplant Specialists is this: “… a health care worker professionally responsible for ascertaining death can use [neurological] criteria in each individual case as the basis for arriving at that degree of assurance in ethical judgment which moral teaching describes as ‘moral certainty.’ This moral certainty is considered the necessary and sufficient basis for a correct course of action.” But the Pope also reiterated what he has said on many occasions before: that “[t]ransplants are a great step forward in science’s service of man …. Increasingly, the technique of transplants has proven to be a valid means of attaining the primary goals of all medicine: the service of human life.” This reflected what he had said in his encyclical letter Evangelium vitae (1995), that one way of nurturing a genuine culture of life is “the donation of organs performed in an ethically acceptable manner, with a view of offering a chance of health and of even life itself to the sick who sometimes have no other hope.”

While the Pope’s message about the acceptance of brain death criteria is vitally important, his acknowledgement of what falls outside the competence of the Church requires emphasis. “With regard to the parameters used today for ascertaining death —whether the ‘encephalic’ signs or the more traditional cardio-respiratory signs — the Church does not make technical decisions. She limits herself to the Gospel duty of comparing the data offered by medical science with the Christian understanding of the unity of the person ….” The determination that a person has died is a medical one and thus belongs to the physician.

The authors of the CWR article take a view directly contrary to that of John Paul II. They state that “the Catechism of the Catholic Church teaches that the removal of organs that would directly bring about the disabling mutilation or death of a human being is intrinsically evil, yet this is what occurs when a surgeon makes the incision to remove the donor’s healthy, live organs.” They portray surgeons who participate in cadaver organ donation, or even in living donation of an unpaired organ (such as removing a section of the liver for transplant—a medically accepted procedure), as evil and as sinners. Inflamatory statements that border on libel fill this muckraking article, as exemplified by, “people—especially the young—must fully comprehend that when they agree to be organ donors, they give transplant surgeons a license to terminate their lives.” Cadaver organ procurement is tantamount to murder in these authors’ distorted view. Such astonishing statements from bishops of the Catholic Church openly contradict the expressions of the Pope on matters dealing with life and death.

The authors go on to state that the Holy Father’s guidelines are “being violated, misinterpreted, or ignored,” but this statement reflects their incorrect interpretation

3 Ibid., n. 5.
4 Ibid., n. 1.
5 Evangelium vitae, n. 86.
6 “Address to the Congress on Transplants,” n. 5.
7 “Organ Transplants,” CWR, 50.
8 Ibid.
of the Pope’s speech. They use fearmongering when they imply that removal of organs would directly bring about the disabling mutilation or death of a human being. The implication is that individuals are taken to the operating room to have their liver, lungs, heart, and kidneys removed while they are still alive! They falsely state that, “the donor’s body reacts with moving, grimacing, and squirming unless the donor is first given a paralyzing drug. The heart continues beating until the transplant surgeon stops it—a few minutes before cutting it out.” The actual fact is the patient is declared dead, by medically accepted brain death criteria, and a death certificate is signed before the donor is taken to the operating room. A beating heart and respiration are maintained during the organ recovery process by means of mechanical ventilation, but pain is a nonissue for one who is deceased.

In contrast to the confidence John Paul II has that neurological criteria accurately determine death, these misguided authors incorrectly state that it is the removal of the organs for donation that is the cause of death: “It is the removal of organs that changes the living person to a dead one.” In the simplest of terms, a person who is already dead cannot be killed by the removal of organs for transplant.

The Concept of Good (vs. Evil)

Pope John Paul stated in 1991 that “the criteria for certain death, used by medicine today should not be understood as a technical-scientific determination of the exact moment of a person’s death, but as a scientifically secure means of identifying the biological signs that a person has indeed died.” The Pope has emphasized that “the complete and irreversible cessation of all brain activity” using “parameters commonly held by the international scientific community” meets the criteria for a definition of death. While the authors of the CWR article see only evil in the organ recovery aspect of the transplant process, the Pope emphasizes the good and describes organ donation as a contribution to the culture of life. “There is a need to instill in peoples’ hearts, especially in the hearts of the young, a genuine and deep appreciation of the need for brotherly love, a love that can find expression in the decision to become an organ donor.”

If the CWR article were accepted as doctrine, it would eliminate cadaver donation and put a halt to heart, lung, liver, pancreas, cornea, bone, and skin transplantation. Approximately fifty to seventy percent of kidney transplants (varies in different sections of the country) are done via the cadaver donation process, and these would be eliminated. Therefore, the vast majority of the approximately seventy-five thou-

9 Ibid.
10 Ibid.
11 Ibid., 51.
13 “Address to the Congress on Transplants,” n. 5.
14 Ibid., n. 8.
sand Americans awaiting an organ transplant would be handed a death sentence. The CWR article does a disservice to those patients facing a needed transplant for survival, since almost all organ donations would disappear if its views were adopted.

Authors of any article must be aware of the potential impact their words can have on readers, especially when they attack established church doctrine and revise the very words spoken by His Holiness. All physicians and medical personnel stand together to work with our clergy so as to provide the most compassionate care for the medically disadvantaged. Ethical conduct is the guiding watchword of our profession.

The Process of Organ Donation

Detailed informed consent is the guiding principle for all organ donations. For potential living donors, information is provided in private, and their wishes to donate or not are accepted without pressure from the medical team. At no time is pressure brought to bear to donate out of obligation. Decision making about organ donation is completed as a private matter between members of the transplant team and the potential donor. The potential recipient of the organ plays no role in deciding who will be the donor once the process of evaluation begins.

In the case of cadaver donation, a different scenario occurs because the next of kin is involved in the decision making. When irreversible brain death is determined, employing universally accepted criteria, by physicians caring for a comatose patient maintained on life support, only then is the process for potential organ donation initiated. Physicians responsible for the patient’s care establish with the family the irreversible nature of the catastrophic event. At this point, and not before the pending declaration of brain death, is the issue of donation raised. It is important to note that brain death is a legal definition of death.

Some donors have already established their wishes regarding organ donation by carrying a universal donor card, and this makes the next-of-kin decision easier (but no less painful). When no such desire to be a donor had been expressed, then the next of kin must make the decision, assuming the deceased meets the criteria of being a medically acceptable donor. At this juncture, members from the local Organ Procurement Organization can be extremely helpful to families wrestling with the decision whether or not to donate their loved one’s organs. Explaining the donation process and what it means has helped many families come to a decision with which they are comfortable. In the end, families must live comfortably with their decision, and the team does its utmost to achieve peace of mind for the family and next of kin while they are dealing with the tragedy of sudden loss. Donation is considered the ultimate act of generosity and the purest act of love for humankind as we depart this Earth. There are no strings attached to the donation process, only the desire to do good.