

Title: **THE DEAD-DONOR RULE AND A DEATH WITH DIGNITY**

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Abstract:

On average, 20 people die while on the wait-list for organ transplantation in the United States each day. There exists an ethical obligation, grounded in dignity, to source organs for transplantation from new methods to meet demand. As of 2016, Canada joined countries like the Netherlands in legalizing euthanasia, and combined this practice with organ donation. 73% of Americans support euthanasia. If paired with organ donation, this could be an unexplored option to increase the donated organ pool. To prevent coercion, informed consent for euthanasia must occur before, and in a separate instance, from consent for organ donation. Consent for living donation of kidney and partial liver can be directly given by the donor before euthanasia, followed directly by donation of remaining viable organs after cardiac death proximately caused by euthanasia. This could proceed without violating the Dead Donor Rule.

The Dutch estimate that 5-10% of patients requesting euthanasia, most suffering from neurodegenerative diseases like ALS, are candidates for organ donation. Ethically similar to euthanasia, the Death with Dignity Act data from Oregon shows 9 DWDA deaths in 2016 were in patients with ALS. Chances are that 1 of those 9 may have been a candidate for organ donation. According to OPTN, that 1 donor could save 8 lives. By extrapolation, if euthanasia is legalized in the US, an additional 400 organs, in total, could have been sourced from 50 donors, one in every state. With legalization, a patient's choice to donate after choosing to die with dignity enhances their autonomy. Further, improvement to remaining patient quality of life may be provided by altruistic boost shown to mitigate chronic pain and depression. Additionally, it would reduce moral distress to surrogates who often are unsure of the patient's wishes to donate and help with the mourning process by facilitating closure.