

THINKING ANEW ABOUT DEATH: PRESENTING THE RATIONALE FOR AN AUSTRALIAN STUDY OF HEALTH PROFESSIONAL AND PUBLIC ATTITUDES ON DEATH AND ORGAN DONATION

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The 'Dead Donor Rule' (DDR) stipulates that organs for transplantation can only be removed after the death of the donor. For the past 50 years, it has underpinned peri-mortem organ donation and is widely regarded as ethically sacrosanct. Around three quarters of all donated organs are acquired around the time of the donor's death, and most of these follow the development of the syndrome of 'brain death'. However, 'donation after circulatory death' (DCD) is now responsible for a growing proportion of organs obtained around the time of death.

Reconciling brain death and DCD under the DDR has polarized debates both in academic literature and clinical practice as organ donation relies on a notion of death that no longer conforms to contemporary concepts of biological death. In this paper, we question whether organ donation can be justified ethically without the need for a DDR. To begin, we present a four-part rationale for conducting a mix-methods study in Australia where there are currently no data on the attitudes of health professionals and the general public toward the concepts and protocols underlying death and organ donation. Understanding to what extent, if at all, the determination of death and the DDR cause moral distress in the context of intensive care is an important first step in thinking anew about death as a prerequisite for organ donation.