

Question (Q): Do you want to be an organ donor?

Answer (A): To make this vital decision, you must be well informed about what is required to be an organ donor.

Q: Which organs are transplanted?

A: Heart, lungs, liver, kidneys, pancreas, and intestine are transplanted – all are vital organs. To be suitable for transplantation these organs must be healthy. When these organs are taken, the donor becomes truly dead.

Q: Who has healthy organs?

A: Only living persons have healthy organs. Organs are taken from persons of all ages, but especially desirable are those who are 16 to 30 years of age. When there is brain injury, persons 16-30 years are prime candidates to have their organs taken. This is because these younger people have the healthiest organs. Their life is in jeopardy!

Q: After true death (Latin: *cadaver, mors vera, mors realis*, distinguished from apparent death *mors apparens*) can vital organs be healthy and suitable for transplantation?

A: No. After true death (*mors vera*) vital organs are so damaged that organs cannot be transplanted. After circulation and respiration has stopped, within 4-5 minutes the heart and liver are corrupted to such a degree that they are not suitable for transplantation. For kidneys this time is about 30 minutes. After true death skin, bones, cornea, veins, heart valves and connective tissues can be transplanted. Note that these are tissues, not organs.

Q: Then why are we asked to be an organ donor if they won't wait until we are truly dead?

A: After true death, no organs can be transplanted. Those applicants for a learner's or driver's permit are not informed about the risks of being declared "brain dead" or "heart dead" rather than being truly dead. Thus, when organs are taken all donors are living and not truly dead. Donors are paralyzed or given an anesthetic to keep them from moving and squirming when cut to take their organs.

Q: What is "brain death"?

A: "Brain death" revolves around cessation of neurological functioning while heart beat, circulation and respiration continue, although supported by a ventilator. "Brain death" was concocted to get beating hearts for transplantation. In 1968 the Harvard Criteria was the first set of "brain death" criteria to get beating hearts for transplantation. These donors are called heart beating donors or DBD (donation by "brain death"). 30 disparate sets of criteria were published by 1978 and many more since then. Each new set of criteria tends to be less strict than previous sets. A person can be declared "brain dead" by one set but be alive by the other sets. The declaration of "brain death" legally is "in accordance with accepted medical standards" (Uniform Determination of Death Act). "Major differences exist in brain death guidelines among the leading neurologic hospitals in the United States" (Neurology January 2008). There is no consensus as to which set of criteria is used. Criteria to declare "brain death" are not evidenced-based (Neurology July, 2010). Thus, there are no "clearly determined parameters commonly held by the international scientific community, [for] the complete and irreversible cessation of all brain activity (in the cerebrum, cerebellum and brain stem)" (Within quotations is from Address by Pope John Paul II, August 29, 2000).

Q: What is donation by cardiac death (DCD)?

A: Such donors have a functioning brain and do not fulfill any "brain death" criteria but the desire is to get their organs. First, a Do Not Resuscitate (DNR) is obtained. The patient is taken off the ventilator for 10 minutes; the patient's respiratory rate, inspiratory effort, age and other parameters are scored. This is known as the Wisconsin Score, which is used to predict (60 or 120 minutes after the ventilator is taken away for the second time) when the patient will be without a pulse. Note that the donor-patient's heart continues to beat, but the heart beat is not strong enough for a pulse to be recorded. When there is no pulse for 5, 2 or 1.25 minutes (depending on the locale), this is the signal to take the organs. The 1.25 minutes (75 seconds) was the time without pulse for 2 babies in Colorado when their beating heart was cut out and transplanted (NEJM 8-14-10). Their hearts never stopped beating; the beating heart was cut out and continues to beat in the recipient!

Q: What happens to the donor after vital organs are taken?

A: After the organ(s) is (are) excised the donor is then either truly dead, e.g., after the heart is excised, or weakened after one of two kidneys or part of whole liver is excised.

Q: What happens to the recipient?

A: The recipient must take anti-rejection drugs for the rest of his/her life. These are anti-immune, anti-nature drugs. The recipient exchanges one set of problems for another set of problems.

Q: What is the moral teaching of Pope Benedict XVI on this topic?

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A: “Individual vital organs cannot be extracted except *ex cadavere*. . . ”

“The principal criteria of respect for the life of the donator must always prevail so that the extraction of organs be performed only in the case of his/her true death” (cf. *Compendium of the Catechism of the Catholic Church*, n. 476).

Q: What does the Catechism of the Catholic Church teach about this?

A: Article 5 The Fifth Commandment, Section **2296** states: “*Organ transplants* are in conformity with the moral law if the physical and psychological dangers and risks to the donor are proportionate to the good sought for the recipient. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. It is not morally acceptable if the donor or his proxy has not given explicit consent. Moreover, it is **not morally admissible to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons.**” (Bold and underline added by author.)

Q: Now, do you **WISH** to be an organ donor?

A: After full and explicit information is obtained, it seems one *cannot* be an organ donor.

About the Author

Dr. Paul A. Byrne is a neonatologist and a Clinical Professor of Pediatrics. He is past President of the Catholic Medical Association. He is the producer of the film *Continuum of Life* and the author of *Life, Life Support and Death*, *Beyond Brain Death*, and *Brain Death is Not Death*. Dr. Byrne has presented testimony on life-death issues to nine state legislatures beginning in 1967. He opposed Dr. Jack Kevorkian on **Cross-Fire**, and has appeared on **Good Morning America**, the British Broadcasting Corporation (**BBC**) documentary, “Are the donors really dead?”, and public Television in Japan. He is the author of many articles in medical and law journals and the lay press.

Dr. Byrne spends many spare waking moments in defense of those unable to communicate on their own behalf. He is available for speaking engagements at a very minimal, or donations only, cost to audiences and organizations around the country. This is a topic that the general public must continuously be made aware of before it happens to them.

Want to know more?

Several articles by Dr. Byrne and his colleagues are available online at:

- **The International Foundation for Genetic Research:**
www.michaelfund.org
- **Life Guardian Foundation:**
www.thelifeguardian.org
- **American Life League:**
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**Make An
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**By
Paul A. Byrne M.D.**