

# The heart of the matter

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Non-heart-beating donors, organ donation after circulatory determination of death, donation after cardiac death: the very terminology we use to describe the topic of this issue of *Bioethica Forum* points to difficulties. For this reason, we must first remember that this form of cadaveric organ donation was initially developed as a solution. Brain-dead cadaveric donors are, in some cases, not those of us who die from a primary brain injury. Sometimes, they die of other causes after every effort has been made to save their lives in an intensive care unit. As medicine came to realize that pursuing life-sustaining treatment to the bitter end was not in patients' interest, as we collectively stepped back from *unreasonable obstination*, the number of patients reaching the stage of brain death decreased. They died, of course. But they died of cardiac arrest first. Even in cases where they may have wanted to donate, they no longer could.

Organ donation after circulatory determination of death re-enables donation when life-sustaining measures are withdrawn. It does, however, come with its own difficulties. The first is: do we need a new definition of death? Here, the Swiss Academy of Medical Sciences is abundantly clear: death after cardiac arrest is still *brain* death, arrived at differently. Different countries give different answers to this question. This leads to distinct strands in the definition of death discussion. Is irreversible cessation of heart or brain function determinant? Given each premise, how much time needs to elapse before someone is truly dead? As the heart takes centre stage once more in these discussions, irreversibility has also become more contested. Initially this seems strange. After all, if irreversibility is not part of our conception of death we probably have a

problem with our conception of death. But we know how to restart hearts too well for irreversibility to sit comfortably with a conception of cardiac death. Non-heart-beating organ donation has impressively brought the debate on death back to life.

What do we need, then, from a definition of death? We need it to be clear, unequivocal, and observable: we have different moral duties towards the living and the dead. Our definition cannot be opportunistic. We may have to revise our diagnostic criteria or procedures with technological progress, but the definition itself cannot be revised to suit the requirements of organ recipients or transplantation programs.

The heart of the matter, however, is not the heart, how long it stops, or even death itself. Rather, the heart of the matter may be our wish that this extraordinary thing, a new lease on life for the recipient, should come at no cost or burden to the donor. Around the world, every attempt is made to achieve this goal. As many experiences show, and several are explored in this issue, this may not be possible. It may not even be all that desirable: some burdens are light, or even otherwise acceptable to those concerned. Rather than refusing all burdens to the donor, we should perhaps accept those to which the donor consents or would consent. What would this allow, and how would we know? That, in fact, could well be the heart of the matter ...

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