



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

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Title/Degree: PhD Candidate; MD/PhD Trainee, year 6

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Primary contact: Nathaniel J Brown

Additional panelists, if any (up to three):

Name: Anji E. Wall

Title/Degree: PhD Candidate; MD/PhD Trainee, year 6

Institution: Saint Louis University Dept. of Health Care Ethics and Saint Louis University School of Medicine

Country: USA

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: His Parents Want to Donate His Organs: Is He Dead? Do We Know?

Describe topic or case to be discussed up to 300 words:

A 14-year-old boy arrives at a children's hospital emergency room via ambulance after being found unresponsive by his parents. The parents report that they found the boy in the basement of their house

with a noose around his neck hanging from a ceiling rafter. EMS was able to resuscitate the boy on the way to the hospital. At the hospital, the boy was intubated and admitted to the intensive care unit. Because he was unresponsive for an unknown period of time, the extent of anoxic brain injury was not immediately known. After several days in the ICU without any signs of recovery, the boy's parents ask the physician about donating the his organs if there is no hope for recovery. The physician says that it is likely that the boy is brain dead and that they can go ahead test him. If the boy is brain dead, then all of his organs can be donated. The physician begins the exam with a cranial nerve test, finding that the pupillary, corneal, oculovestibular, oculocephalic, gag, and cough reflexes are absent. The physician is unable, however, to perform an apnea test on the boy because he is too unstable. The accepted alternative to the apnea test is a cerebral blood flow study. The equipment needed for the study is only available at the neighboring adult hospital, and the boy is too unstable to be moved over there. The other alternative is an electroencephalogram. The critical care physician in charge of the boy's care does not accept the electroencephalogram as a confirmatory test, although the consulting neurology physician does accept it. The care team calls the ethics committee to determine whether or not it is acceptable to use the EEG as a confirmatory test so that organ donation can go forward.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

Nathaniel Brown will discuss questions about pediatric organ donation raised by this case. The primary question from this perspective engages the extent to which we go to diagnose brain death for the purposes of organ donation. The declaration of brain death is being sought in this case only because the parents want the boy's organs to be donated. If donation were not possible, they would be willing to say their goodbyes and have life support removed. If life support were removed, he could swiftly be declared dead by heart/lung criteria. The question is not one of preserving the boy's quality or quantity of life, but rather one of giving meaning to his legacy. Given that this is the case, it becomes a more plausible question whether it is appropriate to use marginal tests to determine brain death. Often families want to donate loved ones' organs so that the decedents can live on, as it were, so that their deaths can bring the gift of life to others. This is an especially poignant perspective on organ donation for pediatrics cases where lives are cut short prematurely. There are other options for organ donation besides brain death protocols. One such option is donation after cardiac death (DCD). It does not allow for as many organs to be donated, but it might present an acceptable alternative in cases like these.

Anji Wall will discuss the alternative tests available for brain death and the debate about what tests are and are not acceptable as confirmatory when one of the standard tests cannot be done. In this case the apnea test cannot be done because the patient is too unstable. In contrast, there are other cases in which cranial nerve exams cannot be done because of facial and neck trauma. In both these situations, there is a debate about whether alternative tests can be substituted to confirm brain death. These situations raise a question about what degree of certainty is needed to pronounce brain death. Moreover, there is a question about who decides which tests should be considered confirmatory when this type of disagreement arises (e.g., the attending of record versus the consulting physician conducting the brain death examination) and how the family should be involved in the debate between physicians.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No