The commitments of objective list theory for heart donation

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Editor, The scientific advancement in organ transplantation has led to the transplantation of vital organs- such as the heart. Heart transplantation is truncated by lack of grafts for clinical transplantation. The rationale for heart shortage is the inability of the deceased family to agree with clinician's declaration of brain death. Unlike living organ donation, cardiac transplantation requires that the donor must be dead at the point of donation. Using the method of philosophical analysis, this view contends that the disagreement on the definition of brain dead hinders heart procurements. We further contend that the objective list theory would enhance the rational choice for heart donation.

Introduction

On 3 December 1967, the media reported that Christiaan Barnard and his medical team, at Groote Schuur Hospital in Cape Town, South Africa, performed the first heart transplantation.[1] However, heart transplantation is excellent but it did not become a therapy for patients suffering from heart failure, until the 1980s. The immune suppress ant drugs were introduced as after care to avoid immune rejection of the transplanted heart.[2.] The rationale for heart transplantation is to improve the life of patients suffering from organ failure.

Though the scientific breakthrough in cardiac transplantation is excellent, yet it is held back by lack of grafts for clinical transplantation. This has led to a heart crisis. The heart crisis is when the demand for grafts exceeds the supply. John argues that the medical and legal constraints on donor supply result in a chronic shortage of hearts for transplant.[3]

There are many challenges facing heart transplantation. These challenges include the shortage of heart grafts, cardiac allograft vasculopathy (CAV) and drug-induced complications from chronic immunosuppressants.[2.] We argue that the above challenges have worsened the heart crisis.

In this paper, we are concerned with the declaration of brain death as one of the challenges facing heart transplantation. We further contend that the application of objective list theory would clarify the disagreement between the deceased family and the clinician's declaration of brain dead. First, let us discuss the definition of the brain dead.

The brain dead

Unlike living altruistic organ donation, heart transplantation requires that the actual donor be dead at the point of donation. This has led to debates over the definition of brain death. However, the distinction between the brain dead and coma should be clear and understood for the common good of the society. Definition of Brain Death give no reason that "irreversible coma" should be death itself, but simply asserted that the time had come for it to be declared so.[4]

Brain death is "the cessation of life; the ceasing to exist. Brain death is a total stoppage of the circulation of the blood, a cessation of the animal vital functions such as respiration and pulsation.[5] The brain dead is the "permanent cessation of functioning of the organism as a whole".[4]

Emile Zola cites Dr Schwab et al., worked out a set of guidelines for determination of death in transplantations. Thus

(1) "The first is that there must be no reflexes and the pupils must be dilated and fixed.

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(2) The second is that there must be no breathing and no spontaneous spasms or muscle movement.
(3) The third is that there be no active brain wave.
(4) Finally, these conditions must prevail for at least 24 hours "because there are cases where there is a flat brain wave which suddenly comes back".[5]

Upon reflection of the above question like, at what points can we satisfy that the heart donor is actually dead? It is clear that clinicians meet the above-mentioned criteria for the definition of brain dead. The heart donor would be irrefutably dead. However, the deceased organs may be unusable because of the marginality of the organs. Thomas Resch et al hold "the use of marginal organs currently represents a major issue in organ transplantation. Recipients of marginal organs are considered 'high immunological risk' as these organs is extremely vulnerable to immune attack due to high alloantigen expression and a diminished number of functional tissue units".[6]

We argue that the above approach for the definition of brain death is good, yet insufficient to establish the truth about brain death. We further contend that the application of objective list theory would enhance the biological parlance for the definition of brain dead.

The relevance of objective list theory in altruistic heart transplantation

The objective list theory is a moral theory that asserts the well-being of all. It has a plurality of objectives-loving relationships, meaningful knowledge, autonomy, achievement, and pleasure.[7] The clinicians, who declared brain dead among patients, must put into consideration the plurality of objectives, to enhance the authentic happiness among the transplant community.

The objective list theory requires the clinicians, to critically evaluate patients' health record, and avoid withholding the autonomy of patient in a coma. This implies that patients' actual state of affairs be declared to benefit the donation community instead of self-serving.[3] We argue that objective list theory is normative because it redefines the definition of the brain dead. Critics would say, the redefinition of brain dead would worsen the heart crisis because few hearts will be harvested.

The normative redefinition of brain dead is to clear ambiguities, associated with the definition of brain dead. The normative nature of the objective list theory addresses ethical issues about heart donation. It focuses on what clinician's "should" or "ought to" make their decisions. Objective list theory is *descriptive* because it depicts how grafts are procured, distributed for common good for the common good of patients on the waiting list.

The Objective list theory is a moral theory, which holds that a happy person does not view happiness based on pleasure versus pain or wanting versus attaining. Instead, objective list theory gives emphasis on things that hold more value on things that have more meaning.[8]In this sense, the declaration of brain dead must include the value and human dignity to avoid criminal charges especially, when the family of the deceased does not agree with the physician's diagnosis.[9.] John opines that Withholding treatment from patients with a brain stem but no cortical activity is now legally accepted. Yet causing total brain death by organ retrieval clashes with symbolic concerns about active killing and with the letter of current homicide laws. These problems would vanish if death were redefined to include neocortical death.[3]

The redefinition of brain death is necessary for the common good of candidates on the waiting list, but certification from a team of physicians, nominated by the government where the grafts are procured.[10.] We argue the heart donation requires two or more healthcare providers, who must declare that the donor's brain is irreversibly dead.

Concluding reflections

The objective list theory is evidence-based healthcare theory. However, the theory does not guarantee the error free; rather, it encourages rational decision-making for altruistic heart donations.

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