

Families should not be allowed to veto dead relatives' organ donation wishes

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It has recently been suggested that patients should be kept alive using elective ventilation to facilitate the harvesting of organs for donation. But David Shaw, Honorary Lecturer at the University of Aberdeen believes there is a much simpler way to increase the number of donated organs – by ensuring that doctors respect the wishes of the deceased and over-rule any veto.

Veto by the [family](#) is the main impediment to an increase in organ donation, with at least 10% of families refusing to donate. Yet Shaw points out that families have no legal grounds for over-riding the dead person's wishes if that person clearly wanted to donate - for example, by carrying an organ donor card - and they often come to regret their decision.

He suggests that clinicians who heed the veto "are complicit in a family denying its loved one's last chance to affect the world."

Giving in to the family, he says, "is unprofessional and lets down the patient and potential recipients of the [patients'](#) organs elsewhere." Furthermore, the patient's organs have gone to waste, and several people have died as a result.

The family cannot be blamed for refusing to allow donation under such stress, and most doctors are reluctant to add to a family's suffering, he writes. However, he argues that doctors "are professionals with obligations to respect the wishes of the dead patient and to promote the

health of the public."

Shaw urges clinicians in this position to conduct a thought experiment. As well as the family that is there in front of them, he says "they should also imagine confronting the families of those who will die as a consequence of not receiving the donor's organs."

Although we should treat the family compassionately, doctors do not have the same duty to the family as to dying patients or other patients who need organs, he adds.

He concludes: "To respect a family's veto when the patient was on the organ donor register is a failure of moral imagination that leads to a violation of the dead person's wishes and causes the death of several people (and all the sorrow consequent to this), and many family members who stop donation come to regret their decision. Moving towards elective ventilation might alienate would-be donors and will not be necessary if [doctors](#) remember that respecting a veto of [organ donation](#) is unethical, unprofessional, and against the spirit of the law."

More information: www.bmj.com/cgi/doi/10.1136/bmj.e5275

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