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The Ethics of Suicide and Organ Donation

> *"These examples involving suicide and organ donation remind us of the ease with which we can be drawn into cooperating with evil in the name of doing good."*

Physician-assisted suicide involves asking a medical professional to write a prescription for a toxic drug so that a patient can ingest it and bring his or her own life to an end. The practice sadly appears to be growing around the world, especially in Canada, Australia, Europe and the United States.

In early 2023, a 66-year old former nurse in Australia, Marlene Bevern, was suffering from an aggressive form of motor neuron disease and opted for physician-assisted suicide. She was also very determined to donate her organs for transplant afterwards — something that had never been done before in Australia.

To make the donation, Ms. Bevern had to spend her last day in an ICU bed. Her assisted suicide had to be carried out close to the operating room where her organs would be harvested, because, if it were done at home, the organs would not be as useful for transplantation due to the extended time between cardiac arrest and organ procurement.

Prior to taking her own life, Ms. Bevern was given information about how many other people her organs would help. "I'll never forget her face," the organ transplant specialist said later, describing how she received that information, "she lit up with a big beautiful smile." Following her suicide, her lungs, liver, and kidneys were transplanted and reportedly helped to save four other lives.

Many ethical concerns arise in a case like this. The prospect of donating one's organs can clearly incentivize and motivate a patient's intention to carry out physician-assisted suicide.

Hospitals and medical facilities face the danger of corrupting their healing mission if they begin supporting the practice of organ harvesting from patients who are making plans to end their own lives through physician-assisted suicide. These institutions should not provide an environment facilitating physician-assisted suicides, should forbid the use of a hospital bed or suite for premeditated suicide, and should ban the use of operating rooms for organ extraction afterwards. By establishing categorical policies excluding organ donation from such suicides, they avoid giving tacit support to the wrongdoing of the self-killing act.

We can consider related cases to help clarify the ethical lines. Suppose a middle-aged man let people around him know that he intended to commit suicide by using a large caliber handgun to shoot himself in the head. Suppose further that he lived near a hospital where transplants were carried out, and he was very insistent that he wanted to donate his organs after pulling the trigger. Suppose he contacted a local ambulance company requesting an ambulance to be standing by the house, so that as soon as the paramedics heard the

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gunshot, his lifeless body could be rushed to the hospital where organs would be extracted.

In making these arrangements with the ambulance service, suppose that he further requested that the trained EMTs enter his home a few minutes ahead of the scheduled suicide, and set up an IV drip to provide him with blood thinner that would help preserve and protect his organs from blood clots after the suicide.

It would of course raise grave concerns for the ambulance company to agree to set up such an IV or to transport his lifeless body to the operating room, when they knew ahead of time that he was making explicit preparations to commit suicide. By agreeing to take either of these steps, they would be signaling their implied or tacit approval of his immoral suicidal choice.

On the other hand, suppose a young man commits suicide by jumping off the 35th story of his hotel onto the sidewalk below. Suppose further that he has a note in large letters attached to his jacket stating: "Please arrange for immediate donation of as many of my tissues and organs as possible after you discover my body." Would it be wrong if an ambulance arrived and quickly transported his deceased body to a hospital, and at the same time contacted the hospital transplant team to notify them of his imminent arrival so they could prepare an operating theater to receive his body? Given that the hospital staff and the ambulance company employees had nothing to do with the death itself, neither contributing to it nor acting in a way that offered approbation or support for the act, they could indeed step in, and, in a blameless way, strive to procure organs from the young man's corpse following his tragic suicide.

These examples involving suicide and organ donation remind us of the ease with which we can be drawn into cooperating with evil in the name of doing good. Organ donation serves as a generous decision that can indeed save lives — and is allowable as long as unpaired organs are removed only after death has independently occurred. Great attention and care are required to avoid contributing to, and therefore becoming partially responsible for, the self-inflicted deaths of others.

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