

Letters

COMMENT & RESPONSE

Organ Donation After Euthanasia Starting at Home Is Feasible

To the Editor Van Reeve et al¹ state in their article that the results of donation-after-circulatory-death liver transplant after euthanasia are good and may enlarge the organ donor pool. However, they also state: “Despite some previous cases in which the coma-inducing drug was administered to the patient at home, today the complete euthanasia procedure is highly recommended to take place in the hospital.”¹ This statement, making reference to an article that we published,² is unsubstantiated and may even be considered damaging to this newly introduced, donor-friendly donation procedure. The authors appear to lack a correct understanding of the procedure of organ donation after euthanasia starting at home, which is described in our publications.²⁻⁵ They state that the coma is induced at home, which is incorrect. The patient is only sedated at home, which marks the start of euthanasia in legal terms but is medically only intended to remove consciousness while vital functions are maintained and secured. Coma induction and the start of the agonal phase subsequently take place in the intensive care unit after farewells at home and transportation. With the 5 minutes “no touch,” the total warm ischemia time until death decided was less than 7 minutes in this procedure. Suggesting that euthanasia must take place in the hospital disregards the deepest wishes of these donors: sick,

hospital-weary human beings who have decided to end their pain in the comfort and privacy of their own home. Advocating the necessity for a hospital stay will alienate many potential donors. There is no conflict of interest, as may be suggested here. There is no need to play off the interests of transplant patients against the interests of euthanasia donors and vice versa. We can do better. Our patients deserve better.

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