

# Ethical dilemmas – brain death



**ASSIGN  
BUSTER**

Running head: ETHICAL DILEMMA: BRAIN DEATH Ethical Dilemma: Brain Death Mike Baker University of Phoenix Introduction There has been an increase in the number of organs donated for transplantation since the development and acceptance of brain death. (Guidelines for the determination of death, 1981) The strict rules surrounding the diagnosis and the ability to develop individualized Policy and Procedures in the determination of brain death has removed the fear of law suite surrounding this definition of death. (Guidelines for the determination of death, 1981) Old vs. New Until brain death was introduced the diagnosis of death was the lack of cardiac function. Without a heart beat blood did not circulate and oxygen could not be delivered to the body in order to sustain life.

Research showed that with out brain function the body organs over a period of time shut down as they are not getting the signals from the non-functioning brain. Once total and complete function of the brain is lost there is no way to restart or regenerate the function of the brain. For this reason the term of brain death was developed and accepted by the medical community as a legal state of death. (Determination of death, 1980) The hard part for the medical and general public to accept was the person pronounced dead by brain death criteria was warm, breathing assisted by a ventilator, had a heart beat, and for all appearances was still alive just sleeping or in a deep coma. People felt if given time the person would just wake up. Still today years since the term and definition was introduced families are still having a hard time accepting the definition and that their loved one is legally dead.

Ethical Dilemma While organ donation has increased with the development of brain death criteria the diligence needed in order to protect the patient has also grown. Following the organization's Policy and Procedures step by step in order to make the determination of brain death is paramount. When a transplant coordinator is called to the hospital to evaluate the patient for organ donation one of the first duties is to determine that the patient meets both organ bank standards and organizational Policy and Procedures for the diagnosis of brain death. As the transplant coordinator assigned to AMH for the recovery of solid organs for transplant it was determined that this was not the case.

Dr. RD had pronounced the patient brain dead. Approached the family about organ donation and received the proper consent from the family. Dr.

RD stated in the chart that the Policy and Procedure was followed and that the patient was pronounced dead. This organizational Policy and Procedure was that one other doctor not involved in the case was to review the findings and agree with them. This was all so done in a process not by Dr. LB.

The organ procurement agency has a Policy and Procedure that all transplant coordinators must follow. All transplant coordinators do not have any personal relationships or involvement in the care of any patient until after the documentation of death has been made in the chart. One of the steps in the organ procurement agency's Policy and Procedure for confirmation of the brain death diagnosis is to turn the sensitivity of the ventilator off. This means that if the patient triggers the ventilator by attempting to breathe the determination of brain death is false.

This patient did just that. Not only did the patient trigger the ventilator the patient maintain a minute rate that could sustain life. While there may be upper brain death the brain stem may still function. That was the case here. The ethical dilemma here was to continue with the recovery process or report the findings.

This patient had suffered a severe brain injury and would not recover from it. The patient was not going to recover nor wake up from this injury. Only the brain stem had function and it was damaged as well. Analysis of the Ethical Dilemma The organ bank is a guest at the request of the hospital. The organ bank responds and must follow the rule, regulations, and Policy and Procedure of the hospital.

In this case AMH has requested the SWOB to respond and recover organs for transplant. Once the brain death diagnosis is made the attending doctor does not have any more contact with the patient. This prevents the conflict of interest question from being raised. The responding organ bank, as well as the centers that receive the organs for transplant, provide on-call doctors to assist in the recovery process.

The hospital however maintains control of the patient. This chain of command is for the protection of all involved in the recovery and transplant process. In this situation the organ bank was challenging the diagnosis of brain death made by a member of the professional staff of AMH. Not only was there a challenge but it was being made by someone other than a doctor.

Only a doctor can pronounce a patient dead. So here was another dilemma in that there was a challenge to the doctor's diagnosis being made by a nurse. This in itself goes against the State Nursing Rules for licensure. Nurses are not allowed to diagnosis nor practice medicine. The transplant coordinator nurse needed the support of the organ bank's medical staff. The organ bank's medical staff was not on scene and thus had to take the word of the transplant coordinator.

In this case the transplant coordinator could have just continued with the recovery and not said anything. The coordinator could have accepted the hospital diagnosis and not done the required steps of the organ procurements Policy and Procedures. This type of action is individual. The individual has to make the decision to do what is right or not.

The individual has to decide to follow Policy and Procedure or not. The individual's ethics and moral beliefs come onto play here. While there may be no consequence in not following the rules and Policy the individual still has to live with themselves. No one would have known any difference in this case if brain death was or was not diagnosed correctly. Everyone would have gone on with their life as if nothing was wrong.

The only person here that would have know that things were not as they were supposed to be would have been the two doctors that pronounced the patient brain dead. Only the doctors would have to live with the fact that they did not do what was legally right. They in effect had committed murder in a round about way. The family, nurse, hospital, even the organ procurement agency were not responsible for the diagnosis. This issue only

came to light due to the check and balance of the organ procurement agency policy and the following of that policy. Outcome of Ethical Dilemma  
The transplant coordinator reported the findings to the on call procurement agency doctor.

The doctor instructed the coordinator to report the findings to the hospital administration. At that time the hospital administration called the attending doctor. Dr. Rd stated he knew that the patient did not meet the total criteria for brain death. Dr. RD went on to state that the family was a long time patients.

He knew the wishes of the patient and that the family was under a lot of stress due to the circumstance of the accident. This donation would give them a sense of peace to what was otherwise a needless death. The hospital called the ethics committee together the next morning. The transplant coordinator presented their findings.

The doctor involved as well as the second doctor were all so present and stated their case for the diagnosis. The hospital legal counsel was present as well and talked about the law as it related to brain death and hospital policy. The decision of the ethics committee was to call the family back in and review the findings with them. Remove the consent as it was made without the informed consent of the family. As a result of this action the two doctors involved were placed on probation.

Each had to have one of the ethics committee doctors review any diagnosis of brain death. Both doctors as of the time the transplant coordinator left the SWOB had not made another referral. Both doctors removed themselves from  
<https://assignbuster.com/ethical-dilemmas-brain-death/>

any case once the patient was to be considered brain dead and turned care over to another doctor for the referral and diagnoses. Conclusion Even though the intentions were honorable the outcome was unethical. Even good intentions have to follow the Policy and Procedure, rules, and guidelines set in place to prevent just this type of outcome.

Organ donation is a true and selfless act. None the less the patient has rights and those rights have to be protected. This transplant coordinator followed Policy and Procedure and continues to do it every time. Nothing here would change in the action of the transplant coordinator. After all is said and done even the transplant coordinator has to look in the mirror everyday and say they did the best they could for a patient that could not speak for themselves. References Guidelines for the determination of death, 1981, Report of the medical consultants on the diagnosis of death to the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.

JAMA, 246, 1981. Title 22, Chapter 706, UNIFORM DETERMINATION OF DEATH ACT, §2811. Determination of death, accessed from the world wide web on December 16, 2007 at <http://janus.state.me.us/legis/statutes/22/title22ch706.pdf>