

You decide ... it's a
memorandum



Memorandum The Board of Hospital Trustees Dr. ----- 29-09 Decision

Regarding Organ Transplantation Before the esteemed Board of Trustees of this hospital and whomsoever it may concern, I hereby present a clarification on a decision that I had to take in the interest of the common good. I am making a few points clear in this memorandum so that there will be no lack of clarity regarding a particular decision of mine which is sensitive as well as controversial in several aspects.

Being the administrative head of this hospital as well as a senior doctor myself, I was entrusted with a crucial life and death decision two days back, ie; on 27th of September, 2010. An anencephalic infant has been born in the hospital. It is evident to medically aware community that no anencephalic baby would live for long as this is a condition when the baby is born without a considerable portion of scalp, skull and brain. This condition is caused by the cephalic head end of the neural tube failing to close during pregnancy. But this child was born with a small stem of brain. Hence, she could not be declared brain dead legally. The law of this state does not permit declaring a person brain dead, if the person had even a partly functioning brain. The infant was kept on ventilator as at that time the metabolic functions of her body were working to an extent. The doctors could convince the parents of the child about the non retrievable condition of the baby and they agreed to donate her heart for the treatment of an infant who had a critical heart condition. That infant too was admitted in this hospital. The issue of legal compliance remained. Waiting for this problem to be resolved, could have a consequence of losing an opportunity to save the life of the second infant as well.

It was in this painful dilemma that I found myself. There was also the tissue

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type matching to be done to find out whether the second infant's body would accept the heart from the body of the first infant. Tissue type matching could be carried out successfully only if tissues are retrieved from the donor within 24 hours of the stopping of heart beat. So, waiting for the heart to cease beating naturally would reduce the chances of conducting a successful tissue type matching.

Though the parents of the child were supportive of the decision that I wanted to take, some relatives had a different opinion owing to some religious considerations. According to their religion, death can be accepted only when the heart beat stops, they said. But as John Stuart Mill (2007, pp. 78) has rightly put, I believe that, " the sentiment of justice appears to me to be, the animal desire to repeal or retaliate a hurt or damage to oneself, or to those with whom one sympathizes, widened so as to include all persons, by the human capacity of enlarged sympathy, and the human conception of intelligent self-interest. " The utilitarian theory which views happiness as an end to all means, as proposed by Mill (2007, pp. 54) has also stated that " each person's happiness is a good to that person, and the general happiness, therefore, a good to the aggregate of all persons." Here in this particular case, I believe that as we have no ability to save the first infant, the general happiness resides in that we at least save the second one using the organ of the first one. And it is with this belief and conviction that I decided to declare the first infant as brain dead, remove the infant from the ventilator and initiated procedures to take her heart, and transplant it into the body of the second infant.

I understand well that certain ethical positions like care-based ethics value human relationships involved in a decision rather than its consequences

(Ashcroft, Dawson and Draper, 2007, pp. 368). From that point of view, it might have been an ethically sound position to keep the infant on ventilator as long as the heart beat and metabolism slows down by lack of oxygen and eventually the infant dies. But by that time, the otherwise transplantable heart might have deteriorated and gone unsuitable for the transplantation. In a system of care-based ethics, the religious sentiments of the relatives must have been considered and acknowledged properly (Ashcroft, Dawson and Draper, 2007, pp. 368). But as I took a utilitarian approach to the whole issue, which I considered more in tune with the public good, I had to reject their demand.

I hope and believe that the esteemed trustees would agree with the position I have taken on this issue. My conscience is clear and I have faith that you too would support the utilitarian approach that I have based my actions on in order to be on the side of a wider common good.

References

Ashcroft, R. E. Dawson, A. and Draper, H. (2007) Principles of health care ethics, London: John Wiley and Sons.

Mill, J. S. (2007) Utilitarianism, Minnesota: Filiquarian Publishing LLC.