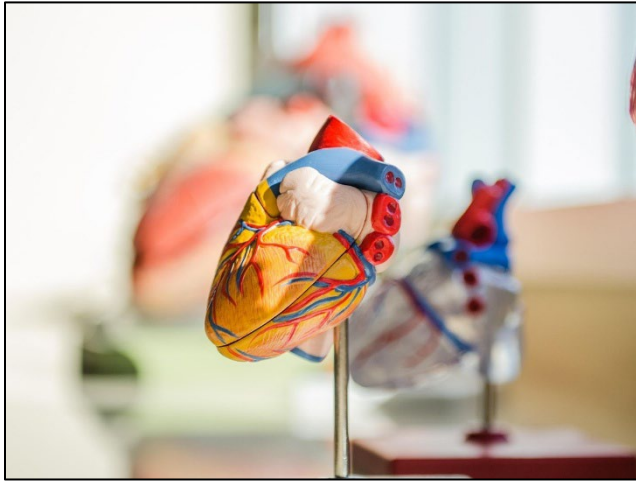

Case Study – Should a Dying Patient Receive Pain Medication or be an Organ Donor?



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Bioethics case study on organ donation.

What is the value of a person?

Are people valuable because of themselves, or are they valuable because of what they can do for other people?

This is a challenging question that hits at the root of the ethical principles of beneficence and personal autonomy under the second formulation of the categorical imperative, which is also known as the formula of humanity.

Immanuel Kant says: act in such a way that you treat humanity, whether in your own person or that of any other, always at the same time as an end and never as a means.

This means that you should not use people or yourself solely for the benefit of others or a desired outcome. Instead, you should respect people's personal autonomy and treat them as having intrinsic value. This means that people—and thus patients—are valuable in themselves and not because of what they can do for others.

Take this example from a patient scenario:

A patient was dying and likely to have viable organs for procurement, but the patient was in extreme pain and needed medication.

During a care meeting, the team discussed multiple options for alleviating the pain. But during that meeting, an OPO representative had joined the conversation and was

discussing that if we were to administer a particular medication, it would make those organs less likely for successful procurement—and thus not able to give the gift of life to other patients. But in doing so, it would allow that patient to have a much more painful passing.

Questions:

What would be the right decision? A patient who is actively dying and whose death is inevitable.

Should we allow that patient to have a peaceful passing, but not allow them to give the gift of life, which that patient had expressly stated they wanted to do?

Or should we administer medications that allow that patient to have a more peaceful passing, but make them unable to give that gift of life?

Where does the value of that person end?

What are the expectations upon ourselves to provide for others? Should consent and personal determination be a major determining factor in these decisions, or should others make those decisions for us?

These, again, are very challenging questions and hit at the root of our obligations to ourselves, our obligations to others, and what others are obligated to do on our behalf.

These are not easy questions—but they are typical situations that present themselves in the clinic.