

## **Action Alert**

### **Proposed Modifications to the Requirements for Organ Donation Could Adversely Impact People with Disabilities – Send your Comments Today**

The National Catholic Partnership on Disability (NCPD) urges you to express your concerns directly by computer submission to stop serious threats to hospitalized persons with disabilities on life support.

Such threats are due to occur if current proposals are put into effect that would increase pressure on individuals and families to decline further treatment in order for the patient's organs to be donated.

The organization we are asking you to contact is the Organ Procurement and Transplant Network (OPTN)/ United Network for Organ Sharing (UNOS). OPTN was established by the U.S. Congress to act as a unified transplant network, but is operated by a private, non-profit organization under federal contract, in order to ensure the success and efficiency of the U.S. organ transplant system. Under federal law, all U.S. transplant centers and organ procurement organizations must be members of this network to receive any funds through Medicare.

OPTN's Proposed Amendment on Organ Donation after Cardiac Death (DCD) Model Elements would target a class of persons with disabilities who are dependent on life-support treatments (such as ventilators, dialysis, and certain medications) to determine their eligibility for organ donation without their knowledge or consent, and in many cases before any decision has been made regarding withdrawal of life support.

As you know, the Catholic Church encourages organ donation as providing the gift of life to those in need. However, after analysis by NCPD's Ethics and Public Policy Committee, there are essentially three points in the proposed Model Elements (which are now stated as Requirements) which raise serious threats to hospitalized persons with disabilities who are singled out for organ donation. They are:

(1) The proposed Requirements broaden donor criteria to include patients without cognitive neurological injury. Patients with chronic illnesses such as spinal cord injury or amyotrophic lateral sclerosis (ALS) would be vulnerable to real or perceived pressure to decline further treatment in order to donate their organs, especially since the Requirements would permit evaluation of their eligibility for organ donation without their knowledge or consent. It is important to note that such patients, while dependent on life-support, are not required to be terminally ill or near death; neither do they have to previously agreed to donate their organs. *NCPD is concerned that a class of individuals (i.e., individuals with disabilities on life support who are not necessarily terminally ill or near death) are being singled out for disadvantageous treatment, and further, can be evaluated without their knowledge or consent.*

(2) The OPO Committee continues the positions in the Requirements, despite public comments to the contrary, (1) that a patient may be evaluated as a DCD candidate prior to a decision by family members and caregivers to withdraw life sustaining measures, or (2) a donor family may be approached about organ donation before the time at which a decision to withdraw life sustaining measures have been agreed to.

*NCPD believes it is better to keep the decision of life-sustaining support distinct from the consideration of organ donation so as to avoid any conflict of interest that could violate the life and rights of the person receiving life support. NCPD contends that such conditions will likely create situations where families are pressured to weigh the value of organ donation in their decisions to continue or withdraw life support, where such life-support decisions should be based solely on the needs of the person receiving life-support.*

(3) Provisions are included that prescribe that an Organ Procurement Organization (OPO) or transplant center provide DCD options to a conscious patient who is not necessarily near death. Further, the Requirements lack sufficient safeguards to ensure that any decision to donate organs is voluntary and not a product of depression.

*This seems to encourage the choice to end one's life for the sake of others who would benefit from the person's organs. This contradicts the Church's stance on the enduring dignity of each person, and that the human person is not to be used as a means for the benefit of another.*

Click here for sample comments to the Board of Directors of the Organ Procedure and Transplant Network (OPTN) for your use to register concerns regarding the proposed Model Elements.

Comments are due by June 15. Please ACT NOW.

Please feel free to forward to friends

To submit comments, click here

[<http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment/proposals.asp>]

and then click on "Go" at #9 "Proposal to Update and Clarify Language in the DCD Model Elements (OPO Committee). You will be asked to provide personal information, and whether you "Support, Oppose, No opinion." There is also a box provided for comments.

If you wish to read the full proposed changes, click here:

[http://optn.transplant.hrsa.gov/PublicComment/pubcommentPropSub\\_309.pdf](http://optn.transplant.hrsa.gov/PublicComment/pubcommentPropSub_309.pdf)