

# ABSTRACTS

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**SATURDAY 28<sup>th</sup> March 2015**

## **ORGAN DONATION AFTER EUTHANASIA ON SPECIFIC PATIENTS' REQUEST IN BELGIUM.**

Ysebaert D<sup>1</sup>, Detry O<sup>2</sup>, Mikhalski D<sup>3</sup>, Verfaillie G<sup>4</sup>, Van Raemdonck D<sup>5</sup>.

<sup>1</sup>U.Z.A., Antwerpen, <sup>2</sup>C.H.U. Sart Tilman, Liège, <sup>3</sup>Hôpital Erasme, Bruxelles, <sup>4</sup>A.Z.-V.U.B., Brussel, <sup>5</sup>U.Z. Gasthuisberg, Leuven, Belgium.

Euthanasia is banned in almost countries of the world, although in 2002 Belgium legalized it for adults under strict conditions (in a similar way after The Netherlands in 2001. The patient must be in a medically futile condition, of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident. If the person is not in the terminal phase of his illness, the 2 doctors must consult with a third doctor, either a psychiatrist or a specialist in the disease concerned.

From 2005 till 2014 more than 25 patients, suffering from diverse neuropsychiatric diseases, got their request for euthanasia granted, and subsequently asked spontaneously for the possibility of organ donation. The involved physicians, the transplant teams and the Institutional Ethics Committees, had the well-discussed opinion that this strong request for organ donation after euthanasia could not be denied. A clear separation between the euthanasia request, the euthanasia procedure and the organ procurement procedure was judged necessary.

After extensive preparation, finally, in Belgium, 17 patients got their wish for organ donation after euthanasia fulfilled, in several academic or non-academic hospitals and in different regions : Antwerpen 6, Leuven 5, Liege 2, Namur 1, Turnhout 1, and Brussels 2. Several requests and negotiations were started for other patients but ultimately failed due to patients' personal choices (e.g. patient wanted finally to die at home) or logistical reasons (e.g. who would fulfil the euthanasia in case all involving doctors were not employed or connected to a hospital).

The euthanasia procedure was carried out by three physicians in the neighborhood of the operating room. After clinical diagnosis of cardiac death, the procurement team came in and performed the organ procurement similar as in a DCD type III procedure. The liver, two kidneys and sometimes lungs and pancreatic islets could be successfully recovered and transplanted, after organ allocation via Eurotransplant. Transplant centers were informed about the nature of the case and the elements of organ procurement. There was primary function of all organs.

The possibility of organ donation after their euthanasia provides a very much improved self-image of these patients, and adds something really positive to the euthanasia procedure, and is very well appreciated by the requesting patients, relatives, patient and professional organisations and public media. Some practical and ethical issues still have to be discussed to allow expansion of this possibility of organ donation.

## **ORGAN DONATION AFTER EUTHANASIA IN THE NETHERLANDS.**

Bollen J.A.M., Hagens J.A.M, Van Dijk G, Van Heurn L.W.E, Ijzermans J.N.M, De Jongh W, Van Mook W.N.K.A. Maastricht University Medical Center, Erasmus Medical Center Rotterdam, Maastricht University, The Netherlands.

In 2012, the Netherlands was the second country – after Belgium – where the request of a patient to donate his organs after euthanasia was granted by physicians. Currently some, sometimes strong opposition remains to the procedure, mainly focussed on the euthanasia aspect of the combined procedure, even in countries where euthanasia is not illegal. After five 'combined procedures', the writing of a national guideline was initiated, which describes the medical, legal and ethical aspects. The Netherlands have less (potential) organ donors, contributing to the interest in the combination of these procedures. Some professionals and policy makers hope that this could be a contributory solution for the long waiting lists. This potential pool of donors is however expected to be limited, since patients suffering from malignancy are not eligible and the patient has to be prepared to die at the hospital. Awareness of organ donation in the Netherlands is high due to various campaigns about registration as organ donor. Therefore, it can be anticipated that an increasing number of Dutch patients will voice their strong preference for organ donation after euthanasia. Next to that, this country has a high absolute number of euthanasia cases (4829 in the Netherlands compared to 1807 in Belgium in 2013).

When drafting the national guideline, various difficult ethical and practical aspects were faced. The most important message conveyed is that both procedures have to be strictly separated, and that the patient's autonomy pre-