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Talking about patient's values and posthumous organ donation

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Dear Editor,

In a recent paper Erwin Kompanje [1] stressed the critical importance of complying with the patient's values when considering the possibility of post-mortem organ donation when no advance choice is available. At a time when many countries consider instituting the presumed consent rule or reinforcing it by doing so without the possibility for the family to testify of the potential donor's reluctance, Kompanje's words sound of paramount pertinence.

Conversing with many colleagues, it emerges indeed that even under a regimen of presumed consent many families feel naturally entitled to defend their dying or dead loved one's physical and spiritual interests and speak on his or her behalf. Certainly, posthumous harm could occur when the patient's own wishes or values are not looked for, are disregarded or not respected [2]. Moreover, families also can be harmed, especially by overlooking the affective or family bond by denying them the right to express, honour and put into practice the values of their departed beloved. So, presumed consent is often viewed by families with much suspicion and the discussion often turns around the question of the most probable opinion

of the patient. But this question of substituted judgment as such entails substantial psychological, emotional and cognitive burdens, is morally complex and is often impossible to answer [3]. Having no idea of their loved one's opinion, many families prefer to oppose organ harvesting. So it is ethically imperative to join with them in seeking the patient's values and help them to honour values regarding organ donation.

In these circumstances, the same approach used for the determination of values previously held by patients when their decision autonomy has definitely and permanently vanished could be very helpful. For Scheunemann et al. [3], the goal is to make *authentic decisions*, i.e. decisions informed by the knowledge of the patient's life story and values, always motivated by the respect of who the person was and fitting with his or her history.

However, there is little guidance for clinicians to assist families in seeking an authentic depiction of the dead patient's values. According to the contemporary law philosopher Ronald Dworkin, besides mere immediate experiential interests most individuals have critical interests: they attach importance to do in their life things that they consider as good ones, and to avoid the things they consider as bad, irrespective of the type of experience resulting from the realization of these interests. For Dworkin, it is especially in the pursuit of these critical interests—e.g. values—that an individual reveals his or her personality and makes a judgment on the kind of life he or she wants to have lived [4]. According to Agnieszka Jaworska [5], another philosopher, it is attaching importance to some ideals, something that extends beyond us, things that are greater than only our personal benefit and are included in a broader normative framework—regardless of

cost in terms of effort or displeasure—that defines the individual's values. Explaining these approaches to defining values to bereaved and upset families could help them to disentangle the complex “pros and cons” underlying the assumed opinion of their loved one regarding post-mortem organ donation, and finally to keep consistency with the kind of life he or she wanted to live.

Because most cultures and religions attach importance to treat persons—even dead—in a Kantian way, i.e. as ends in themselves rather than merely as means to an end, this framework centred on the patient's values should be consensually accepted in our pluralistic societies [3].

Conflicts of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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