Consider organ donation before crisis strikes

By Teresa A. Parsons

The moment you are notified that a loved one is dying is not an ideal time to decide whether his or her organs may be used for transplants.

But a new state law, effective since January 1, requires that hospitals ask the families of suitable donors unless those patients have already indicated intentions to the contrary.

Members of the clergy who gathered Monday at Strong Memorial Hospital for a symposium on organ donation were asked, therefore, to encourage the people in their congregations to think about organ donation before they face a crisis situation.

Sponsored by the Kidney Foundation of Upstate New York, the symposium offered information on the medical and legal implications of organ donation as well as the reflections of a transplant recipient and donor family, and a presentation by Father Donald Schwab, chaplain and director of Rochester General Hospital's Pastoral Care Department, on the clergy's role in organ donation.

Although he works in an environment where such trauma is ever-present — a place where, on average, 30 people die each week, Father Schwab pointed out that there's more to chaplaincy than serving as the "last-rites brigade."

"We'd like to think that we do more as chaplains than tend to the dying," he said.

"One of the things we all do as pastoral people is raise the question of 'Why are we here?'" he continued. 'Health care settings don't have chaplains (simply) because pastoral persons in synagogues or parishes have enough to do." Rather, he said, chaplains exist because of particular pastoral needs that exist in a hospital.

Helping families decide about organ donation is one of those needs, particularly since the state's new Required Request Law went into effect in January. The law requires a hospital staff member to ask the families of appropriate patients to consider donating their loved ones' organs. Except when notified of opposition from a family member or contrary intentions on the part of the deceased, hospitals may be fined for failing to ask.

Families most often turn to their pastor, minister or chaplain when they don't have a ready answer to that question. "Most, or at any rate, many religious traditions accept organ harvesting," Father Schwab pointed out. Likewise, most people he encounters are aware of the Church's teaching on organ donation — that essentially the Church does not legislate specifically in that area, which is viewed as the province of medical science, but that it views organ donation for charitable motivations as commendable.

At the same time, Father Schwab stressed the need for all clergy to be sensitive to possibly confusing the redemptive value of organ donation with redemption. "Resist the societal temptation to say to the patient that 'This is the one way in which your loved one's life has meaning, that the only way his life will continue is in someone else's body,'" he said.

Beyond that relatively firm ground is a large, gray area of murky apprehensions. Among the most common fears the family expresses are that the donor won't really be dead when the organs are taken or that a patient designated as a donor would no longer receive the best care possible.

State law has established medical criteria for distinguishing between death and "a persistent vegetative state," according to attorney Jeffrey McCrone, one of the symposium's presenters. If the patient is breathing spontaneously and reacts to certain clinical tests that indicate lower brain-stem functions, the patient is considered to be in a vegetative state and not eligible to donate organs.

Confusion may arise among family members, however, because once death is determined by those criteria, the organs are removed before the respirator is turned off. Although the person is perceived as dead by medical staff, the family members still see the person's chest rising and falling.

Likewise, as he sits in a patient's room, Father Schwab may know from the actions of doctors and nurses that a patient is dying. At the same time, he may see in the faces of family members that they are misperceiving those same actions as hopeful.

"They're thinking 'Gee, he's being cared for, these nurses couldn't be more wonderful, the doctors are paying a great deal of attention,'" Father Schwab noted. By being aware of those differing perceptions, a chaplain can sometimes intervene to ease the painful shock that seems inevitable.

Even more difficult for people than considering organ donation is determining at what point medical care becomes an extraordinary means of preserving life.

No one is ever obliged to extraordinary means of preserving life, according to Father William F. Laird of the diocesan Tribunal.

But a great deal of the trauma of that decision can be avoided just by re-phrasing statements and questions in a positive way, Father Schwab explained. For instance, by asking family members to consider what would be a loving response to a patient's situation instead of baldly asking them to sign a "do-not-resuscitate" order, family members can be helped to see that they are not deciding to kill someone, that the patient is not in that condition by their decision.

In concluding, Father Schwab made a plea for more balance in the health-care system between the drama of organ transplants and the ordinary routine of providing routine care.

"Going back to ancient times, health care has been considered a right, not a privilege," he said. "We need to work on that ... to to deal with the economical and personal issues that involves."

Kidney transplant recipient Karen Gledhill said she wishes that the "right" of transplant could be extended to every kidney disease patient whose life is dominated by dialysis. "I will be forever indebted to those parents, who in a time of grief and suffering over the death of their daughter in a car accident, decided to donate her organs," she said.

From a donor family's viewpoint, Jessie Fischer is thankful that when her two-year-old son died two years ago, she and her husband decided to offer his organs for transplant. His liver went to another child suffering from end-stage liver disease, who was in a coma. "I heard it took right away ... that and he was awake and sitting up right after the operation," she said.

"I'm glad we did it because somewhere out there is a little part of him running around."

UNIFORM DONOR CARD

OF _____
Print or type name of donor

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires.

I give: (a) _____ any needed organs or parts
(b) _____ only the following organs or parts

_____
Specify the organ(s) or part(s)

for the purposes of transplantation, therapy, medical research or education;

(c) _____ my body for anatomical study if needed.

Limitations or special wishes, if any: _____

When signed by a donor and two witnesses, the above card, which is available from the National Kidney Foundation, is considered a legal document under the Uniform Anatomical Act. Limitations specified by donors or their families are honored.

Weaver thanks Auburn by the hundreds

The man who has modern medical technology to thank for his life used a computer-age telephone hook-up to reach out from his New York hospital room and thank hundreds of Auburn residents for attending a benefit dinner/dance to raise money for his medical care.

Richard Weaver, the Cayuga County farmer who underwent a heart transplant last month, had already been heard all over town in an interview broadcast by an Auburn radio station earlier in the week. "You wouldn't believe the difference just in his voice," remarked Melina Carnicelli, one of the organizers of the Richard Weaver Transplant Fund. "He sounds so much stronger."

More than 1,000 people attended fund raisers during Richard Weaver Week in Auburn from February 24 to March-2.

"We don't have an actual dollar amount yet," said Roberta Feldgoise, publicity chairwoman for the fund. But judging by the number of people who turned out, she said it was very successful.

Six hundred people attended a benefit spaghetti supper at Sacred Heart Church last Friday and more than 200 enjoyed a fashion show and brunch Sunday at the Springside Inn.

Most of the more than 150 people at the dinner/dance were moved to tears when Maureen Weaver, Richard's wife, offered her thanks, Feldgoise said.

One of Weaver's doctors from Columbia Presbyterian also spoke via telephone, urging those present to consider signing an organ donation pledge.

"I think there was no one in that room who wouldn't think about it," Feldgoise said.

Activist

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and all they know," Forest said. "A lot of people have come to see that nuclear weapons are immoral, dangerous, too expensive.

"So why do we still have them?" he asked.

Because, he said, when all their superficial arguments for continuing the arms race are scraped away, people on both sides still come down to the same question: "But what about the other side?"

In other words, Forest explained, the root of war is fear, and fear is rooted in a lack of knowledge. "We are blind and deaf to the oneness we all have with one another ... the oneness of God," he said. "You have to find ways to share the experience of understanding ... and you have to begin by learning to know who the Russians are.

"Go to a Russian movie," he urged. "Read Dostoyevsky, but also the post-revolutionary literature. It will enlarge your view of the Soviet people. You'll find that we are not the only ones who are critical of their government. From that, perhaps you can begin to see their human dimension."

In the course of his visits, Forest encountered members of both official and unofficial Soviet peace organizations. He learned that the unofficial groups have been persecuted and their members beaten and jailed in some cases. But he also found that, although official organizations adhere closely to Soviet party lines, common ground does exist between the groups.

As the Russian Orthodox Church approaches its 1,000th anniversary in 1988, Forest learned that it claims 49 working parishes in the city of Moscow. He found that hundreds more "museum churches" are on display to the public or under renovation. Although liturgy may not be celebrated in the museum churches, Forest noticed an air of worship in most.

"I was also interested in the many people who are not believers, or who would not admit to it, but who joined committees to preserve the old buildings, most of them churches," he said. "I found it a hopeful sign that the symbol of Russia is still (the onion dome of) St. Basil's Cathedral.

"There is and has been a wind of change," Forest said of some hopeful changes Mikhail Gorbachev has instituted since he came into power. "Americans are in a hurry for everything, but nothing happens fast in Russia. Things won't happen at our speed ... and impatience can be very dangerous."

Aside from the recent changes, much of what he learned about the Soviet people was of an enduring nature. "They have their griefs and we have ours," he observed, "but the 20 million Russians who died in World War II are just a number to us. War has a very different meaning for them.

"That may be one reason the Russians have supported such a tremendous military buildup," he added. "They say 'The only thing the Americans will understand is violence.' Looking at our TV screens, you wonder if maybe they're right."