

A Virtuous Death: Organ Donation and Eudaimonia

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Many people want to donate their organs when they die, but no one wants to die in a way that makes donation possible. With a few exceptions, donation is only possible following a fatal car crash or sudden cardiac or brain event. When people die in such circumstances, their lives are cut short suddenly, and for their families, shockingly. As such, the arc of the dead person's life will never be completed as he or she might have envisaged. This obviously means that the person will not experience as much happiness as would have been the case had he or she not died at that point (and the donor's family will also suffer greatly). But organ donation can mitigate this misfortune to some extent, particularly when considered from the perspective of the ancient Greek concept of *eudaimonia*—happiness across one's whole life and even beyond death.

Eudaimonia does not have a direct translation in English. Literally, it means “having a good guardian spirit,” but the closest accurate approximation is “life-

long flourishing or happiness across one's whole life.” For the Greeks, this meant that virtuous happiness must be achieved over the entirety of one's life, not just most or parts of it; as Aristotle wrote, “One swallow does not a summer make, nor one fine day; similarly one day or brief time of happiness does not make a person entirely happy” (Aristotle 1980, I.1098a18). I have argued elsewhere that euthanasia (or assisted suicide) might be necessary for some people to achieve eudaimonia, as it would allow them to avoid a protracted and extremely unpleasant dying process (Shaw 2009). But there are also several ways in which eudaimonia is relevant to the sudden type of death necessary for organ donation.

It might appear that dying suddenly in a car crash or because of a heart attack mean that true eudaimonia cannot be achieved, for the simple reason that one's life has been cut short very suddenly. However, the fact that someone has died sooner than expected does not in and of itself render eudaimonia impossible—the concept is relative to however long one's life is, not to the average or anticipated lifespan of a person. For example, if a man died in his twenties saving his child from a fire, it would be very sad but not rule out his achieving eudaimonia. Furthermore, the manner of his passing—heroically rescuing his child—means that he will be well remembered by those he leaves behind, and indeed had he not rescued his child for fear of his own safety it is quite possible he would never have achieved eudaimonia. Aristotle used Priam, King of Troy as an example of someone who might have achieved

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eudaimonia had he died earlier and not witnessed the horrible death of his child.

A similar logic can be applied in the case of organ donation. While the sudden and unexpected ending of one's life does not rule out eudaimonia, it does make it less likely—not because of the reduced lifespan itself but because of the inability to complete one's planned and ongoing projects. Donating one's organs is a different project, one that can only be set in motion if the other projects are frustrated by an early death. Of course, this project is of a different nature because organs can only be donated after death, so it is not a “life project” as such.

Nonetheless, it is notable that it is now recognized in some jurisdictions that one's interests can extend beyond the point of death. In England, the concept of “extended best interests” has been introduced as a point of law (Brierley 2013). Traditionally, the best interests test in medicine has only permitted interventions that will benefit the patient while he or she is alive. However, in the context of organ donation, the concept of extended best interests is now used to justify certain invasive procedures that are necessary before the patient's death in order to facilitate organ donation, such as intubation. Although the donation and transplantation will take place after the patient's death, the patient's interest is in saving lives after his or her death. As such, extended best interests is a concept that bears a certain resemblance to eudaimonia—both concern not only how life is lived but how one's interests persist after death.

If one dies in such circumstances and does not donate one's organs, there can be no mitigation of this unfortunate early death. However, those who choose (or rather, had chosen by registering their consent) to donate their organs die in a most virtuous manner—their death enables several other people to live. A single donor can save as many as seven lives, by donating their kidneys, liver, heart, lungs, and other organs. The man in the example above died saving his son, while the death of an organ donor was unforeseen, but in both cases the deaths save lives.

The saving of these lives in turn has several beneficial side effects. Eudaimonia is not a matter of utilitarian calculus, but these effects are certainly relevant to the donor's eudaimonia. First, the recipients of the organs will be very grateful to the donor—even if they do not know exactly who that is because of confidentiality. Second, the recipients' families will also have great cause to be grateful. Third, the donor's family, while

still devastated by their loss, will know that their relative saved lives with this generous gift.

Furthermore, donating one's organs is widely regarded as a very charitable act. Charity is a virtue in general but all the more so when it is the gift of life that is being offered. As Philippa Foot put it, “Charity is the virtue that gives attachment to the good of others, and because life is normally a good, charity normally demands that it should be saved or prolonged” (Foot 2003, 54) Foot was writing about euthanasia, but her words are very apt here—charity demands that life should be saved or prolonged, and the charitable donation of one's organs can accomplish just that.

It should be noted that, unlike the man who chooses to save his son from the fire, the person who is about to die because of an accident normally lacks the mental capacity to make any decision at that point—hence the need to use the aforementioned best interests test to establish whether donation should go ahead. As such, people in this situation cannot actually choose to act virtuously by donating his or her organs. However, those who wish to donate (and those who wish to maximize their chances of achieving eudaimonia) can consent to donation in advance on the organ donor register and can also inform their family members of their wish to donate. Doing so can prevent the family overrule, which is discussed below.

It is also worth noting that those who register as organ donors will (in almost all cases) never know whether they actually become organ donors because they will be unconscious or dead before donation becomes a possibility. This might be seen as an objection to the argument that donation enhances eudaimonia. But those who register as donors at least know that they have acted virtuously by registering as donors and also that they have a form of life insurance—a “eudaimonia backup”—should their lives be cut short unexpectedly: if the worst happens, it will save other people's lives.

Eudaimonia also sheds some light on the phenomenon of the family overrule, where it is known that a patient wanted to donate his or her organs but the family stops donation going ahead. In most jurisdictions, family have no legal right to prevent donation going ahead in these circumstances, but healthcare professionals are normally reluctant to persist in the face of strong opposition from already distressed relatives of patients (Shaw 2012). From the perspective of personal autonomy, preventing donation when it is known that it is what the patient wanted is already problematic—but from the

perspective of eudaimonia it is even more troubling. If someone's life has been cut short and his or her plan was to save lives in this circumstance and thereby perform one last *eudaimon* act—an act that could not otherwise have been performed—how can a family go against this wish? Doing so would amount to a major betrayal of their relative, and an irrevocable one at that. Indeed, the evidence suggests that many families who overrule donation come to regret doing so (Jacoby and Jaccard 2010). This means that a person whose family vetoes donation has her eudaimonia harmed triply—an early death, followed by a thwarted wish to donate organs due to family denial of that wish, followed by increased suffering of relatives due to that denial (not to mention the suffering of those who will die because donation does not go ahead and that of their families). The importance of respecting the wish to donate is even greater for secular patients, who do not expect any afterlife whatsoever; for religious patients, the wish to donate is merely the last mortal wish.

Why do families attempt to overrule donation? The root of the problem is that families are already very distressed at losing their loved one and as such might (understandably) not want to think about donation or consider losing “any more” of their relative. In some cases they might also have been unaware of the patient's wish to donate. And upsetting the potential donor's family by going ahead with donation is also potentially problematic in terms of eudaimonia. If the family is really opposed to donation (for whatever reason), would the donor have wanted them to be further distressed by healthcare professionals' efforts to respect his wish to donate? This will depend on the individual case and the available evidence regarding the strength of the patient's wish to donate. The family's evidence regarding the strength of the patient's wish to donate can inform the

best interests test, but the family's own views on the pros and cons of donation should not be decisive (UK Donation Ethics Committee 2016).

Organ donation allows people unfortunate enough to have their lives cut short by an accident or other occurrence the opportunity to enhance their eudaimonia by extending the lives of others. Aristotle wrote that “The greatest virtues are necessarily those which are most useful to others, if virtue is the faculty of conferring benefits” (Aristotle 2006, part 9 line 6); it is difficult to imagine a more useful act of charity than one which saves not just one, but several, lives.

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