Implied Consent for Cadaveric Organ Donation

Few issues in medicine have received more attention recently than the need for cadaveric organ donation. In the study by Overcast et al., published in this issue, the influence and effect of donor card programs on organ procurement was examined and found to be inconsequential. This negative conclusion is apt to dampen the enthusiasm of legislators in states where active consideration is being given to laws that would permit or even require a statement about potential organ donation on a driver's license. This would be unfortunate since the driver's license programs have had a full trial only in the state of Colorado. There, almost two thirds of all drivers are self-designated as donors compared with other states with one fiftieth to one eighth this number.

See also pp 1559, 1563, and 1591.

In Colorado, the donors' license program was only one component of a long-range effort at public education and legal reform that included a Uniform Anatomical Gift Act, a redefinition of death by neurological criteria, and a commitment by law enforcement officers to facilitate recognition and procurement of donors. By 1980, the concept of organ donation was so well accepted in Colorado that few problems would have been predicted even if organs had been removed from a brain-dead donor bearing a driver's license pledge without the specific permission of the next of kin. If this had been done (although it was not) it would have been a special example of the "implied consent" that has been increasingly discussed by lay groups as well as by physicians. With implied consent as it is practiced already in some European countries, it is assumed that all people are potential organ donors unless a specific decision against this is made known by the victim (as would be possible through his driver's license) or the family.

Implied consent has never been used in the United States, but this may represent only past prejudices of physicians rather than the future prospects of this approach. The ease and uniformity with which cadaveric organ donation under conditions of brain death was accepted by society came as a great surprise to transplant surgeons of two decades ago who did not appreciate the wisdom and altruism of the public at large. The mistake could be made again by assuming that implied consent statutes would create controversy and a public outcry. Even if such responses occurred, they would be largely silenced if virtually all adult citizens could express their sentiments in advance by means of the driver's license, a condition that has approached attainability only in Colorado.

Thus, far from being abandoned, the driver's license donor declaration should be a major objective and one that can be viewed as a step in the rapid evolution of new social and public policies for cadaveric organ procurement.

THOMAS E. STARZL, MD, PhD
University of Pittsburgh
School of Medicine