Rebuttal From Dr DeCamp et al

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James et al[1] claim normothermic regional perfusion (NRP) does not violate ethical principles underlying organ procurement. They insist pronouncement of death, biologic reality notwithstanding, is what makes someone dead and that this declaration is sufficient to permit organ procurement. They misunderstand and misapply basic ethical principles and US law.

Others recently have described how NRP violates US law.[2] However, James et al[1] suggest NRP is no different than standard donation after circulatory determination of death (DCD). Their text proves our point by describing, yet not acknowledging, the morally salient differences between standard DCD and NRP. Instead of using cold perfusate before explantation, NRP restarts the circulation of warm blood that stopped moments before. Recognizing the alarming fact that this will restart brain circulation, active steps are taken to ensure brain death, improperly shifting lanes from circulatory death to brain death. But brain death could not possibly be declared based on the timeframe and existing requirements for doing so.[3]

The technical details of NRP can obfuscate the straightforward point that a person is not dead based solely on a declaration. Consider a counterexample: In standard DCD, after a 5-min "hands-off period," death is declared. But what if, just before explantation, autoresuscitation occurs, and the heart restarts (a known phenomenon[4])? Would explantation proceed? It should not. Was this patient dead, then raised from the dead?

assessment is needed that includes, but is not dominated by, the transplantation community.

NRP is legally problematic, and the misunderstanding and misapplication of ethical principles to attempt to justify it can do harm to patients and public trust in organ transplantation.

Acknowledgments

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