How does one begin to report such horror? Ruben Navarro was 26 years old; he suffered from severe mental retardation and had been a resident of a long term care home. He unfortunately sustained a cardiac and respiratory arrest and was admitted to the hospital on life support on January 29, 2007. Unfortunately, what could go wrong did go wrong. In an operating room on February 3, he was to become an organ donor. Although the idea itself was altruistic, that is, Mr. Navarro’s organs would live on in others as Gifts of Life, it is now alleged that every transplant rule fell by the wayside. Permit me to count the ways.
Transplant doctors are prohibited from directing patient care or retrieving organs until the patient is declared legally dead. Mr. Navarro did not qualify for any legal definition of death, so the transplant surgeon took control of his care. In addition, the surgeon compounded it—he did not even have staff privileges at the hospital. He allegedly then ordered the administration of pharmacologic doses of morphine and ativan (100 mg and 40 mg respectively) to Mr. Navarro. Despite removal of Mr. Navarro’s breathing tube and prescription of agents in doses which should have blunted or stopped Mr. Navarro’s breathing, he continued to live. So a repeat of the same hefty doses was administered. Thirty minutes later, Mr. Navarro still lived, all the while disconnected from life support. He was sent back to the ICU with his organs intact, probably viewed as a biologically tenacious outlier. He died the next morning.

Who cared for Mr. Navarro when he obviously could not speak for himself? Six people were in that operating room, all professionals. One was Mr. Navarro’s primary physician. Another was an ICU nurse who did not have privileges to give the sedatives in the operating room, but allegedly did so anyway. That nurse did not record the administration or the doses in the medical record. All stood by mutely when Mr. Navarro, an everyman-as-donor trapped in the donor equation, silently cried for advocates.

As if the event itself was not bad enough, an evaluation from a physician who is a trustee of a regional organ bank seared what may be left of medicine’s conscience. He said, it’s not like the patient woke up and said, I want to live, and somebody pushed a lot of drugs in them and killed them anyway.

Benjamin Freedman once wrote of a terrible contemporary phenomenon he coined the titration of death. It is controlled professional killing designed by physicians to render those killed useful for another purpose. How long did we think that the culture of death would spare those dying in the context of donation? To paraphrase Lord Acton, Death-hastening efforts by doctors and nurses corrode medical practice absolutely. No one will be safe, not even those who offer the gift of life. It was only a matter of time. How much Mr. Navarro’s horrible death will hurt future donors and recipients remains to be seen.

References


2 Ibid.


4 Gregory W. Rutecki, Blurring distinctions between the dying and the dead: a call for

Podcast Episode: 44

This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 United States License.

Source URL (modified on 11/07/2018 - 16:16): https://cbhd.org/content/inevitable-collision