

To the Editor:

As a critical care and palliative care physician for over 25 years, I have supported countless patients and families through organ donation after circulatory death, or D.C.D. While the article highlights several troubling cases, my experience has been shaped by decades of ethical and compassionate practice.

In D.C.D., patients are terminally ill in the intensive care unit, sustained by a ventilator but not brain dead. The decision to withdraw life support is made by the family — often in accordance with the patient’s values. When organ donation is possible, it offers families a powerful way to find meaning amid profound loss.

Some of the most difficult moments in my career have occurred when a patient did not die within the clinical window for donation — typically 60 minutes after life support is withdrawn. In those cases, already grieving families experienced added sorrow at the missed opportunity to help others.

In my practice, D.C.D. was carried out with deep respect. Families were at the bedside; the atmosphere was quiet, with dimmed lights and music the patient would have liked. The organ recovery team waited outside until the I.C.U. physician had formally declared death. The patient and their loved ones were always at the center of the process.

D.C.D. is a lifesaving practice that, when performed with integrity, provides comfort to grieving families and gives others a chance at life. The actions of a few should not overshadow the value this practice brings to so many.

Dana Lustbader
Great Neck, N.Y.

To the Editor:

As someone who is currently on the kidney transplant waiting list, I read “[Push for Transplants Puts Organ Donors at Risk](#)” (front page, July 20) with a heavy heart.

Since the article’s publication online, I’ve seen a flood of comments from people saying they’re removing themselves from the organ donor registry. The ripple effect has been devastating. It sends a chilling message to those of us who are waiting, clinging to the hope that someone’s selfless decision might give us one more chance at life.

I am 44. My transplanted kidney is failing, and my kidney function is now down to 11 percent. Without my original donor’s gift nearly 20 years ago, I wouldn’t be here today. The average wait time in San Diego is nine years. I will likely not survive that long, especially as I am not a candidate for dialysis. I am not alone in this.

Articles like this one can unintentionally cast a shadow over the profound gift of organ donation. Of course, every medical procedure must be handled with care and ethics. But we must also hold space for the bigger picture: Organ donation saves lives.

Thousands of people like me are still waiting, still hoping and still believing in the goodness of strangers. Please don't let one story scare the world away from giving others a chance to live.

Jeanmarie Ferguson

San Diego

The writer is a mentor for transplant and dialysis patients.

To the Editor:

This article implies that the transplant community is driven by questionable motives; that is not the reality. Transplant teams — physicians, nurses and coordinators — are not motivated by profit, but by the ethical and compassionate desire to save patients who are dying while waiting for transplants.

The tragic cases cited are rare and extreme examples. They reflect moments when providers and families were navigating heartbreaking decisions about end-of-life care — not systemic failure. Death, when inevitable, should be allowed with dignity.

Organ procurement surgeons do not declare death and are not involved in that decision. They document the death and other key medical details before any donation proceeds. If there's ambiguity, the process is halted and re-evaluated.

Painting these tragic events as evidence of widespread risk undermines trust in the transplant system and threatens to discourage the lifesaving gift of organ donation. We must not let isolated missteps cast doubt on a system built to honor the dying and give others a second chance at life.

Matthew Stotts

Denver

The writer is a transplant hepatologist.

To the Editor:

This article, which opens as “a team of transplant surgeons prepared to cut into Misty Hawkins” and “sawed through her breastbone,” and later describes surgeons “slicing into Ms. Hawkins while she was alive,” relies too heavily on graphic descriptions to be taken as a balanced assessment.

In a perfect world, the organ donation process would be flawless and without controversy, but medicine is not practiced in a perfect world. To add balance to the story, the writers might have

included a more nuanced picture including the roughly 48,000 organ transplants completed in the United States in 2024, along with the heartache of the more than 100,000 people currently on an organ transplant list, about 15 of whom will die each day waiting for an organ.

Beryl Rosenstein

Baltimore

The writer is an emeritus professor of pediatrics at the Johns Hopkins University School of Medicine.