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An approach to pediatric or mentally deficient donors from a bioethical perspective: Considerations/recommendations on Behalf of the Donor Research Team of the Turkish Society of Hematology (DART)

Pediatrik veya zihinsel olarak yetersiz donörlere biyoetik bakış açısıyla bir yaklaşım: Türk Hematoloji Derneği Donör Araştırma Ekibi (DART) Adına Düşünceler/Tavsiyeler

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To the Editor,

Donor status is a matter of value. It is possible to encounter ethical dilemmas in medical interventions that do not provide medical benefits to the donor candidate. In contemporary ethical thinking, careful evaluation of the altruistic attitude of the donor is required for human dignity. The purpose of this article is to discuss bioethically appropriate approaches for pediatric or mentally deficient donor candidates.

Developing a bioethically appropriate approach to donors and striving to establish policy regulations through guidelines and similar normative texts can alleviate the moral distress of donor candidates and transplant team professionals. While the moral distress in donor candidates is often due to practical risks, uncertainty, and family conflicts [1], for the healthcare team, it arises when it is not known how to behave morally. [2]. It is important to manage moral distress when recipient survival depends on donation [3].

Children are a special group with developmental, psychological, and physiological differences compared to adults [4]. Although children 18 years or younger can be accepted as donors with the approval of their legal representatives [5], this does not mean that children are left to the sole discretion of them to become a donor. It is an ethically appropriate approach to give them age-appropriate information and obtain their consent through a different form prepared considering the characteristics of the age group.

There are limited studies on how pediatric donors will be affected by the transplant process, both medically and psychologically [5]. Pain, distress, and fear should be reduced and long-

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term separation from parents should be carefully evaluated. Increased self-esteem and avoidance of guilt are reported to be in the best interests of the child [6]. There are also views that find it problematic to evaluate the best interests of the child over the welfare of the sibling recipient. The common view on this issue is to focus on the self-regarding interests of the pediatric donor candidate [7]. The psychological effects of having a sick sibling on the pediatric donor are complex [7]. Accordingly, the general trend in Western countries is to provide psychological support to donor candidates [5]. However, parents may find it difficult to make decisions regarding the well-being of both the patient and the pediatric donor [8]. Therefore, a donor advocate who may be health personnel who do not treat and follow the patient, social workers, religious officials, or lawyers is defined [9]. Mentally deficient donor candidates should rarely be preferred when another suitable donor cannot be found for high-risk patients. The donor candidates in this group should be given preliminary information, preferably by a psychiatrist.

It seems important to consider how to increase ethical action options without straying from the teaching of evidence-based medicine. So, it is necessary to recognize the ethical problems for donors and transplant teams and develop solutions. In this direction, it is recommended to organize joint workshops and panels and conduct qualitative and quantitative research with universities, specialist associations, and non-governmental organizations to determine the principles needed in practice.

Key words: donor selection, malignant diseases, benign diseases, hematopoietic stem cell transplantation, pediatric diseases

Anahtar kelimeler: verici seçimi, malign hastalıklar, benin hastalıklar, hematopoietik kök hücre nakli, pediatrik hastalıklar

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