

Organ donation after assisted suicide

Position statement of the Central Ethics Committee of the SAMS

1. Background

As a result of a survey of hospitals conducted during the revision of its guidelines on “Determination of death with regard to organ transplantation and preparations for organ removal”, the Swiss Academy of Medical Sciences (SAMS) became aware that, for some years, hospitals have been receiving enquiries from individuals wishing to donate their organs after an assisted suicide. For this to be possible, the suicide would have to take place in a hospital and the process would involve hospital personnel (cf. Box). New questions of medical and professional ethics thus arise. The Central Ethics Committee (CEC) of the SAMS first considered this topic at the end of 2023 and decided to prepare a position statement. A consultation procedure involving the relevant parties was carried out in September 2024.

Before it can be determined in detail whether, or under what conditions, organ donation after assisted suicide is justifiable from a medical-ethical viewpoint, the various actors would need to clarify legal and organisational questions (Section 2). The medical and professional ethical challenges arising can, however, already be identified (Section 3). In addition, societal debate on the social-ethical dimension of organ donation after assisted suicide would also be desirable (Section 4).

Organ donation after assisted suicide: medical facts and procedure

From a medical perspective, organ donation after assisted suicide is an instance of donation after circulatory death (DCD): the lethal agent sodium pentobarbitone leads, in a dose-dependent manner, to respiratory depression, unconsciousness and cardiac arrest. The action leading to death must be performed by the person wishing to die – i.e. they are required to initiate the infusion of the lethal drug themselves.

For organ removal after death to be permissible, death must be determined in accordance with defined criteria.¹ First, cardiac arrest is diagnosed (by means of echocardiography). Up to this point, relatives may be present. After the specified stand-off period of 5 minutes, a clinical examination is carried out by two suitably qualified specialists. Once death has been confirmed and the legal aspects have been clarified, organ removal is undertaken by a surgical team.

Given these requirements, the assisted suicide must take place in an organ-removal hospital or transplantation centre, and hospital professionals must be present at the death. Because, under current law, assisted suicide is always considered to be an unnatural death, the presence of a representative of the cantonal prosecutor is also required, or at least a concrete prior agreement, so as to ensure that all parties are protected from subsequent investigation.

¹ For the detailed requirements, reference is made in the [Transplantation Ordinance](#) to the SAMS guidelines on the determination of death; cf. [sams.ch/determination-of-death](https://www.samw.ch/determination-of-death).

2. Legal and organisational questions

Organ donation and assisted suicide are, in themselves, legally permissible under certain conditions, and they are practised in Switzerland. Whereas organ donation is carried out in hospitals or at transplantation centres, assisted suicide almost always takes place outside the hospital setting and is generally overseen by assisted suicide organisations. If the two practices are combined, new legal and organisational questions arise.

From a legal perspective, it needs to be established whether, and under what conditions, organ donation after assisted suicide is compatible with federal legislation and cantonal laws. This includes questions such as: can it be ensured that, in a case of organ donation after assisted suicide, the provision of medical assistance in suicide does not involve “selfish motives”? How can it be correctly determined in practice that this is a case of an unnatural death?

If organ donation is carried out after assisted suicide, various institutions and actors are involved, whose responsibilities and interactions need to be defined. These include, firstly, medical professionals – both in assisted suicide (prescription of the lethal drug, insertion of an intravenous line) and in organ donation (preparatory medical measures with regard to donation, determination of death). But other groups of actors are or could also be involved, including assisted suicide organisation staff, employees of long-term care institutions, or professionals in the fields of psychiatry, psychology or pastoral care.

Virtually all the stages in the process of organ donation after assisted suicide call for fundamental organisational decisions: Where and how is the decision-making process to be defined? Who is to assess the capacity and autonomy of the person wishing to die, both in relation to suicide and in relation to the wish to donate? Are the assessments for assisted suicide and for organ donation to be carried out separately? In what order? Can responsibilities be assigned in such a way as to ensure that conflicts of interest are avoided? Who carries out which medical interventions?

This non-exhaustive list indicates the wide range of legal and organisational questions that would need to be discussed and answered when decisions are to be made on organ donation after assisted suicide. These questions should be addressed bearing in mind the following medical and professional ethical considerations.

3. Medical and professional ethical challenges

Both assisted suicide and organ donation have already been the subject of extensive medical and professional ethical reflection. For both contexts, the SAMS provides guidelines, including medical-ethical recommendations.² However, when organ donation is combined with assisted suicide, new or additional medical-ethical questions arise – particularly in connection with one of the main pillars of medical ethics, patient autonomy. Respect for autonomy requires that decisions on assisted suicide or organ donation should be voluntary, well-informed and non-coerced, and that it should be possible for them to be revoked at any stage. The procedure for assessment and review of these factors is defined in the Transplantation Ordinance and in the relevant SAMS guidelines.³ However, in the case of organ donation after assisted suicide, the question of how patient autonomy is to be respected arises in a new context.

² For the complexity of the question of organ donation, see the SAMS guidelines on “Living donation of solid organs” (2023), cf. sams.ch/living-donation, even though the tensions between autonomy and protection of the person wishing to donate differ somewhat in the case of post mortem organ donation. For the procedure in cases of assisted suicide, cf. sams.ch/dying-and-death.

³ Cf. the SAMS guidelines on “Management of dying and death” (2021), Section 6.2.1; “Assessment of capacity in medical practice” (2019); and “Living donation of solid organs” (2023), Section 5 (sams.ch/guidelines).

Autonomy of the decision on organ donation

The autonomy of the organ donation decision is assured to a greater extent in organ donation after assisted suicide than in other cases of post mortem organ donation: in contrast to situations involving the use of (possibly outdated) advance directives or the provision of consent by relatives (or reliance on presumed consent, once the revised Transplantation Act comes into force), there is no need to rely on the patient's presumed wishes in a case of organ donation taking place after assisted suicide. The explicit nature of the consent can be maintained throughout the process. If the person wishing to die is capable of making an autonomous decision on assisted suicide and remains autonomously committed to it right up to the time of the suicide, then the decision on organ donation can also be considered to be an expression of the person's own wishes right up to the end.

Organ donations are desirable from a medical-ethical viewpoint. They help to save lives. If they are to be justifiable in medical-ethical terms, it is crucial that they should be based on an autonomous decision. Organ donation after assisted suicide can satisfy both of these requirements. This fact, combined with the existing shortage of donor organs, represents the strongest argument for the practice of organ donation after assisted suicide: vital organs are donated in an autonomous manner.

Autonomy of the decision on suicide

In the case of organ donation after assisted suicide, challenges arise for the protection of autonomy since the autonomy of the decision on suicide could be jeopardised by the fact that the person's desire to do a good deed, by donating their organs, may influence in a problematic manner or even determine their decision on assisted suicide. A number of different situations should be considered:

- The mere provision of information on the possibility of combining suicide with organ donation may undermine the autonomy of the decision on suicide. This is all the more likely since persons seeking suicide are usually in a vulnerable position⁴ and their attitude to suicide is often marked by ambivalence. At the same time, information on the possibility of organ donation forms part of a fully informed decision. The question of which professionals should communicate this information, and in what way, so as to minimise both the risks for patient autonomy and potential conflicts of interest, is thus of central importance.
- Organ donation after assisted suicide could offer patients with life-shortening conditions the possibility of saving lives, which could be felt to give meaning to their own life in an otherwise hopeless situation. At the same time, this possibility may create intense psychological pressure to choose suicide. Here, too, it is a requirement of medical and professional ethics to ensure that the framework for the decision-making process is such that no problematic incentives arise for organ donation after assisted suicide.
- If a person seeking suicide is ambivalent about the planned assisted suicide, being conscious of "depriving" people who are severely ill of vital organs by not proceeding could induce them to stand by their original decision on suicide – even though they are no longer entirely convinced that it is the right decision. From a medical-ethical perspective, however, it is of crucial importance that the person wishing to die should be able to decide against suicide at any time, right up to the end, without having to give any reasons.

⁴ Organ donation after assisted suicide could also be desired by groups which are to be considered especially vulnerable, e.g. by persons with mental disorders, adolescents or prison inmates. For these groups, the requirement that autonomy is to be respected is equally applicable, but the protection of their autonomy would need to be particularly carefully assured.

As these examples show, there would not only be an organisational/technical dimension to the establishment of organ donation after assisted suicide: it would give rise to new challenges for the protection of autonomy, which would have to be addressed not only at the structural level but also in dealing with the individual who wishes to pursue organ donation after assisted suicide. The minimum of two detailed discussions with the person seeking suicide recommended in the guidelines on “Management of dying and death” (cf. Sections 3 and 6.2.1) would probably no longer be sufficient. In order to ensure the protection of autonomy with regard to organ donation after assisted suicide, the responsibilities for the discussions and their content would also have to be appropriately coordinated between the parties involved and duly documented.⁵

The autonomy of medical personnel

A person who decides autonomously to pursue organ donation after assisted suicide is not automatically entitled to have it carried out. As explained in the guidelines on “Management of dying and death”, physicians and other medical personnel cannot be obliged to perform assisted suicide. The combination of assisted suicide with organ donation in no way alters the professional ethical principle that assisting suicide is not a true medical act, i.e. an integral part of the professional role in question. It could however put pressure on this principle. Physicians and other health professionals must, however, also in cases of organ donation after assisted suicide have the freedom to refuse to participate for reasons of conscience. They could nevertheless find this difficult insofar as assisted suicides are seen as a source of life-saving organs and assisted suicide would no longer be physically (and also emotionally) separate from their workplace.

Medicalisation of assisted suicide

To date, Swiss hospitals have only permitted assisted suicide under certain restricted conditions or have excluded it altogether. If organ donation after assisted suicide is practised in a hospital, the ethical grounds – currently emphasised in some institutions – for the exclusion of individuals seeking suicide who do not wish to donate organs, but who wish to have assisted suicide carried out in hospital, would no longer be tenable. The introduction of organ donation after assisted suicide would thus involve a *de facto* acceptance that a hospital is an appropriate site for assisted suicide. A change of this kind would likely represent a considerable challenge for hospitals and for their staff. The associated medicalisation of assisted suicide has concrete professional ethical implications, but also a social ethical dimension. Both of these call for in-depth reflection.

The relatives' perspective

Apart from the questions concerning the autonomy of the person seeking suicide, on the one hand, and of medical personnel, on the other, reflection is required on the perspective of relatives. Here, too, the situation changes when a desire for organ donation is added to the desire for suicide. The differences will probably vary from case to case: some relatives may feel consoled by the organ donation following the suicide, while for others this idea may be disconcerting or worrying. In any event, the professionals involved would need to show empathy and a readiness for dialogue in their discussions with relatives.

⁵ For these discussions, the SAMS guidelines on “Management of dying and death” (cf. Section 6.2) emphasise the relevance of the interpersonal relationship, which should be characterised by trust and integrity. With regard to organ donation after assisted suicide, where inevitably numerous people in various roles and at different times will interact with the individual wishing both to die and to donate, sufficient room should be left for the establishment of such relationships, and the continuity required for this purpose must not be jeopardised by contradictory responsibilities.

4. Social ethical aspects

The CEC sees a need for a broad debate on the social implications of organ donation after assisted suicide. The combination of assisted suicide and organ donation may not only alter how physicians, nursing staff and other medical professionals perceive their own role. Also to be expected are effects on confidence in these professional groups and on society's perception of hospitals as places for treatment, nursing and care. In addition, the practice of organ donation after assisted suicide could alter society's view of the established practices of assisted suicide and of organ donation – for example, by fuelling the debate concerning the expansion of assisted suicide to encompass voluntary euthanasia (as already permitted and practised in certain other countries) or altering the readiness to donate organs. Reflection is also required as to what would be the consequences for the community of a practice closely linking highly personal decisions on one's own death with considerations of utility.

5. Conclusions

The practice of organ donation after assisted suicide is already a subject of intense discussion in certain professional medical circles. It is not unlikely that organ donation after assisted suicide will become reality in Switzerland in the foreseeable future.

Even if they are both in themselves established, legally and ethically accepted practices, the combination of the two cannot be regarded as unproblematic. Numerous new legal, organisational and ethical questions arise. In the view of the CEC, organ donation after assisted suicide is a procedure raising many medical-ethical questions and affecting the self-perception of all concerned – not least that of the person seeking suicide. Questions arise in particular in connection with the protection of patient autonomy and the freedom of conscience of medical personnel. If the societal and professional debate tends to favour the practice of organ donation after assisted suicide in Switzerland, and should this lead to consideration of the organisational and legal aspects, then the CEC and the SAMS will participate in the in-depth medical-ethical reflection.

This position statement was adopted by the Central Ethics Committee (sams.ch/cec) on 19 June 2025 and published on 7 July 2025.