

JIMMY

By Renate G. Justin, MD, Fort Collins, CO

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Harvest

*The surgeon presses the scalpel deep to the
breastbone and orders: Harvest the heart.¹*

The question had to be asked, and I was the one who had to ask it—as calmly as I could. “Do you want to donate Jimmy’s organs?” His family members were in shock: Jimmy had died violently in a motorcycle accident just a few hours before. I had been a family physician in this Midwestern town for decades; seventeen years ago I had delivered Jimmy. Now I fought to control my own emotions as I explained to his family about brain death and organ donation.

We were gathered in the hospital room where Jimmy’s body lay connected to life-support machines. His grandmother, sitting motionless on a straight-backed chair, said in a quavering voice, “God wants us to return to him with our organs in place.”

Jimmy’s mother Alice said, “But Mother, Jimmy would want to help others and give them a chance at life.”

Grandmother paused, then answered, “Only God decides who should live and who should die.”

Jimmy had been a polite and friendly kid, a good student who’d saved money from birthdays, Christmas and his part-time McDonald’s job to buy a second-hand motorcycle. On this clear, sunny day, he’d decided to go for a ride. A car full of teenagers had run a red light, and Jimmy had ended up on the hood of their car. The neurologist had pronounced him dead in the emergency room. He’d been sent to the ICU on a respirator, with IVs dripping to support his blood pressure and keep his organs alive. As soon as I had arrived, the neurologist had suggested I ask the family about organ donation.

Jimmy’s mother, Alice, had arrived at the hospital first. She had looked neat—perky almost—as she bent over Jimmy in his bed, stroked him, whispered to him and kissed him on the forehead. The nurses had cleaned the blood and dirt from his face and blond hair. He had no bruises; his color was good. He looked as if he could wake up any moment.

Minutes later, in a small, somber adjacent room that smelled of stale coffee, I’d had to break the unbearable news: “Alice, Jimmy is never going to wake up.”

I’d held her as she started to sob and wail, “No, no, you can’t mean that!”

We were soon joined by Jimmy’s dad, Mel, and by Jimmy’s grandmother, his college-aged sister, Anne, and younger brother, Doug. I had answered their questions about what happened to Jimmy and what it means to be brain dead. It felt unbelievably macabre to confront Alice and Mel with their child’s death and then, in the next breath, to ask them to donate his organs—something that was not yet common in the early 1980s. Ethically, though, I was convinced that this was absolutely the right path.

After Grandmother had spoken, Alice turned to her husband. “Mel, what do you think?” His nod was barely perceptible. Anne reluctantly said she would go along with their decision. Doug, barely nine and bewildered, embraced his dad and loudly declared, “I agree.”

I asked, “Would you like to pray?” Silently we bowed our heads and followed our thoughts.

Later on, we resumed our conversation. Watching as the nurse restarted Jimmy’s IV, Anne winced. “Are you sure Jimmy didn’t feel that needle?”

“He’s no longer able to feel pain, cold or hot, rough or smooth,” I reassured her.

Mel and Alice signed the necessary papers. As an internationally renowned transplant surgeon based in Pittsburgh headed toward our town in a private plane with his team of doctors, we readied our surgical suite. Meanwhile, in far-off Pittsburgh, the patients scheduled to receive Jimmy’s organs were being prepped as well.

When the surgeon arrived, he greeted Jimmy’s family formally: “Thank you for helping to save the lives of terminally ill patients in the midst of your own tragedy.” I hugged Alice and Mel, then followed the doctors into the operating room. We scrubbed side by side. I silently pondered the questions that floated through my mind: Does a person who receives a stranger’s heart change in any fundamental way? What essential characteristics define a person—a smile, a look in the eyes, a gesture...a heartbeat? This would be the first time, I suddenly realized, that I would assist at a surgery in which the patient was not anesthetized; the anesthesiologist would simply monitor pulse, blood pressure and oxygen tension.

When blood flowed from Jimmy’s incisions, I had to remind myself that we were dissecting a cadaver, its physiologic functions maintained by infused drugs.

Swiftly, the surgeon isolated the major organs and their blood supply, gently removed them and delivered them into sterile containers in ice-packed Styrofoam boxes. Then, without bothering to change from their scrubs, he and his team were off to the airport.

I repaired Jimmy’s incisions.

Afterwards, I sat in the locker room to gather my thoughts. In the waiting room, I told Alice and Mel, “Everything went smoothly. The organs are on their way to the recipients. The surgeon asked me to thank you again.” We sat down together, mourning quietly, grasping each other’s hands for comfort.

At Jimmy’s funeral, his classmates, teachers and friends agreed that he would have wanted to donate his organs. Previously, I’d discussed death and organ donation with many of these young people in their health classes and church groups, but this was their first encounter with the death of a peer.

For years after, whenever I saw Jimmy’s family, we always talked about Jimmy. Four decades after his death, Alice sent me a picture of her extended family—ranks of children and grandchildren, all smiling. Only Jimmy was missing.

*...they (hearts) will be
passed like gold batons, one at a time, from
grief to hope to a waiting chest.¹*

¹ Williams G. Harvest. 2004 JAMA; 292: 1662.