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IS THERE A MEANING TO DEATH? THE ROLE OF EDUCATION IN THE NATIONAL TRANSPLANT SYSTEM IN LIGHT OF SDG 4

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Abstract: This research presents a sensitive and meticulous analysis of the National Transplant System (SNT) in Brazil. Sustainable Development Goal No. 4 indicates quality education as a contributing factor to more conscious decision-making, expanding the effectiveness of the SNT in Brazil. The question of whether death has meaning highlights the importance of biopsychosocial work in Brazil, with Viktor Emil Frankl's thesis considered an anchor for addressing the topic in a mature and welcoming manner. The methodology is based on bibliographic references that aid in understanding the bioethical reality in Brazil, covering the grieving process and the wait for an organ or tissue transplant. The case study method affirms the essential role that organ and tissue donation plays in allowing children to continue loving and developing. The reality of little Pedro Mathias and Pedro Mirella is presented with warmth and respect, in order to promote reflection on the National Transplant System and organ donation for children in Brazil. The overall objective is to use education as a formative and promising way to raise awareness in society about organ and tissue donation, as well as the possibilities of transforming the pain of loss into a life mission. The specific objectives are aligned with the SNT as a national policy that can be solidified from early childhood education through higher education, with bioethics included as a multidisciplinary and compulsory subject. The hypotheses are based on Sustainable Development Goal No. 4, with education being a possible way to combat misinformation regarding the SNT in Brazil. Furthermore, the hypothesis of digital activism is seen as a communion of meaning, uniting the reality of families who have lost a

child with the daily lives of families who are waiting for a yes to the continuity of life.

Keywords: Meaning; Death; Education; National Transplant System; Sustainable Development Goal.

INTRODUCTION

Brazil's developmental history has been marked by social, political, and economic inequalities. The basis of public health management is fractured by the weak link between public administration and the community.

The country's size poses a geographical challenge that increases the complexity of guaranteeing the right to life and the continuity of existence in Brazil. The scope of public health in Brazil is affirmed by the Unified Health System (SUS), one of the legal and political guidelines being Law No. 9,434 of 1997.

Brazil's legal framework is broad in terms of organ donation, covering aspects of family consent (deceased donors) and the possibilities of living donation. The legal aspects also aim to curb illegalities in the National Transplant System (SNT) and ensure maximum reliability.

The problem addressed in this article lies in the discrepancy between the legal basis and the process of consolidating public policies. The educational discrepancy between administrative leaders and the community raises the question: how can the National Transplant System (SNT), based on SDG 4, be a way to construct meaning at the time of death?

The work is based on the general objective of understanding the importance of education in the context of the Natio-

nal Transplant System (SNT). The specific objectives emphasize the reality of children waiting for organ donations in Brazil, with the key points being: analysis of the legal bases that structure the National Transplant System (SNT) in the country; and the importance of an educational process for organ donation, in order to build meaning at the moment of death.

The article also focuses on: Sustainable Development Goal No. 4; ways to base the National Transplant System (SNT) on a solid educational policy in Brazil; and digital activism initiatives that serve as case studies and help make sense of the grieving process.

The methodology is based on bibliographic references that explain child organ donation in Brazil, as well as issues inherent to mourning and the restart of family members. Viktor Emil Frankl's Logotherapy thesis becomes a path for education and the construction of meaning for families experiencing the pain of losing a loved one.

The descriptive case study method establishes the initiatives already in place in Brazil. The foundation of the policies studied highlights the importance of continuity of life for bereaved people and for children awaiting organ transplants.

The rationale for the theme is to explain education as a facilitating vehicle for the process of accepting grief. Family members who are informed about the possibility of organ donation and educated about how this process works in Brazil are consequently more open to saying yes to life in its fullness.

The hypotheses raise interesting aspects regarding the theme, with education being a way to broaden the acceptance of the continuity of life. Sustainable Develop-

ment Goal No. 4 facilitates this education being comprehensive and consistent.

Looking at the National Transplant System (SNT) allows us to propose hypotheses that clarify the importance of information for informed decision-making. Analyzing children on the waiting list transforms grief into time, helping family members decide to donate their children's organs.

SDG 4 IN THE CONTEXT OF THE NATIONAL TRANSPLANT SYSTEM

Human rights were affirmed after the global events of World War I and II, which were important milestones for the international community to come together around common goods and values.

The Universal Declaration of Human Rights was a document consolidated by the United Nations (UN) in 1948. Brazil's legal and social milestone was the 1988 Constitution of the Federative Republic of Brazil, which established democracy and the safeguarding of human dignity as fundamental to the country.

The Sustainable Development Goals have become benchmarks for each country to structure public policies in a more assertive manner. Education is at the center of global concerns because its evolution impacts the achievement of all other SDGs.

Democracy is closely aligned with the exercise of the function of existence, given that the state is formed and developed with the participation of all citizens. Education is the means by which people are shaped to better decide and act in reality.

The “power of citizenship” present in society, for the health sector and for the scientific area of public health, has had no counterpart in the education sector and in the area of teaching. The appropriation of the Unified Health System is still tenuous in professional training, and there is still an imaginary view of health as the provision of highly technical services.” (CECCIM; FERLA, 2008, pp. 5-6).

The field of health requires special attention because education has been constructed with the purpose of partially valuing life. The first stage of training (high school) provides theoretical teaching and practical experience based on preventive and treatment topics.

Regular health courses emphasize the nature of professionals as lifesavers. Existential paths are not observed in their fragility, and even less so in their operation. Lectures are given and activities are proposed that discuss the finitude of each person.

Health education suffers fractures due to ignorance of the process of death, mourning, and rediscovery of meaning in life. The philosophy of care has been observed, from the early grades to health specializations, to emphasize the treatment of pathologies and the provision of all available treatments to prolong life on this plane.

Education in the philosophy of care has been revised to be anchored in two globally accepted principles: the dignity of the human person and the autonomy of the will. The point to be clarified does not lie in

the abbreviation of suffering through assisted suicide (euthanasia, unfounded palliative sedation, or permanent fasting).

The educational process in health care involves caring for the human being in their entirety (body, mind, and spirit). The accreditation of the biopsychosocial thesis allows each person to be held responsible for what will be done about the suffering that afflicts them.

“If, on the one hand, we are faced with the undeniable reality of a fragile ontological consistency – since it is extended from moment to moment and, as such, is closely exposed to the possibility of ending – on the other hand, we experience another dimension of the human condition that is equally indisputable: even in all our fragility, from moment to moment, we are preserved in being.” (STEIN, 1950, p. 95 *apud* MORTARI, 2018, p. 15).

Education can be imbued with meaning from early childhood when dealing with sensitive issues occurs naturally. The philosophy of healthcare allows children to understand what life is, how it develops, and what possibilities there are for ending this process with dignity.

Biological science courses would expand professional opportunities while removing the stressful burden of treating diseases at any cost from students.

The focus of education is on valuing life and the person who plays the leading

role in their existence. The concept of holistic health encompasses the biological, psychological, social, and spiritual aspects of the human being. Educational training to understand these concepts, for both laypeople and specialists, facilitates decision-making about what to prioritize in delicate moments.

The above quote reveals the human capacity for everyone to focus on being meaningful. Focusing on the person does not negate the reality of pain and suffering, which is inherent in delicate health situations, but it allows each individual to take ownership of their story and consciously decide how this book will end.

Children, in accordance with their stage of development, depend on a legal guardian to make decisions involving their integrity. The difference in health education, in order to value life from an early age, consists of the child's ability to dialogue with adults and become instruments of transformation.

Organ donation involves biopsychosocial aspects from an early age, given the cultural aspect of religiosity present in Brazil. Misinterpretation of the basics leads many families to choose not to donate organs in the country.

The decision to pass on part of an organ, or multiple elements present in the body, involves addressing issues related to death, mourning, and constructing meaning for this moment.

Mourning is transformed into honor when there is an awareness of the ways in which life can continue. The deceased donor enables children and adolescents to grow and develop from their existence.

The organ donation process does not remove the experience of family grief, but it

allows family members to choose how they will remember this episode. Brazil's medical and legal framework establishes information on how one or more organs are removed, what processes are used to screen recipients, ensuring respect for the lives of all involved.

Sustainable Development Goal No. 4, linked to education, is enshrined as a social right in the 1988 Constitution of the Federative Republic of Brazil. The educational process of a human being is of national interest due to the impact that knowledge can have on the decision to become a donor.

Art. 6 Social rights include education, health, food, work, housing, transportation, leisure, security, social security, protection of motherhood and childhood, and assistance to the destitute, in accordance with this Constitution.

Art. 23. It is the common responsibility of the Union, the States, the Federal District, and the Municipalities:

V - to provide the means of access to culture, education, science, technology, research, and innovation; (BRAZIL, 1988).

Education allows a person to make decisions without external influences, discerning when exposed to false information about the National Transplant System (SNT).

The means of instruction about life, including the delicate moments that permeate human existence, shape children to become mature and responsible adults. Personal care and care for others is the result of a biopsychonoetic view of the human being, where each person has been guided in the biological, psychological, family, social, and spiritual dimensions.

The National Transplant System and the future of children in palliative care

The National Transplant System was the result of the national evolutionary process in terms of bioethics and the right to health. The cohesion of areas allows for greater coverage of content related to human dignity and the construction of a promising future for children and adolescents.

Law No. 9,434 of 1997 provides for the removal of organs, tissues, and parts of the human body for transplantation purposes. Pediatrics becomes of fundamental importance as a specialty and subspecialty during the organ and tissue donation process.

The registration of children and adolescents is subject to a rigorous assessment of the failure of other forms of treatment. The transplant route is chosen by a multidisciplinary team that welcomes the patient and their family members.

“I have no doubt that the awareness of death is the mother of all religions and our spirituality; if we had eternal life, perhaps we would not have religions. We also have the issue of autonomy of will. There is no need to fear the future; we can shape it within

the circumstances; we can—and indeed should—have the right to shape how our death will be if we depend on medical treatment.” (JÚNIOR, 2017, pp. 109-111).

The legal basis and medical ethics make registering young patients an easy process. The problem with the National Transplant System (SNT) lies in the low level of education in the country about death and the possibilities of giving meaning to this painful moment.

The loss of a loved one becomes a break with the physical and constant contact of the past. The grieving process aggravates feelings of anguish and prostration when it does not occur in the natural cycle of human development.

The multidisciplinary team acts in a humane manner to support families who have lost children and adolescents. In addition to doctors, social workers, and psychologists, chaplains forge the human spirit of parents or legal guardians. The noetic dimension that differentiates human beings from other living beings brings with it a call for self-transcendence.

The ability to process facts and choose to transform grief into honor consequently brings reflections on the right to the continuity of life for other children and adolescents.

The autonomy of will mentioned in the article calls for robust educational work to raise families' awareness of the factor of death. Suffering, when viewed as an inherent part of life, which often culminates in the death of a loved one, must be processed on a daily basis.

Art. 3 The post-mortem removal of tissues, organs, or parts of the human body intended for transplantation or treatment must be preceded by a diagnosis of brain death, confirmed and recorded by two physicians who are not members of the removal and transplantation teams, using clinical and technological criteria defined by resolution of the Federal Council of Medicine.

Art. 4 The removal of tissues, organs, and body parts from deceased persons for transplantation or other therapeutic purposes shall be subject to the authorization of the spouse or relative of legal age, in accordance with the line of succession, direct or collateral, up to and including the second degree, signed in a document witnessed by two witnesses present at the verification of death. (BRAZIL, 1997).

The humanization of medicine and related areas is not enough, given the necessary process of humanizing society. Organ donation is a confidential, safe, and ethical process for everyone involved.

The first transplant in Brazil was performed at the Hospital dos Servidores in Rio de Janeiro, becoming a milestone for the promotion of human dignity and the construction of a meaning for health in Brazil.

Caring for one child represents caring for all Brazilian children, making it essential

to discuss the situation of young people who are in delicate health conditions.

Health education should not only cover information about the organ and tissue donation process in Brazil. The process of accepting the death of a child is arduous, and the ability to give meaning to this pain is more easily observed in families who are treated with dignity.

Families who go through the grieving process often experience “feelings of guilt and incompleteness due to the loss, due to the removal of organs from their own child” (LIGA ACADÊMICA DE ENFERMAGEM EM PEDIATRIA, 2023).

The multidisciplinary team involved in the care of the child or adolescent, when trained to deliver the news of death, becomes a facilitator of a process of death with more meaning and dignity.

The donation of an organ or tissue promotes the continuity of life for one or more children who are on the waiting list for a transplant. The importance of this process, from the news of the donation to the removal surgery, is essential to transform a moment of loss into a moment of honor for life.

“The family interview should not be understood as a space for coercion or persuasion, but rather as a moment of reflection, in which the family’s wishes should prevail. It is not the interviewer’s role to confront or argue with family members, judge behaviors and attitudes, or even try to impose values or beliefs. It should be noted that, not infrequently, in

the family interview, the family that was considering refusal comes to accept the donation of organs and tissues after clarification and guidance about the process.” (AMARAL; MATIOLI; VENTURIN, 2022, p. 262).

The welcome allows family members to process the pain of loss, observing technically and humanly skilled people in the multidisciplinary team. The organ donation process, when presented with purely legal or medical grounds, undermines the personal engagement necessary for understanding and openness to the continuity of life.

Case study: a new heart for Pedro Mathias

Activism for organ donation is as important as the training of the multidisciplinary team. People connect with stories marked by suffering, but equally by the faith and hope provided by organ transplantation.

The internet has become a way to bring people together in search of reliable information and real testimonials from those waiting for an organ or tissue, spreading awareness of the importance of the issue. The process of organ or tissue donation depends on the personal expression or affirmation of a family member after death.

The virtual activities promoted by mother and physical therapist Juliana Mathias enable frank dialogues about the long waiting list for organ and tissue recipients in Brazil. The reality becomes more challenging when it involves the early death of children and adolescents, given the unpreparedness of many parents to deal with loss and make sense of their grief.

The content promoted by Juliana Mathias and her husband André Mathias aims to show the importance of discussing the topic as a family. Brazil guarantees autonomy of choice regarding organ donation, offering the possibility of including this information on one's identity card.

The challenges for children in palliative care are not only about understanding the diagnosis (respecting individual maturity), but also involve the adversities that a heart condition brings to them and their families.

Their development may not keep pace with that of other children, causing physical and emotional suffering for everyone involved. Difficulties in breastfeeding, swallowing, and speaking are evident, requiring specialized attention.

The process of waiting for a transplant involves many trips to the hospital, and several admissions result in prolonged hospitalizations. Care methods until transplantation can reach the extreme of medicine, as in the case of Pedro Mathias, who lives with an artificial heart.

The surgical procedure to ensure maximum quality of life is called Ventricular Assist Device (VAD) Implantation. The long wait for a child, such as little Pedro Mathias, requires interventions that prolong the body's support and prevent death from heart failure.

Long-term residence in the Intensive Care Unit (ICU) impairs the biopsychosocial development of the child and their family members. The biosafety protocols adopted in these spaces reduce the child's contact with their emotional environment and daily activities.

The educational process regarding organ and tissue donation becomes more effective when the conversation is conducted with a technical and human approach. Information about organ removal surgery and the structure of the National Transplant System (SNT) may not have as much impact as knowledge about the reality of children on the waiting list.

“Current theories on motivation see humans as beings who react to stimuli or obey their own impulses. These theories do not take into account the fact that, in reality, instead of reacting or obeying, humans respond, that is, they respond to the questions that life poses and, in this way, realize the meanings that life offers them.” (FRANKL, 2005, p. 29).

The person referred to by Viktor Emil Frankl is not reactive to external stimuli, but responsive to the situations that life presents. The logotherapeutic view generates individual responsibility for individual and collective actions. Contact with the reality of another human being generates empathy and greater openness to give oneself for something beyond oneself.

Juliana Mathias’ work consists of raising awareness about the real state of child organ donation in Brazil. Recent data show that “in 2025, the national rate of family refusal remains at 45%, a level similar to that observed over the last decade. In 2013, the first year of the standardized series, the refusal rate was 47%.” (CAVALCANTI; SOUSA, 2025).

The possibilities for organ donation are expanded when one understands the low number of donors in relation to national needs. In addition to the technical aspects, the circle of human empathy increases when the reality of children is shown with sensitivity and respect.

The case of Pedro Mathias is the first on the list for organ reception, highlighting the need for multifactorial compatibility (careful analysis of the child’s body), in addition to considering ischemia time and logistics.

One of the factors contributing to the delay in surgical procedures is the shortage of donors in Brazil. Family members, involved in the grieving process after the loss of a child, commonly do not reflect on donation as a meaning for the Easter that a small being has just made.

Healthcare professionals, after the clinical condition worsens or brain death is detected, also have the responsibility of breaking the news to family members. The emphasis on the cause of death detracts from the dignity of the process, which clinically and humanely could be conducted with a focus on the continuity of life.

The guidance provided by the multidisciplinary team, after acknowledging the family’s grief, should focus on constructing meaning for this moment. Open dialogue about the possibilities of organ and tissue donation, assurance about the SNT, and, in particular, visibility given to children waiting for a donor are measures that reduce suffering and increase hope for everyone involved.

The desire to continue living: waiting for a kidney transplant for Pedro

The lives of some children may have their development cycle interrupted due to genetic or acquired factors that lead to their death. Grief is a natural and inevitable process for family members, and how they go through these stages is a personal choice.

Sustainable Development Goal 4 is aligned with quality education, which in turn is aligned with a comprehensive understanding of human beings. When the issue of death ceases to be controversial and becomes part of the school curriculum, it brings benefits in terms of the maturation of children and adolescents.

The family environment becomes a place conducive to saying yes to life, given the close relationship between parents and children. Parents' knowledge of their child's biopsychonoetic stage allows them to assess the best way to address sensitive issues with their children.

The story of Pedro and his family affirms a life marked by faith and hope for a kidney transplant, a reality that is openly shared on digital media. Pedro was diagnosed in early childhood with chronic renal failure and autism. Although autism requires different care from organ and tissue transplantation, the increased psycho-emotional burden on the child's life is well known.

A multidisciplinary team is essential to ensure a dignified and quality life for children awaiting a transplant. Despite the support available in the health sector, a low organ response can only be resolved through surgery. The reflections shared by Pedro's own family about his current condition and

future possibilities are essential for raising social awareness.

The approach to organ and tissue donation needs to be done with acceptance and caution, given the evident state of biopsychonoetic distress in bereaved families. Before addressing the needs of people waiting in line for the National Transplant Registry, the biopsychonoetic stage of families who have lost a child must be understood.

A sensitive and systematic approach to death, far beyond the cause that led to a child's death, brings possibilities for a new meaning for parents. Self-transcendence reveals itself as an innate human capacity to look at something or someone, stepping outside of oneself and one's needs to enter the reality in which the other is inserted.

“Death seems to us to be a limit that keeps us distant from heaven; but if the limit has fallen, why should heaven not be on earth, accompanying it and caring for its path to Paradise? For “existing for oneself” here below, conditioned by mortality, gives way in heaven to “existence that goes out of itself to others,” which is truly personal and Trinitarian.” (BALTHASAR, 2017, p. 51).

Reflecting on death as an inherent fact of humanity, whether natural or pathological, generates social awareness about good living. Reflections on the subject promoted in social settings (school, community, and family) contribute to greater acceptance of a fatal event.

The understanding of human uncontrollability regarding the factor of death instills in people the reality of what can be done: promoting dignity during and after death. The limit imposed by death can be transcended when there is openness to say yes to life, in all its possibilities.

Religious people find comfort in Paradise, a place of communion and eternal rest for those who have died. Families who do not have a specific belief can find a sense of peace in Paradise, achieved when life can continue to develop for those who remain.

Organ and tissue transplants allow children like Pedro to achieve a long and happy life. The digital media created by his mother, Luciane Mirella, are titled “Kidney Failure,” becoming channels for open and receptive dialogue on the topic of organ donation.

The national effort by health professionals to debate the impasses that still persist is important. Resistance to saying yes to the continuity of life, however, is more easily broken when the reality of children and adolescents comes to light.

Knowledge of the protocols for signing death certificates, the process of removing organs and tissues, and the selection of recipients helps families trust the Unified Health System (SUS).

Saying yes to the continuity of life can be done more fluidly and consistently when the technique is aligned with human contact. Digital media, albeit indirectly, generate transformative connections for everyone involved. Families who are in the process of mourning can see reports and talk to family members who are waiting for an organ or tissue.

The meaning of death does not consist of nullifying suffering, of denying the pain of losing all physically established relationships. The constructive path of organ and tissue donation is consolidated when this pain is surrendered to a mission. Family members heal the cycle of rumination when they see an organ or tissue—representations of the child—in another being who can continue to love and care for their journey.

LOGOTHERAPY AS A FORMATIVE APPROACH IN PALLIATIVE CARE

Logotherapy was a thesis created by the Viennese psychiatrist Viktor Emil Frankl. After two and a half years in various concentration camps, his thesis on the meaning of life was put to the test, becoming a global reference for understanding human beings.

Human beings face many difficult moments throughout their lives, and one of them is related to the grieving process. The loss of a family member, whether expected or sudden, causes a fracture in people who were close to them.

Physical separation promotes feelings of anguish and prostration, and it is not uncommon for such people to develop depressive states. The grieving process, when not consistently worked through, becomes a deep pain for family members living in this plane.

Biopsychoneurotic education becomes an effective way for each person to transform grief into honor. The act of donating one or more organs and tissues allows life to continue through another person.

Education from an early age should lead to an understanding of life in its full-

ness, from the moment of conception to the moment of death. Exposing children to issues considered socially taboo contributes to a frank and welcoming dialogue about our shared humanity.

Logotherapy understands life as a path of transformation at the biopsychonoetic level. Viktor Frankl's thinking is anchored in the ideal that, if there is a meaning for each person to be in this world, suffering also has important meanings.

Palliative care is closely aligned with Viktor Emil Frankl's thesis, given the resonance between the (multidisciplinary) areas for promoting human dignity.

Palliative care represents the affirmation of life that every doctor swears to uphold, affirming in practice respect for the person above their diagnosis and current state of health. Care for the patient and their emotional environment is becoming a distinguishing feature in Brazil.

The National Palliative Care Policy (PNCP) is considered one of the most comprehensive legal frameworks in the world. The biopsychonoetic view of human beings brings about the need for integrated public health policies.

The logotherapy advocated by Viktor Emil Frankl becomes a source of understanding and effectiveness for palliative care in Brazil. The affirmation of what it means to be human, the constant work towards the development of virtues, proclaims a culture of health that goes beyond prognoses.

“The will to meaning constitutes, in my view, one of the basic aspects of a fundamental anthropological phenomenon that I call

self-transcendence. This self-transcendence of human existence consists in the essential fact that man always points to something or someone beyond himself, in the direction of something he serves or someone he loves. And it is only to the extent that human beings transcend themselves that they can realize themselves—become real—to themselves.” (FRANKL, 2003, pp. 24-25).

The foundations of logotherapy do not aim to promote mere relief from suffering, but to help each person find meaning and build a life worth living.

Human dignity has become one of the central pillars of international law, which was internalized in Brazil through the 1988 Constitution of the Federative Republic of Brazil.

Sustainable Development Goal No. 4 is not based on the premise of promoting education exclusively for the process of end-of-life, death, and mourning. Understanding human dignity from childhood onwards consequently encompasses an individual and social commitment to caring for common goods and values.

The precepts of the 1988 Constitution of the Federative Republic of Brazil affirm that no one may be subjected to inhumane treatment, and this application will be given with special emphasis to people who are already in more delicate living conditions.

Palliative care becomes a way to ensure human dignity at all stages of care. The process of anticipatory grief, when observed

by a multidisciplinary team and carried out consistently, promotes greater acceptance by family members of the reality of the person undergoing treatment.

Art. 5 All persons are equal before the law, without distinction of any kind, guaranteeing Brazilians and foreigners residing in the country the inviolability of the right to life, liberty, equality, security, and property, under the following terms:

I - no one shall be obliged to do or refrain from doing anything except by virtue of law;

III - no one shall be subjected to torture or inhuman or degrading treatment; (BRAZIL, 1988).

The constitutional statements proclaim that all are equal before the law, without distinction of any kind. Palliative care encompasses childhood and adolescence, with health education considered an integral part of the education of minors with delicate conditions.

Clear information, provided with respect for each person's maturity, consequently broadens future prospects for organ donation. Educational processes, according to contemporary understanding of health, need to place the patient at the center of care.

Attending to the patient's anxieties, understanding their remaining aspirations for life, and providing guidance on living wills affirm the transformative power of education.

The foundations laid in children, through greater openness to understanding the hospital environment in which they find themselves, contribute to adherence to the proposed treatments. The characterization of care provided in childhood and adolescence, given the necessary consent of parents or legal guardians, cannot be based on the patient's expressed wishes.

The difference in palliative care today is the active and consistent involvement of patients in their daily care. Children can be mediators, together with the multidisciplinary team, so that parents say yes to the continuity of life.

“Doctors prophesy: there is nothing more to be done. But I have discovered that this is not true. There may be no treatments available for the disease, but there is much more to be done for the person who has the disease. The challenge for those who want to be with a person who is dying is to know how to transform their feelings into something of value.” (ARANTES, 2019, pp. 54-114).

Education becomes an immeasurable value when inserted at all stages of the disease's progression. Palliative care does not demonstrate a lack of interest on the part of the medical team, or even a discouragement of the patient to fight for life, and it is important that health education demystify this prejudice.

Understanding palliative care reveals the full scope of life. The inclusion of a patient in a multidisciplinary care network does not mean that they are at risk of imminent death. Prolonged suffering indicates that there is more to be done, shifting the focus away from the diagnosis and toward seeing the human being in all their dimensions.

People waiting in line to receive an organ or tissue consequently have organic weaknesses. Palliative care brings relief through medications that control pain and additional symptoms. The support of mental health professionals helps to identify the existential void that the individual is going through. Chaplaincy crowns this care by appealing to the noetic dimension of each person.

CONCLUSION

Brazil has a National Transplant System (SNT) anchored in Law No. 9,434 of 1997, providing ethical, medical, and legal bases to ensure maximum effectiveness in organ donation.

The refusal of 45% of Brazilians to become organ donors, despite the rigors that underpin the National Transplant System, makes the reality of children waiting for a transplant challenging.

The grieving process is inherent to the loss of physical contact that family members had with the child or adolescent, with anguish and prostration being evident during this period. The personal choice lies in how each family member will deal with this loss, whether by perpetuating death or transforming it into honor.

Quality education applied from early childhood consequently shapes children to

become agents of transformation. Sustainable Development Goal No. 4 affirms such quality education as an essential target for quality of life in the world.

Brazil has the potential to expand organ donation, with education being provided at a biopsychonoetic level. The national history linked to greater interpersonal connection, in addition to religious and spiritual foundations that permeate human development, are pillars that should be used in favor of life.

The Unified Health System (SUS) is considered a global model in public health, given its preventive, treatment, and palliative care offerings. Despite the robustness of its actions and services, individual responsibility for saying yes to life is still weak in the country.

Health education, when offered from early childhood education through higher education courses, can be a path to personal and social transformation. The topics covered involve the prevention and treatment of existing pathologies, and it is necessary to expand the themes to address challenging issues that are also part of human existence.

The thesis of Viktor Emil Frankl, a Viennese psychiatrist who witnessed extreme suffering in concentration camps, contributes significantly to quality education in Brazil. The thinking of Logotherapy, psychotherapy focused on the search for meaning in life, brings as key points self-transcendence and attitudinal will.

The innate ability of human beings to step outside themselves—self-transcendence—to reach out to other families waiting for a transplant can and should be explored. Attitudinal will consists of the spirit that springs up internally in each donor who un-

derstands death as an inherent factor of life and chooses to transform that moment into honor and hope.

The welcoming attitude of the multidisciplinary health team is essential for each family to feel understood in their pain and anguish. After the family interview, the sensitive and respectful glimpse of children waiting for a transplant contributes to the yes to life.

The meaning of death exists in the act of donating organs and tissues to children and adolescents waiting for a donor. Awareness of the issue from an early age contributes to the formation of ethical, mature individuals who are responsible for caring for human existence.

Sustainable Development Goal No. 4, affirmed by the United Nations, crowns the meaning of death through education. The formative path, carried out with sensitivity and respect for all involved, becomes a bridge so that other lives can continue on this plane.

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