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Ethical Issues Relating to Organ Transplantation

Recent years have witnessed the incorporation of organ transplantation into medical practices, and with its introduction, numerous ethical issues have arisen. The ethical issues that arise in the field of transplantation are numerous, and many of them are frequently related to well renowned problems within healthcare. The history of organ transplantation dealt with the ethical issue of whether or not a donor had to be compensated or remunerated for his or her actions. When considered, the issue of donor compensation was determined and viewed as an act of altruism and required no remuneration (N. N. Council). Currently, ethical considerations related to organ transplantation include the following problems: the management of scarcely available treatment owing to the fact that there exists a shortage of donor organs; decision-making on how one's body should be treated after death.

The decision to donate ones organs is considered an ethical decision, which expresses one's view on how to live best. It also expresses, which choices are ethically sound (fair-minded, generous, and courageous) or unsound (cowardly, unfair, or unjust). There exists no right answer, and no one can tell any other individual what decision he/she should make (NHMRC). Donation involves the consideration of how one would want their body to be treated after one's demise. The common concept is that a dead body should be treated with respect. This perception

brings about other ethical issues associated with religious, spiritual, and cultural considerations that are involved. It is an ethical decision, because it reflects how a person wants to be remembered after death (NHMRC). Furthermore, the decision to donate one's organs after death is considered ethical, as it affects those whom a person has left behind after death. The thing is that most organ donations occur after traumatic or sudden death, so it is important to consider the feelings of bereaved family members. The failure to take an opportunity to aid another member of society is a serious ethical decision.

However, the most notable ethical issue pertaining to organ transplantation is the continuous shortage of donor organs. It is worth noting that there exists no parallel form of treatment, which could substitute organ transplantation, and the process is uniquely reliant on a community. No other area of medicine is as reliant upon society's support through its willingness to donate tissues and organs. Although every community is entitled to be informed about and express its views in relation to the allocation of resources within healthcare, this entitlement is especially unique in the case of allocation policies for transplantable organs and tissues. Currently, the shortage of donated organs for transplantation leads to deaths of many individuals who could be saved, if they were selected (N. N. Council).

Owing to the fact that tissue and organ transplantation is currently an established part of medical practice, individuals are required to consider whether or not they are willing to have their tissues and organs available for transplantation. There are two perspectives on the ethical decision to donate one's organs. The first perspective is whether one should donate their tissues and/or organs after their demise, whereas the second is whether one should donate the tissues and/or organs of a deceased relative (NHMRC).

The principle of equal access is one of the criteria of distributive justice. Organs that are to be allocated according to the equal access criteria are disseminated to patients based on intention factors that are aimed to limit unfair distribution and bias. Equal access criteria include:

- Length of time waiting (that is, first come, first served)
- Patients' Age (that is, youngest to oldest)

The supporters of equal access suppose that transplantation of organs is a priceless medical procedure, and it is necessary to offer it only to those whom it can save. Furthermore, they also dispute that since the procedure is valuable, accessibility should be granted to everyone. Some who consider equal access delivery also believe that the organ distribution practice should be liberated from medical as well as social worthiness biases (Griffin and Prieto). Medical "worthiness" biases can deprive some patients of an opportunity to have a transplanted organ, if everyday life choices, such as alcohol and smoking, injured their organs. In this case, the bias of social "worthiness" of a patient's position in society is considered prior to providing anyone with an organ. This bias would have negative effects primarily on inmates who are being punished for criminal offenses against society.

The key reasons for needing to prevent an individual's worth from being the major determining factor the field of organ transplantation and distribution include:

a) The tenet that individual worth has not relation to medical necessity
b) The impasse involved in determining who has the moral right to make decisions regarding who is valuable or, in contrast, unworthy to obtain an organ
c) The slippery slope of deciding a person's worth and whether it is just to brand someone as worthy of this particular medical course of action. Alternatively, some ethicists dispute that individual worth is significant. They argue that allocation is

prejudiced against worthy persons when factors of individual worthiness are not incorporated.

Maximum benefit is another type of distributive justice criteria. The objective for the criteria of maximum benefit is to take full advantage of the number of thriving transplants. Examples include: medical need (that is, the most ill should be offered the premiere opportunity for organ transplantation); feasible success of the transplant (that is, providing organs to individuals who are most likely to live longer). Individuals who uphold the maximum benefit viewpoint believe that organ transplants are medically important procedures and hope to evade the wasting of organs, since they are scarce. To avoid wastage, they support grading transplant candidates by considering every patient's health condition and evaluating one's chances to survive after they receive a transplant (CB).

Three key arguments resist the use of maximum benefit distribution criteria. Foremost, predicting medical triumph is difficult, since a successful result can be different. It is impossible to assume how many years a patient will live after the transplantation. Another complex question is whether a transplanted organ will function properly without causing any further health problems. In addition, it is impossible to predict the quality of life an individual will experience later. These questions create challenges to the attempt to allocate organs via medical success prediction criteria (CB).

The second argument is that distributing organs using the criteria of maximum benefit distribution could lead to lying, bias, favoritism due to the prejudiced nature of the criteria. Third, some ethicists dispute against the use of age and the maximizing of life years as a criterion

for allocating organs, as it devalues the very idea of life and discriminates elderly persons anticipating a transplant (CB).

To understand the ethical problems related to organ transplantation, it worth to consider one of Griffin and Prieto's case studies. A 55-year-old man has worsening congestive heart failure caused by idiopathic cardiomyopathy. He is currently in the second year of a 10-year prison sentence. He has been transferred to a prison with specialized medical facilities and is sent to a nearby tertiary referral center for consideration for heart transplantation. His initial medical evaluation indicates that he is very likely to die of congestive heart failure within two years and that his survival can be significantly improved by cardiac transplantation. There are no other contraindications to transplantation. He is very polite and articulate and tells the evaluating physician that he was convicted of tax fraud. The day before the review conference, a curious team member named Googles discovers that he has been convicted for the second time of child sexual abuse. The discussion at the review conference quickly centers on the significance of his criminal offense. About two thirds of the group believes that he should be turned down as a transplant candidate. They argue that donor hearts represent a scarce resource that must be used for the greatest societal benefit. Although they acknowledge that it would be difficult to decide where to "draw the line" in deeming an individual undeserving of a transplant, they see no problem in this case. They point out that the program has no obligation to transplant him, and the majority stands for declining him; it is "case closed." The minority advocates for accepting him as a medically suitable candidate who will not be able to seek transplantation elsewhere. They believe that in this country all individuals should be treated equally with regard to the opportunity to receive a heart transplant. They note that there is no institutional or legal policy that precludes a prisoner from being accepted for transplantation. They are particularly

concerned about the “slippery slope” of turning down medically acceptable candidates based on value judgment. They want the issue to be decided by the ethics committee. They are also concerned about legal issues.

Foremost among the points used to argue against listing is the recognition that donor hearts represent a scarce and “special” resource that necessitates just allocation among members of a society and the perception that denial of this particular treatment to a prisoner does not imply that reasonable medical care (as is required by the law) was being denied. The opinion that specific crimes may be so detrimental to society that a guilty individual should rightly be disqualified from receiving a transplant, which could save another person’s life, was also voiced, and some clinicians in the audience considered it illogical for a transplant team not to be able to consider all the consequences of a transplant allocation decision. The potential detrimental effect on donor families and societal attitudes to organ donation of transplanting a prisoner convicted of a heinous crime was also raised. Those arguing in favor of listing the prisoner in this case could point out that punishment for the crime had already been meted out in the form of incarceration and that denial of a life-saving transplant would constitute undeserved additional punishment or even a death sentence.

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