Argumentative Paper:   
Controversy of Organ Donation

A century ago, when lives were lesser complicated than present, when a person caught a disease which would just destroy an organ and finally kill the person, it would be a time bomb for that person. Breakthroughs in medical science have not only enabled us to cure the organs but ‘change’ those organs which are beyond repair. Although it can be said that there were not as many deadly diseases in existence a century ago, it has to be accepted that technological advancements were inevitable with the passage of time, and even if the new diseases were born, the medical professionals did not hold back as well. After many failing transplant operations in the 50s, and following a research by a former wartime surgeon named Peter Medawar in Britain, the first successful Kidney transplant operation was carried out in 1954 in Boston. Two twin brothers, Richard and Ronald Herrick, of whom Richard was dying of a kidney disease and his brother decided to donate one of his kidneys to his brother, it was the first successful transplant surgery and Peter Medawar (with his fellow researcher) was awarded the noble prize in 1960 for his discoveries. It was then that the experts figured out the possibilities and limitations of this operation and controversies began to arise. (SO-8)

The very first controversy that followed this breakthrough, the very foundation of this concept: to harm one healthy person in exchange for another’s good health. More controversies followed when doctors and researchers tried to experiment this surgery in different ways but ended up taking patients’ lives. Although they did succeed finally again with the help of Peter Medawar, who discovered the classification of tissue types, it was obvious from the nature of the transplantation concept that it will be opposed by many.

When a person agrees to become a donor during his lifetime, he agrees that if he is either dead or brain-dead (does not include Coma), his organs may be removed to be used on a person who needs them urgently, and he is completely aware of his decision. From the perspective of an economist, if we consider that the donor is to be buried after death, the cost of saving other person’s life would be ‘zero’ while the benefit is his lively future and everything he produces in that future.

The doctors, responsible for taking care of a donor on the verge of death, do not have any concern with his organs because of two reasons: Firstly, they knows their responsibility as a doctor to give their best to save a dying person; and on the other hand there is a separate team that is concerned with organs of donor and only enters the scene when donor is actually dead (OD-07 par. 2). However, since the transplant teams need to take out the organ after death in as much less time as possible, as they need it in good condition to ensure a successful implantation, they are criticized for this. To the family of the dead person, these people are no more than greedy people who wanted the donor to die as soon as possible so they could commence with their job. Renee Fox, a medical sociologist from University of Pennsylvania, who has written a lot about transplantation, described "this field has reached a stage in which the ardor about the goodness of organ transplantation and the zeal in pursuing that goal is causing some very disturbing things to happen." (TWG-98 par. 6)

It cannot be denied that the family-member of the dead person lose their control to emotional disturbance, but meanwhile, what they don’t know that it was a part of the doctors’ training to not to lose to negative emotions; if doctors were to lose to such emotions, it would be difficult for them to break a bad news to a cancer patient or to family of someone recently deceased. If they will have to operate their own child unfortunately, emotions can cause fear and disturbance in the doctor’s mind during operation.

Many argue that the surgical procedure used to detach the organ from donor’s body, are very conspicuous; ‘they call it the aggressive strategy mutilation of the dead’ (TWG-98 par. 2). What they do not know is that surgeons are very careful with even a dead body; ‘Organs are removed by careful incisions and surgical procedures and the wounds are carefully closed’ (OD-07 par. 5). A lay person will obviously not know how the professional works and witnessing even a low-level surgery can cause them to throw up.

Another controversy against organ donation is the use of Regitine; a chemical that expands the vessels resulting into more blood flowing to organs but causing a fall in blood pressure. While many medical professionals have claimed that this fall is very minimal and harmless, Michael DeVita, director of the University of Pittsburgh medical Center's surgical intensive care unit says "Regitine reliably drops blood pressure. We believe it does hasten death..." (TWG-98 par. 4) It might be true that Regitine quickens the death, but does it make any difference? The only difference it does make is that the person will live a little time longer but after all he will die, but in exchange for the additional time he might or might not have lived, the medicals ensure that they get the required organ in 100% working condition to raise the odds of success in implantation surgery. However the researchers are still finding an alternative to Regitine treatment to avoid controversies.

Organ donation has also been a target of disapproval on religious basis. On the other hand, many people with greater expertise in their religious matters have supported organ donation; Buddhism: Reverend Gyomay Masao, president and founder of the Buddhist Temple of Chicago says, "We honor those people who donate their bodies and organs to the advancement of medical science and to saving lives”; Christianity: A 1985 resolution, adopted by the General Assembly, encourages "members of the Christian Church (Disciples of Christ) to enroll as organ donors and prayerfully support those who have received an organ transplant."; Islam: A. Sachedina in his Transplantation Proceedings' (1990) article, Islamic Views on Organ Transplantation, "the majority of the Muslim scholars belonging to various schools of Islamic law have invoked the principle of priority of saving human life and have permitted the organ transplant as a necessity to procure that noble end." (ROT4 par. 8, 10, 16)

It can be helpful to a person who supports all the controversial facts against organ donations, to consider themselves or someone close to them in a situation where they need an organ transplant to survive. It is indeed questionable to them if they would choose their stubbornness over survival and the obvious answer is survival because one needs to live to support a cause stubbornly.

Works Cited

A Science Odyssey: People and Discoveries: First successful kidney transplant performed 1954 (SO-8) 1998. 27 Oct. 2011. <http://www.pbs.org/wgbh/aso/databank/entries/dm54ki.html>.

Natalie Aranda. Organ Donation: The Myths, Facts, and Controversy (OD-07). January 2007. 27 Oct. 2011. < http://EzineArticles.com/401781>.

Renee F., Dr Michael D., PBS. The Waiting Game: Organ Transplant Controversy (TWG-98). January 1998. 27 Oct. 2011. <http://www.pbs.org/newshour/forum/january98/organ\_1-2.html>

# Religion and Organ and Tissue Donation (ROT4). 2004. 27 Oct. 2011. <http://www.organtransplants.org/understanding/religion/>