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## **POSITION PAPER 1**

**TOPIC** : **Is Paid Organ Donation is Morally Permissible**

**POSITION** : **Yes:** Organ transplantation is cost-effective compared with other treatments for organ failure (Machnicki et al. 2006; Persad 2018 claims that transplantation is not cost-effective compared with life-saving treatments for other conditions besides organ failure). Would such a move violate any important moral prohibitions?

**ISSUE** : This argument may disregard an important logical distinction between a

**SUMMARY** person and the parts of a person's body. Even if a person has inherent moral worth, this does not mean that individual parts of the person also have inherent moral worth. Surely, we do not think we commit a grave moral wrong every time we get a haircut. We might say that the parts necessary to the existence of the person ought to be protected as having inherent moral worth. For example, if it is wrong to treat a whole person as property, then it is wrong to treat a person's brain as property. If

someone sold his brain to the highest bidder, then that person would no longer be alive. In this way, the brain is essential. A kidney, on the other hand, is not. I can donate one of my kidneys to another person and remain the same living person as I was before.

If a person owns her body, then she has the right to autonomy, i.e., to sell her body parts. Limits on autonomy are placed to protect individuals from themselves. A good example would be that we do not allow individuals to be slaves so that the moral dignity of the individual is preserved. Additionally, it be possible that the individual is acting involuntarily or is being coerced due to circumstances that are unfair. Respect for autonomy permits one to question an individual's decision when it is against the individual's best interest. An individual may make a decision that is contrary to his or her own interest due to miscalculation, coercion, undue influence or simply misinformation. Though the organ vendor harms himself, and this harm is not inflicted on others, we as a human society, place ourselves in a substandard position, if we allow vulnerable persons to sell their body organs on the grounds of commodification. Aside from the organ is paid, it is the choice of the owner to purchase or sell his/her body organ to the one who needs it. It depends on them, If the one who needs it is the relative of the owner of the organ if they want to give it or sell it to save the life of a needing patient.

Donate Life Statistics state that 76% of Australians have pointed out that they are willing to become organ and tissue donors. In 2013, the Australian donor rate was 16.9 donors per million people. The Australian organ donation outcome in 2013 was 10% higher than in 2012. If the family is aware that the deceased was likely to consent to

organ donation, then they are more likely to donate. Ninety-three percent of Australians stated that they would certainly endorse their loved one's wishes if they knew what the wishes were. according to the United Network for Organ Sharing (UNOS) , there are over 120,000 people on the wait list for life saving organ transplants, and on average 22 people a day die while waiting for a transplant.

The Catholic position on organ donation rests on several important points. Among them are the act of donating a life-saving organ is an act of love that is to be praised, organ donation is an act of giving, and to be licit, an organ donation must be made with the full informed consent of the donor. In any system of organ procurement that takes consent seriously, there will inevitably be people whose wishes about organ donation are not known after they die. In such cases we must have a default position. We must either presume non-consent and not take the organs, or presume consent and take the organs. I make a case that a system of presumed consent could be morally permissible within the framework of the Catholic principles stated above. After outlining the Catholic view, I move to a discussion of informed consent and its relationship to autonomy. I explore how different models of autonomy provide different answers to the question of how we should proceed in cases of organ procurement when a person's wishes are unknown. Finally, I examine the role of personal autonomy in the context of Catholic moral teaching. While autonomy does not have absolute value, it nevertheless plays an important role in human flourishing. Further, even in this limited role, respect for autonomy can ground a good argument that a system of presumed consent would not be wrong in principle from a Catholic perspective.

Ethically, doctors are professionally responsible to adhere to medicine's unique moral obligations. The Hippocratic tradition is the origin of several tenets of medical ethics. One of them is the commitment to nonjudgmental regard. Health professionals are professionally responsible to render care to patients without being affected by any judgment as to the patient's worthiness. Another medical ethical tenet is *Primum non nocere* or "first, do no harm". This principle is clearly embodied in the Hippocratic oath for physicians. This principle of non-maleficence is the most serious ethical concern in living donor transplants, due to the potential of doing medical harm to the donor. Many donors experience significant pain and short-term disability. The risk of surgical complications in living donor surgery is 5% to 10% risk and the risk of death is 0.5% to 1%. A doctor has a duty of beneficence that constitutes a professional obligation to benefit patients, placing their good before his or her own. Fiduciary responsibility encompasses use of knowledge, powers, and privileges for the good of patients. This is the essence of medicine's fiduciary responsibility and commitment to beneficence.

The United States Constitution's Eight Amendment states that inmates have a right to healthcare. Some argue that prisoners are less deserving for consideration as transplant recipients. Many contend that it is a poor use of a limited resource, since a prisoner, whose life is saved by transplant, may re-enter a life of crime. Should a prisoner's right to transplant depend on the nature of the crime or the terms of his/her incarceration-such as white-collar crimes against capital crimes, or first time offenders vs repeat offenders? Donation benefits both prisoner as well as society by compensating for crimes against society. It would give the prisoner an opportunity to prove to himself and others that he can do something worthwhile. On the other hand,

prison environment may prohibit free and voluntary consent. Reduction of sentence for organ donation could be misused as a form of coercion. It may be more acceptable if the decision to donate was made before the prisoners conviction and that the organs to go the recipient via UNOS matchlist. But then, would the recipient agree to accept the organs if he/she was aware that the donor was a prisoner on a death row sentence? In April 2011, MSNBC news conducted a survey in which almost 80% of 86736 voters responded “yes” to the question, “Should death row inmates be allowed to donate their organs?"]. Patients would appreciate it, e.g., Patients on Dukes Lung Transplant List were asked whether they would accept lungs from a death row inmate if the organ was good, and 75% replied in the affirmative.

## References:

<https://www.prindleinstitute.org/2017/09/evaluating-ethics-paid-organ-donation/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478599/> MORAL OBLIGATIONS

United Network for Organ Sharing. <https://www.unos.org>.

Department of Philosophy, Niagara University, Lewiston, NY, USA James J. Delaney (Is Presumed Consent a Morally Permissible Policy for Organ Donation? James J. Delaney) [link.springer.com](http://link.springer.com)

Ann Thorac Surg. 2012 Jun; 93(6): 1773–1779. (Prisoners on Death Row Should be Accepted as Organ Donors) <https://www.ncbi.nlm.nih.gov/>