

# Is organ trading an ethical solution to transplant organ shortages?

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## **Introduction to the concern with current transplantation methods**

“Right now more than 37,000 Americans are waiting for an organ transplant to restore their good health. Sadly, with their hopes for a medical miracle left unfilled, nine of these people will die today, and another nine every day this year” (DeJong, Drachman, Gortmaker, Beasley, & Evanisko, 1995). For the purposes of this paper, the term, “organ trading” refers to the case in which an individual voluntarily sells his or her organs to another individual for transplantation (The Sale of Human Organs, 2017). To understand the ethicality of organ trading, one must examine the macrocosm that makes organ transplant shortages an issue of monumental magnitude. Over the past decade particularly, the success of organ transplantation has dramatically increased due to advances in technology and medicine (Watson & Dark, 2012). Nevertheless, organ transplantation has become a victim of its success (Pomfret, Sung, Allan, Kinkhabwala, Melancon, & Roberts, 2008). To further explain, organ transplantation has become so successful that the number of those waiting to receive a transplant far exceeds organs readily available for transplantation. For individuals with sufficient financial resources and desperate circumstances, a gateway is opened to organ trading. The ethicality of organ trading is a topic of debate across the world and will be deeply assessed in this paper, however, first I must explain the factors that influence this question and why these factors determine that there is an argument.

### **Ethicality Defined**

The term ethical is defined by the World Health Organization as, “concerned with moral principles, values and standards of conduct” (WHO, 2015). The ethicality of organ trading is demarcated by the Organ Procurement and Transplantation Network (OPTN), a unique public-private partnership that links all professionals involved in the U.S. donation and transplantation system (OPTN, 2014). To define what is ethical in the allocation of human organs, the OPTN

identifies three principles of key significance: utility, justice, and respect for persons (Ethical Principles in the Allocation of Human Organs, 2010). Utility is the principle that the action being performed is maximizing the net benefit, considering the effects and adjusting good to overpower the harm. This principle incorporates both the ideologies of beneficence and non-maleficence (Ethical Principles in the Allocation of Human Organs, 2010). Justice is the principle of fairness of distribution in organ trading. This involves giving all potential beneficiaries equal treatment and opportunity (Ethical Principles in the Allocation of Human Organs, 2010). Respect for persons is a principle that demands we respect humans with dignity and not merely as objects. This principle embraces the concept of respect for autonomy (Ethical Principles in the Allocation of Human Organs, 2010). These principles combined define rules of ethicality for organ trading. Therefore, an organ trading system can be examined against these principles for justification of whether that system is ethical. These principles show that it is possible for organ trading to be an ethical solution to transplant organ shortages. This proves there is an argument because, if it is possible for organ trading to be ethical, then it is worth it to consider if this is the best solution to eliminate organ shortages.

### **Religious Standpoints**

Religion is one of the many factors that determines the ethicality of organ trading. The first focal point is that religion establishes the moral codes of billions around the world, hence we must examine religion to discuss the ethicality of organ trading. Numerous religions have explicitly stated their viewpoints on the ethics of donation and the sale of human organs. The majority of religions have agreed to reject the sale or trade of human organs (Bruzzone, 2008). The most notable churches that oppose this trade are the Church of Islam, the Church of England, and the Roman Catholic Church (Bruzzone, 2008). Conversely, religion brings up an interesting

perspective of ethics that argues the sale of organs would benefit the greater good. To explain, organ trading would provide organs for those who are sick and with organ failure, and thus be carrying out God's wishes of helping one another (Gallagher, 2008). Accordingly, religion could disputably support or defy the ethicality of organ trading, nonetheless, the preponderance of the most prominent religions in the world declared they did not support a system of organ trading. Therefore, the influence of religion itself determines that there is an argument to be made on whether organ trading is an ethical solution to transplant organ shortages because different religions take different sides to this issue. Nevertheless, it is determined that for this paper, religion does not support organ trading as an ethical solution to transplant organ shortages because the overlying decision of the most prominent religions denounces the trading of organs for currency.

### **Medical Standpoints**

As the issue of transplant organ shortages is itself a medical issue, it is necessary to examine the medical perspective. The medical community has their own views on the ethicality of organ trade. A leading physician on this issue, Dr. Gregory W. Rutecki (2002), makes the argument that financial compensation for human organs would not only breach the ethics of informed consent, but would reverse the success of the transplantation field as it is. Rutecki explains that if people associated organ donation with corporate ideals such as "coercion, profiteering, or organ stealing", people would be less willing to donate organs for the virtuous feeling of helping others (Rutecki, 2002). In other words, the medical community largely feels that it is vital to keep the system running off donations for the honorable feeling of helping others and the honesty of the medical field which keeps people donating. Harvard Medical School professor of surgery, transplant surgeon, medical director of the New England Organ Bank, and worldwide member of

the ethics committee of The Transplantation Society, Francis L. Delmonico, further supports this claim. He states

Even in a regulated, government-run version of transplant tourism, unethical realities lead to exploitation of the poor and the vulnerable. Waiting lists of sick patients are a concern — but studies suggest that a profit-based international transplantation market will destroy altruism and reduce the number of kidney donations from both live donors and from cadavers (Ireland, 2008).

The fact that most medical professionals take such a strong opposition to organ trading demonstrates that there is an issue to be discussed considering these are the people who deal with transplant shortages daily and who would likely do anything to eliminate shortages. Consequently, the stance of the medical field for this paper will be that organ trading is not an ethical solution to transplant organs shortages. The leading experts on this demonstrate that because in a profit-based system where altruism would be destroyed, the system could never be an ethical one.

### **Influence of Western World and the Media**

For the purposes of this paper, the Western world will include wealthy, developed nations such as countries in Europe and America. The field of organ transplantation, and medicine overall, is heavily influenced by the West and the media which is why it is important to discuss it. In general, the Western world's decisions tend to be profoundly influenced by the media and the rest of the world typically follows. This is especially important in the organ transplantation system because one distressing news story could potentially lead to a massive lack of transplantable organs which would cost many people their lives worldwide (Matesanz, & Miranda, 1996). Moreover, the system is influenced by the Western world because organ trading largely supplies the West with transplant organs. Leading researcher in this area, Monir Moniruzzaman, explains that organs in a trade system will always move up in social class (Moniruzzaman, 2012). To further elucidate, organs will always be taken from the poor and

given to the rich when an exchange of currency is involved. This is because the poor need the money that the rich have, and the rich need the organs that the poor have. Therefore, it is demonstrated that there is an argument to be discussed; the influence of the Western world and the media has a massive impact on the argument because the upward movement of organs through social classes lends to exploitation of the poor which manipulates the ethicality of the solution.

### **Discourse**

I will begin the argument with the notion that organ trading is not an ethical solution to transplant organ shortages because organ trading contravenes religious beliefs, the monetary value creates a vulnerability to exploitation of the poor, and the removal of organs results in postoperative complications. Then I will assess the idea that some experts argue that organ trading is an ethical solution to transplant organ shortages because the market incentives would increase the supply of transplant organs and organ trading could reduce societal health care costs.

To start, organ trading is not an ethical solution to transplant organ shortages because organ trading contravenes religious beliefs. While not everyone in the world is religious, ethicality is very much determined by a person's beliefs which often originate from the religion they follow. An example of organ trading contravening religious beliefs is as follows,

John Habgood stated that the Church of England finds commercial transactions in human organs unacceptable because commerce radically alters the meaning of the transplantation, dangerously reinforcing tendencies to interpret human life in more and more mechanistic terms. The body is the bearer of personality, and so buying and selling of body parts, like the buying and selling of persons, violates human dignity and devalues the person (Bruzzone, 2008).

John Habgood is an authoritative figure in England on the relationship of science and religion. He has been a demonstrator in pharmacology at Cambridge University, a priest and rector, Archbishop of York, and member of the House of Lords, yet his emotional tie to the church may

influence his views on science. (Ahearn & Gathje, 2005). John Habgood's work is analyzed in the study quoted whose leader, Paula Bruzzone, is a leading international medical researcher who has been publishing research since 1997 with a degree from the University of Chile, nonetheless, she has a limited ability to see from the perspective of the Church of England considering she has no known affiliation with the church (Bruzzone Publications, 2014). This quote establishes that the Church of England, which is followed by millions of people around the world, does not support the trade of human organs due to violations of human values. This means that the religion's ideals on the unethicallity of organ trade is upheld by millions of people, reaching the decision that the trade is ultimately unethical. A further example of this is seen in the Quran,

So set your heart on the religion as a people of pure faith, the origination of Allah according to which He originated mankind; There is no altering Allah's creation; that is the upright religion... (Quran 30:30, Oxford World's Classics edition).

The quoted material comes from the Quran, described by select Muslim scholars as the Arabic speech of Allah that was revealed to the Prophet Muhammad both in word and in meaning and was collected between the two covers of the mushaaf, narrated in mutawaatir chains, and is a challenge to humankind. Nonetheless, followers of this work only account for just over a fifth of the population worldwide (The Holy Quran, 2014). The source suggests that it is against the Muslim religion to alter Allah's creation; the human body. Organ trade would involve removing body parts from one and inserting into another, physically altering Allah's creation. Thus, the practice would be in direct violation of the religion who deems such a practice unethical. Considering eighty-four percent of people in the world follow a religion (Harper, 2012), and the two most followed religions in the world declare organ trade unethical, it can be determined that the practice contravening religious beliefs is considered an unethical solution to resolving organ shortages by society as a whole. Religion is a personal connection between an individual and

their creator, and to go against it is considered the ultimate crime. If religion pronounces organ trading unethical, not only does it make it unethical to many people, but it also almost guarantees that organ trading wouldn't eliminate shortages because people who are religious wouldn't partake in the system.

Additionally, organ trading is not an ethical solution to transplant organ shortages because the monetary value creates a vulnerability to exploitation of the poor. Before I continue, it is important to define exploitation. Defined by the Stanford Encyclopedia of Philosophy (2001), "exploitation" is to take unfair advantage of someone. It is to use another person's vulnerability for one's own benefit (Zwolinski, & Wertheimer, 2001). The monetary incentive creating a vulnerability to exploitation is demonstrated by the following,

A 2001 study conducted by Dr Goyal surveyed 305 paid kidney 'donors' in the Indian city Chennai (formerly Madras). Of those surveyed, almost everyone (96%) had sold their organ to pay off debts. Nevertheless, it was found that after the nephrectomy (surgery to remove the kidney) the average family income declined by one third, and the number of participants living below the poverty line increased (Greasley, 2012).

The author of this source, Kate Greasley, is a Stowell Junior Research Fellow at Oxford and a sagacious researcher with a focus on bioethics and medical law. While she has eight publications by Oxford law, her specific education is undocumented (Kate Greasley, 2016). This study demonstrates that those who would take advantage of a system of organ trade are only those who are in a situation of financial need. It can be noted that people in financial need may make decisions solely to relieve the burden of debt. These situations are where it is common to find vulnerability to exploitation. Which, the study confirms did take place considering those who "donated" saw a decline in income (typically due to inability to work because of organ removal surgery), worsening their financial situation and as noted, putting many below the poverty line. Consequently, the example proves organ trading unethical because it takes advantage of those in

need of financial assistance and leaves them in a worse state than they started in, thus exploiting the poor. This is further proven by Dr. Moniruzzaman,

Transplantation does not proceed according to the principle of equity: The poor suffer from organ maladies (diseases), but the wealthy receive care. The service of transplantation fulfills the needs of fewer than 1 percent of the population—the wealthy minority, while the majority of Bangladeshis die in silence, knowing they could have saved their lives through this modern technology... Consequently, the current practice of organ transplant constitutes a form of “structural violence” against the poor, which is palpable in every aspect of the transplant industry (Moniruzzaman, 2012).

Monir Moniruzzaman is an assistant professor and researcher at Michigan State University, has been given the titles of Strategic and Doctoral fellow at the University of Toronto, and while he has a fervent focus on the ethics of illegal organ trade, he has no primary experience in the field of transplantation (Anderson, 2013). This example further proves that the trade of human organs exploits the poor because the service itself is constructed for the wealthy minority, and in knowing this, it is apparent that the supply for such a system would not come from the social class it is serving. This shocking model of human privileges is entirely unethical and is silent confirmation that some people are worth more than others, which is what the wealthy one percent controlling the world want us to believe. Organ trading would only support those people and would be unfairly taking from people who don't have anything to give. The fact that only financially challenged people would give up their organs and that only wealthy would benefit from the model illustrates that organ trading is a systematic method that disadvantages the poor, and therefore is unethical since exploiting one class to save another is ethically wrong.

Furthermore, organ trading is not an ethical solution to transplant organ shortages because the removal of organs results in postoperative complications. In the analysis of this issue, I will focus on kidneys considering this is the most commonly donated organ in the world. An example of postoperative complications is demonstrated by a medical study of 160 individuals who underwent nephrectomy,

Complications were observed in 41 donors: 35 were minor and six were major. Splenectomy; revisions due to liver bleeding, incarcerated umbilical hernia or infected pancreatic pseudocyst; pneumothorax; and acute renal failure were noticed. Also multiple arteries, significant renal artery stenosis (Siebels, Theodorakis, Schmeller, Corvin, Mistry-Burchardi, Hillebrand, & Hofstetter, 2003).

The leading researcher of this study, Dr. Michael Siebels, is a professor at Ludwig-Maximilians-University in Munich, Germany with over 10 years of experience as a practicing urology surgeon. He is head of the Children's Hospital consultation at the Klinikum Großhadern as well as responsible for the establishment of a treatment center for fertility disorders, nevertheless, his financial tie to medicine may manipulate his relationship to the organ market (Prof. Dr. Michael Siebels, 2016). The study reveals complications noticed in kidney donors after the surgery in the developed western world. Seeing as these individuals were of easy access to highly developed medical care, the list of complications is concerning. The numerous postoperative complications suggest that a small or even large financial compensation is of no comparison to the lifelong detriments that a donor may experience. Thus, such a system is unethical because of the risk of health of the donor, that which no financial sum could amount to. This can be compared to postoperative complications in least developed countries as seen in the following example,

The [organ donor] patients were hospitalized because of the following surgical and/or medical complications, during admission: urinary fistula; lymphocele; urinary tract obstruction; decubitus ulcer; severe wound infection; subacute myocardial infarction; acute irreversible vascular rejection; urinary tract infection; pneumonia; congestive heart failure and severe electrolyte disturbance; post-transplant diabetes mellitus and ketoacidosis; cyclosporin nephrotoxicity; cyclosporin nephro-, hepato-, and neurotoxicity. Plasmodium falciparum malaria, generalized mucormycosis infection, and genitourinary aspergillosis. Hepatitis B virus infection followed by chronic active hepatitis was diagnosed; and Kaposi's sarcoma was noted (Sever, Ecder, Aydin, Türkmen, KillÇaslan, Uysal, & Eldegez, 1994).

The principle investigator, Dr. Mehmet Sever, is a savant Istanbul-educated expert on renal (relating to the kidney) disaster preparedness, dedicating his academic and personal life to providing medical evaluation, prevention and treatment of acute kidney injury in the crush

(physically crushed by massive objects) victims of mass disasters, nevertheless, his expertise in mass disaster kidney failures doesn't pertain to transplant damages (Prof. Dr. Mehmet Şükrü Sever, 2012). While this long list of medical diagnoses is a tough read, the length emphasizes how severe postoperative complications are. Not to mention, this study further reveals complications of kidney donors specifically of removal that takes place in least developed countries. The material, evaluated with that from the developed world's complications, shows that in countries other than the western world, the difficulties experienced by donors significantly increases. It should also be noted that the majority of organ trading transplantations are taking place in least developed countries, meaning that the majority of people will likely experience some if not many of these postoperative complications. Organ trading would allow for many people around the world to be exposed to such complications. Consequently, the lists of postoperative complications experienced by patients of organ trading donation in both the developed and least developed worlds indicates the system would pose a threat to the health of many which makes such a system an unethical solution to eliminating transplant organ shortages.

Conversely, some experts argue that organ trading is an ethical solution to transplant organ shortages because the market incentives would increase the supply of transplant organs. For instance,

In 1988, a compensated and regulated living-unrelated donor renal transplant program was adopted in Iran. As a result, by 1999, the renal transplant waiting lists in the country was eliminated successfully. By the end of 2005, a total of 19,609 renal transplants were performed. Currently, Iran has no renal transplant waiting lists, and >50% of patients with ESRD (end-stage renal disease) in Iran are living with a functioning graft (transplant tissue) (Ghods, & Savaj, 2006).

The author of this quote, Ali Jourabchi Ghods, is an acclaimed neurosurgeon and leading member of an international Catholic medical group and, while he has won numerous medical awards and has published a plethora of science journals, his psychological tie to religion may

alter his opinions on the trade of human body parts (Ali Jourabchi Ghods, MD, 2010). Although Iran is not a country to model after for most matters, their organ trading market has proven to be successful. The example establishes that an operating organ trading market would successfully eliminate transplant organ shortages, as seen in Iran. An elimination of organ shortages would save countless lives around the world. The idea of saving lives arguably outweighs potential ethical issues of financial compensation for human organs, and thus, many would say organ trading is an ethical solution to transplant organ shortages. To further prove this, a survey of people's views on organ trade can be analyzed,

A recent survey of Americans by researchers from Argentina, Canada, and the U.S. published in the American Economic Review found that while barely half of respondents initially favored a system that would pay organ donors, the number rose significantly—to 71 percent—once those surveyed were given information about how the system would actually work (Yanklowitz, 2015).

Shmuly Yanklowitz, the author of the aforementioned source, is a Harvard and Columbia educated global social justice activist and educator, as well as a congregational rabbi and the founder and president of Uri L'Tzedek, an organization dedicated to combating suffering and oppression. Nonetheless, his credentials don't equate to financial evaluation abilities (Leadership, 2011). This source provides that most Americans would support a system of organ trading after being educated on how the system would offer financial incentives after donation. While saying you would donate an organ and actually signing up for a surgery to remove your organ are two entirely different things, it does show that the general public appreciates the idea and many may be inclined to donate with an incentive. Thus, it can be concluded that most Americans would participate in such a system and if that is the case, the organ shortages issue would be theoretically minimized without breaching ethicality codes. Furthermore, this theory was put to the test in Pennsylvania.

Such an opportunity is presented by the passage of Pennsylvania's new organ donor law in late 1994. Residents can now donate one dollar to a "Donor Awareness Trust Fund" when they obtain a driver's license or complete their state income tax form. By statute up to 10 percent of the fund can be used to reimburse families of donors for hospital, medical, and funeral costs they incur, up to \$3000. Payments are made directly to service providers (DeJong, Drachman, Gortmaker, Beasley, & Evanisko, 1995).

The leader of this study, Dr. William DeJong, is a Stanford graduate, an educator at Boston University with a specialty in health sciences, and receiver of numerous awards in this area of study, yet, he has no experience in the field of organ trade besides conducting this study (William DeJong - Boston University, 2014). This program was evaluated twenty years later and showed that rates of organ donation increased so much that Pennsylvania is now one of the top organ providers worldwide (Gift of Life Donor Program, PA., 2015). This demonstrates that not only do people condone organ trading but putting the system into practice would effectively increase the supply of transplant organs. Hence, the market incentives of organ trading would increase supply of transplant organs and render organ trading an ethical solution to transplant organ shortages.

Moreover, some experts argue that organ trading is an ethical solution to transplant organ shortages because organ trading could reduce societal health care costs. For example,

Compared with the current organ donation system, a strategy that increases transplantation rates by 5% through paying living donors \$10,000 saves costs with an incremental cost-savings of \$340. If the paid living donor strategy increases the number of kidneys for transplantation by 10% and 20%, this increase would translate into an incremental cost-savings of \$1640 and \$4030, respectively (Barnieh, Gill, Klarenbach, & Manns, 2013).

The primary researcher in this project is Lianne Barnieh, an epidemiologist who is the operations research manager at the World Food Programme Bureau, the Canadian economic guidance panel lead, and previously senior research analyst at the University of Calgary, yet, her research expertise in food is unrelated to the medical field and doesn't further her ability to write on the subject (Lianne Barnieh, 2016). From this example, it can be determined that organ trading

would reduce societal health care costs as an increase in transplant organs of just 5 percent would reduce costs by \$340 per person. Furthermore, an increase in transplant organs of 10 percent would bring \$1640 in savings and so on. Worldwide, this accounts for significant savings which could be used to treat others in need. Thus, organ trading is an ethical solution to transplant organ shortages due to the financial savings that could be used elsewhere to save lives. This is further seen in the cost analysis of dialysis compared to an organ transplant,

Dialysis is fully funded Medicare benefit, regardless of patient age. In 2005, Medicare paid for dialysis for 341,000 Americans. This will increase to 700,000 patients by 2020. Dialysis treatment for ESRD patients cost Medicare \$21 billion in 2005. This total represents 6.5 percent of the Medicare budget being spent on 0.8 percent of beneficiaries...Economists at the University of Chicago have estimated a kidney to be worth \$15,200. Similar modeling estimates a liver donation to be worth \$37,600 to the donor. Current costs of procuring an organ for transplant in the United States are over \$50,000 (Monti, 2013).

The author of this work is Jennifer Monti, an expert researcher with a medical and a master's degree in public health. Her research work has been published in academic journals, and her other writings have received recognition from the New York Times and the American Association of Medical Colleges, nevertheless, she is not specifically qualified to write on health care economics (Monti, 2013). This source further proves that organ trading would reduce societal health care costs by providing the costs of dialysis, a current alternative to having a transplant, and the estimated price of different human organs. In a comparative analysis, it can be noticed that the price paid for dialysis by Medicare is around 3 times the estimated price of a kidney. Dialysis takes up an unnecessarily abundant percentage of Medicare funding, and such funds could be put towards saving lives. This is significantly important to the argument because wasting money on keeping patients on dialysis instead of paying a fraction of that price to get them an organ is inconsiderate. If we have money that could be put towards saving more lives, such as cancer research or funding for life threatening procedures, we should be spending it on

that and not on a machine that organs could easily replace. Therefore, because organ trading would prevent misusing money that should be put towards saving lives, it can be determined that organ trading is an ethical solution to solving transplant organ shortages.

## **Conclusion**

Organ shortages is an issue that affects masses of people worldwide. Many people know someone or know of someone who was put on a waiting list to receive an organ. I personally knew several who died waiting on these lists. It is an issue that most would agree needs a solution. The proposed solution, organ trading, is an issue that poses serious ethical dilemmas. The monetary incentives of trade would increase the supply of organs resulting in the ability to save countless lives. Furthermore, organ trading could reduce societal health care costs resulting in extra funding to save even more lives. Considering this, it is difficult to say that the system is an unethical solution to organ shortages. Saving lives is a miracle that some may argue significantly outweighs ethical dilemmas. However, saving lives means nothing if you are taking away lives in the process. While organ trading would effectively increase organ shortages, it is not an ethical way of doing so. Organ trading would beyond a doubt be taking lives to save lives. The system creates a vulnerability to exploitation of the poor who often come back from the surgery with postoperative complications. This prevents them from being able to continue their daily lives, keep their jobs, and often keep their health. Not only that, but those individuals would thereafter be emotionally scarred as most religions denounce the practice altogether. The quality of life after being put through this system, like a piece of meat with a price tag, exponentially decreases. Therefore, it is my conclusion that in no way is organ trading an ethical solution to transplant organ shortages because saving one life and sacrificing another is never ethical.

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