

In November of last year the Board of the United Network of Organ Sharing, a private group, overseen by the U.S. Department of Health and Human Services, that controls allocation of organs for transplant, adopted a major revision in the rules for allocation of livers to be used in liver transplant operations. Under a long standing policy the sickest patients had been placed at the top of the list for new livers regardless of their chances for survival. Under the new policy adopted this past January a patient's chances for survival will be taken into account in allocation decisions involving individuals in critical condition. Under the new policy, for example, a person who faces imminent death because of sudden unexpected liver failure will have priority over someone equally in mortal danger, but who has suffered from a chronic liver disease that has damaged his liver over decades, thus lessening his chances for survival. In 1995 the waiting list for a liver had 7,279 names on it, but only 3,922 liver transplants were performed. The newly revised rules have sparked great controversy among physicians, patients, and the general public.

Are the new rules more fair, less fair, or not different in terms of fairness than the previous rules? Justify your response.

Case from the March 6, 1997 Intercollegiate Ethics Bowl.

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