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Title: Forced organ harvesting and the medical community

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#### Abstract:

#### The China Tribunal recently exposed that in China people are forced to have their organs harvested while awake without anesthesia for the lucrative organ transplant industry funded by the wealthy. Unfortunately the matter is still considered well outside the scope of clinical practice. The professional medical societies, particularly in the US, have largely remained silent and have not addressed this issue through clinical guidelines. If the medical profession is to play a more active role in hindering this then guidance for clinicians is needed.

#### The China Tribunal recently exposed that in China people are forced to have their organs harvested while awake, paralyzed and without anesthesia1. When I discuss this with fellow medical colleagues, their initial reaction is to insist that this is false.

The China Tribunal is an independent tribunal commissioned by the International Coalition to End Transplant Abuse in China (ETAC), also an independent organization. The ETAC spawned from an in-depth investigation done by former Canadian Secretary of State David Kilgour and the international human rights lawyer David Matas about the killing of prisoners of conscience for their organs1. For their early work, the two were nominated for the 2010 Noble Peace Prize2 and also received the 2009 Swiss International Human Rights Award from the German-based International Society for Human Rights. Matas and Kilgour are highly respected figures who have addressed their findings to the U.S Congress, United Nations, Canadian Parliament, and European Parliament3. The tribunal was formed to evaluate the available evidence and determine whether international crimes have been committed in China and/or elsewhere by government officials of China and/or by individual Chinese citizens (medical professionals and others) and whether they are ongoing.

The Tribunal is unanimously sure beyond reasonable doubt that forced organ harvesting from China’s prisoners of conscience has been practiced for a substantial period of time involving a very substantial number of victims—Falun Gong practitioners and, more recently, also the Uyghurs4. US intelligence estimates that 3 million people are held prisoners in concentration camps in China’s Xinjiang province5. These camps now include crematories.

#### It is chilling to think of what the US Army soldiers of the 42nd Infantry Division felt when they entered the Dachau Natzi concentration camp and witnessed what occurred. We must not forget that at that time in history it was known to people in the West that this was occurring6,7 yet even though it was talked about, it was hard for people to believe it.

The first country to ban organ transplants from China was Israel. Dr. Jacob Lavee, a heart transplant surgeon in Israel, became aware that his patient, referred by their health insurance company, had pre-scheduled a heart transplant in China and had the procedure two weeks after scheduling and on the very same day as scheduled8. Such extraordinarily short waiting times for organs available for transplantation guaranteed by China’s hospitals are only achievable if a fellow human is sacrificed on-demand to be the “donor”. As the son of a holocaust survivor, Dr. Lavee became personally involved in the issue and his influence eventually led to the halting of the practice by making it illegal for the Israel health insurance system to fund transplants in China for Israeli nationals8. His efforts highlight how vital the medical profession is on this matter9.

Some progress has been achieved by the research community in regard to rejection of papers with data obtained through unethical means10. Even though the Doctors Against Forced Organ Harvesting has been nominated for the 2016 Nobel Peace Prize for its efforts in raising awareness and informing the medical community2, the matter is still well outside the scope of clinical practice. The professional medical societies, particularly in the US, have largely remained silent and have not addressed this issue through clinical guidelines as exist with other issues. These professional societies are important regulators on such sensitive matters. To illustrate, the American Medical Association (AMA) is opposed to physician participation in capital punishment. As an anesthesiologist, the law in the U.S does not prevent me from participating in capital punishment but my professional society essentially does—the American Board of Anesthesiology adopted the AMA Code of Medical Ethics and has made it clear that an anesthesiologist should not participate in an execution by lethal injection if he or she wishes to maintain their board certification11. If the medical profession is to play a more active role in hindering this then guidance for clinicians is needed.

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