

In Israel, a New Approach to Organ Donation

Organ donation has always been a question of ethics and what should be required out of the citizens as far as organ donation goes. This is really only a problem because of the severe shortage of organs. Each day about 79 people receive a new organ, but about 21 people die each day waiting on an organ to become available.(1) On February 19, 2015 there were 123,146 patients waiting for a transplant with the majority of these patients needing a kidney, and there were 77,894 patients on the active waiting list. From January of 2014 to November of 2014 there were 27,037 transplants that took place in the U.S with only 13,125 donors. These statistics clearly show the gap between the need for organs and the supply of organs. The question is how we are going to close this gap in a way that benefits all involved. This is an ethical issue that is far from being solved in any country. However Israel has implemented a new system that could bring us a step further into providing enough organs while still attempting to be fair in the process.

As a result of the lack of organ donors, there is clearly a large gap between the number of organs needed and the number actually donated. This creates a dilemma in the medical field and there have been a couple of different systems put into place in the attempt to close this gap. The system that the US operates under is the opt-in system which allows citizens to choose to be an organ donor and it is as simple as saying yes when getting your first license, however this system does not close the gap quite enough.

The opt-out system used by Austria is considered presumed consent and citizens of Austria must state before death that they do not wish to be organ donors. This system has a much more successful consent rate with 99% of Austrian citizens giving their consent to be organ donors compared to 12% giving consent in Germany with the opt-in system. (2) However, the ethics and even the effectiveness of this opt-out system could be questioned. For example how aware are these citizens that they must opt-out of being an organ donor and how expensive or difficult would it be for them to choose to opt-out? Another drawback to this sort of system is that if you die without ever choosing to opt-out your surrogates can still express wishes to say no to organ donation for the patient and doctors find it hard to go against these wishes. Also, this presumed consent could take away a patients' autonomy in the case that they never had the chance to opt-out.

This sort of system may work in Austria, but it most likely would not be accepted in a country like the United States that was founded on the idea of freedom and more specifically freedom of religion. People would be very opposed to the assumption that their organs are fair game once they're dead and many people that feel this way would claim it is because of their religious beliefs. There needs to be more options available as far as what sort of system we use to encourage organ donation.

The new system in Israel is a form of an opt-in system, however it gives a high incentive for citizens to choose to opt in. Israel implemented a new policy in April of 2012 that gives transplant priority to people who are on the donor list, to living donors or to family members of donors in the event that they opt to donate their relative's organs in the case that they become brain dead. (3)

There is a point system involved with this new tier of priority when it comes to receiving organs. Somebody can receive priority points from signing a donor card, by making a non-directed organ donation, or by consenting to donating organs after death. (4) This point system allows for need to be the top priority and never allows transplant candidates to overrule someone with more need. The priority earned by this system cannot place a Status 2 patient into a Status 1 list, but rather just place them at the top of the Status 2 list in the case of the heart transplant list. When it comes to organs such as kidneys factors such as age, waiting time and compatibility give a score from 0-18 and signing up as a donor can add a 1-5 point boost to a patients score. (3)

This system was created by Dr. Jacob Lavee who is a cardiothoracic surgeon in Israel. In 2005 he had two ultra-Orthodox Haredi Jewish patients that were waiting on heart transplants. They both admitted to him that they were perfectly willing to accept an organ but would never consider donating their own. This confession prompted Dr. Lavee to put together a proposal for a new organ donation system. (5)

As with any new system, we have to question the validity of it. For example, is it ethical to give patients that are organ donor's priority when they need organs? Is this system unfair to those that refuse to donate their organs because of their religious beliefs?

There are many factors involved in deciding whether or not this new system is ethical. When considering if a practice is ethical or not a good starting point is analyzing the situation based on the four core principles of bioethics. I will use this method beginning with the idea of beneficence.

Ultimately, the goal of any medical treatment is to benefit the patients involved. Beneficence is one of the four core bioethical principles and it states that doctors and medical caregivers must seek to benefit their patients. The system that is being implemented in Israel creates a benefit for all who choose to partake in it. Those who need organs have a better chance to receive one and those who are willing to give their organs are given priority within their status in the case that they ever need an organ transplant.

This new system that is being implemented in Israel is encouraging there to be a certain level of fairness when it comes to organ donation. Justice is also a core bioethical principle and it is defined as "fairness in the distribution of burdens and benefits." Giving priority to those who are willing to give up their own organs if the need ever arose is a great way to not only close the gap between the need for organs and the donation of

organs, but also to reward those who are a part of this system and create a certain level of fairness.

As far as ensuring patient autonomy, this system does a good job of that. Autonomy is the right for competent patients to choose what treatment they want if any at all. In this system, patients are still giving consent to be an organ donor rather than having assumed consent and therefore autonomy is still at play.

As with any new system there are objections to Dr. Jacob Lavee's suggestions. The strongest opposition is that this new system creates an unfair advantage. People that refuse to sign up for organ donation because it goes against their religious beliefs are on the unfavorable side of this deal. For example, ultra-Orthodox Haredi Jewish people are unwilling to sign up to donate organs because it goes against their religion.

This argument is valid however it is not a solid argument. First, it's not that these ultra-Orthodox Haredi Jewish cannot receive organs, it's just that the people who are on the donor list and are within the same status as them will get preference within that status. It seems like it is only fair that people who are willing to give organs should be the first to receive one if they ever needed it. This correlates with the idea of justice and the distribution of burdens and benefits because if a patient or their family is willing to have the burden of giving an organ then they should have the benefit of receiving an organ. Also, the fact that they are willing to receive but not give seems a little bit hypocritical of them and it seems as though they are using their religion as an excuse and even that they are taking advantage of the opt-in system that was previously in place. Again, it is not as though not being on the organ donation list will stop them from receiving the necessary organ, it may just delay the process.

Because of this new system patients who are incompetent are on the wrong end of this deal since they technically cannot sign themselves up as organ donors. The patient must be able to consent to being an organ donor in order to receive precedence on the transplant list. What if a patient can't consent, will that negatively affect their chances of receiving an organ?

A patient must be competent in order to be considered autonomous. If a patient does not understand their situation they are not capable of making their own medical decisions. Technically, in this situation an incompetent patient could still receive priority in the case that a relative has donated an organ because of the point system set into place.

This sort of system could cause coercion or "undue inducement" for patients who are worried that they will not receive an organ in time to save their life otherwise. It also takes away from the altruistic nature of organ donation which by definition is "the unselfish concern for the welfare of others." (6) People should want to give organs to others out of the goodness of their hearts, not because they were coerced to do so.

This system is not meant to create an undue inducement, this is more of a you scratch my back I'll scratch yours type of situation. Rather than a paradox sort of

situation where people can receive an organ but refuse to donate one, this just levels the playing field. Also, it is not as though this is the sort of situation where people are being paid to donate their organs, the only benefit they are really receiving from this would be that they could get precedence in the case that they ever needed it and this is not causing anyone to be any worse off by creating non-virtuous people and really isn't even creating an undue inducement. (7)

Organ donation does not have to be altruistic. The point of this is to create a system where everyone benefits and there are closer to enough organs to go around. Incentives are used for many different things such as giving Plasma or eggs. These types of incentives are not meant to coerce people, but they are there in order to attempt to close the gap between what is needed and what we already have. Operations such as donating bone marrow are known to be painful, but patients need bone marrow transplants. In order to get donors, an incentive such as money is offered to the donor. These situations are very similar in that the donor is offered an incentive in order to benefit a patient or in this case benefit all involved.

Dr. Jacob Lavee's new system creates a new layer to the opt-in system therefore making it more complicated. If there were ever a case where two people had the same need for an organ but one was given precedence for the organ because they were signed up on the organ donor list, this could create a law suit and prolong the process even further which could result in the loss of both patients. If Israel left the opt-in system the way it was, then there wouldn't be that extra complication and at least one person could receive the organ and have a chance to live.

This does not seem like a valid argument because of the point system put into place. This point system prevents patients from jumping status's, it only allows them to be on the top of the list of the status that they are currently in. Also, because this is currently the law in Israel, the patients could not start a lawsuit and therefore would not be prolonging other patients from receiving the organ that they need to survive.

This new system implemented by Dr. Lavee may create a level of unfairness among the citizens of Israel. An example of this unfairness is that not everyone has the same number of relatives and therefore people with a smaller family have a smaller chance of a family member donating their organs and receiving points from it. (4)

Agreeing to donate relatives' organs is not the only way to receive precedence on the waiting list. There are at least three options in order to be given this precedence and two of those options are completely in the patients' control. They could very easily sign up to be an organ donor after death or another option which is not so simple is that they could become a live donor to receive precedence in the case that they ever need it.

Organ donation has always been an issue ever since organ transplants became possible. There have been a few systems put into place in order to attempt to increase organ donation, for example the opt-in system that the U.S. uses or opt-out system that

Austria uses attempts to decrease the organ shortage. We now know from experience that neither of these systems are perfect and there needs to be another option put into place in order to attempt to close the large gap between organs needed and organs available. Israel's new system could really help us all to move forward when it comes to decreasing the organ shortage and implementing a system that benefits more people. Using this sort of system, not many people would say no to being an organ donor and risk not getting priority on the transplant list and therefore the gap between the organs needed and the organs available will begin to close. Even if these patients did say no to being on the organ donor list they still have a shot at receiving an organ but they might just have to wait a little longer than someone else that has the same status as them. Overall, Dr. Jacob Lavees system will be effective and could set the standard for what other countries systems look like in order to create a more effective and efficient way to ensure that patients get the organs that they need to survive.

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