

Ethical Dilemma of Recovering Organs Before Donor Death

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Abstract

Organ transplant has had a momentous effect in improving global health over the years. However, there exists a sizeable discrepancy between the supply and demand of organs, especially in developing countries, where lack of expertise, financial constraints, and inadequate transplant facilities have been obstacles. According to current practice, donors must be dead before unpaired vital organs can be recovered. Equal health warrants needs-based health care for everyone. Recovering viable organs from donors while they are alive, but with death inevitable, may be significant to persons on waiting lists. Future policies in organ transplantation must be made after thorough consideration of all aspects of donation and dealing with the inequalities of health care. These pose a challenge for medicolegal and ethical organizations.

Key words: *Organ transplant, Policy making, Ethics, Medicolegal, Organ donation*

Every year, thousands of lives are saved by an organ transplant. According to a 2005 World Health Organization report, approximately 66 000 kidney donations, 21 000 liver donations, and 6000 heart donations were performed worldwide.¹ At the same time, the number of patients on transplant waiting lists has increased much quicker compared with the number of transplants.^{2, 3} This discrepancy between

the supply and demand of organs is food for thought for medical and bioethics societies.

The fundamentals of organ transplants state that the donor must be dead before the unpaired vital organs can be recovered, and that removing organs cannot cause the donor's death. This has received widespread support from the medical, legal, and bioethics communities over the years.⁴

In California, a transplant surgeon was recently tried in court for deliberately attempting to accelerate a patient's death by injecting excessive doses of morphine and sedatives. The patient had severe brain damage secondary to anoxia, and his life support had been withdrawn. He had already consented to donating his organs, and the surgeon allegedly hastened the patient's death in the interest of preserving the organs in the best condition for transplant.⁵ This presents a serious ethical predicament as to whether or not it is permissible to hasten someone's death to save others.

Numerous reports underscore the increased need for organs for transplant. Accelerating the death of dying persons who agree to donate may offer a solution to increasing patient wait lists. If the person is a strong advocate of organ donation, he could consent in advance to donating his organs while he is alive but in a persistent vegetative state.^{6, 7} Opponents of organ donation before brain death may bring several ethical and moral implications to the table, because recovering organs from a living person would cause his or her death. Dr. Renée Fox, renowned for considerable research on organ transplants, has termed such an act "an ignoble form of cannibalism."⁸

Although the number of transplants is increasing, the list of patients waiting is growing even faster.¹ There is a clear need to address this issue. Recovering unpaired organs while the patient is alive, but with death imminent, may help.⁶ The concept of equal health addresses differences in health care attributable

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to unequal socioeconomic conditions. A dying person may not need his viable organs as much as persons on waiting lists, where an organ transplant could make a difference. Furthermore, lack of expertise, basic infrastructure, and setup needed to perform transplants in developing countries pose additional barriers to efficient and cost-effective health care in organ transplants.⁹ Tackling these health inequities calls for widening our eyes to envision, understand, and analyze the current state of organ transplanting and encourage global organizations to implement policies based on needs-based delivery of health care.

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