Gift of life

By: Vera Ross

Eighteen people die every day waiting for an organ transplant in America. Despite this horrific statistic, the majority of people do not realize the importance of organ donation and the shortage of organs that exist. Every person has his or her own reason to avoid becoming a future organ donor. Frequently these are religious issues. Almost every religion that supports the aspect of afterlife objects to the idea of organ donation. Some people object becoming organ donors due to the fear of various myths. For example, some believe that doctors are less concerned about saving people who are on organ donor list. Other people are just lazy about filling out the paperwork. The most common excuse that I personally heard is: “I do not want to think about dying.” All of these excuses are perfectly reasonable until these people find themselves in a situation where they or their loved ones need an organ transplant in order to survive. This is when they realize the enormous importance of the organ transplantation issue and the shortage of organs associated with it. Unfortunately the majority of people very frequently take without giving back. This is the human nature and we can not retrain and reeducate people to become otherwise. However, I sincerely believe that we can enforce people to become organ donors in certain situations in order to solve the organ shortage dilemma. For example, we could implement the gift of life obligation on prisoners who are sentenced to death. I personally object to the act of execution; however, it does exist in certain states. Thus, if the government takes on the responsibility of killing people, they should consider the possibility of saving others at the same time. Many other solutions to the organ shortage situation have been
proposed. These include assisted suicide, engineering of organs and tissue on the basis of stem cell research, rewarding potential donors financially or by putting donors and their family members on top of the donor list. All these are ethical issues by themselves. Many people, including the president of the United States consider these solutions unethical and are trying to find other ways to reduce the shortage. Meanwhile nothing is being done. Children and adults die on a daily basis waiting for a miracle, for their turn to get the kidney, heart, liver or other organ which would keep them alive. The majority of them die prior to receiving their gift of life.

Although organ donation can save lives, it remains a controversial subject in some cultures and religions. Most religions have no formal position on organ donation, but are not opposed to it. They believe that this matter should be left to an individual's conscience. For example, Christians do not take a specific position on transplants or organ donation. They normally rely on spiritual, rather than medical means for healing. Organ and tissue donation is an issue that is left to the individual church member. Hindus are not prohibited by religious law from donating their organs. The act is an individual decision as well. Some religions strongly believe in the afterlife and are against organ donation. These religions claim that human bodies must remain intact because the soul contains a physical shape. Gypsies for example, strongly object to organ donation for the above reason. They believe that one year after a person dies, the soul retraces its steps and thus the body must be intact. In Shinto, the dead body is considered impure and dangerous, and thus quite powerful. Injuring a dead body is a serious crime which will ruin the relationship between bereaved family and the dead person. Very few religions strongly encourage the act of organ donation. Judaism teaches that saving a human life takes precedence over maintaining the sanctity of the human body. If one is in the position to donate an organ to save another's life, it is obligatory to do so. The religion of Islam strongly believes in
the principle of saving human lives and permit organ transplants as a means of achieving a noble end. By mentioning just a brief summary of various religions, I wanted to point out that the majority of religions do not encourage organ donation, leaving the decision up to the individual or up to the family of a deceased person. Some religions object to organ donation while even fewer encourage it. Religious leaders have enormous influence over numerous people. Thus, one of the very difficult, but important aspects of eliminating the shortage of organ donors is to convince our religious leaders about the great importance of organ donation matter.

An additional ethical problem associated with organ donation is the definition of “dead.” Due to the growing disparity between organ supply and patients’ needs, policies and practices involving organ retrieval have undergone continuous change. The traditional definition of death is that the organism stops breathing and the heart stops beating. When organ transplantation was first attempted, organs were taken from people who had recently died. Unfortunately, these organs usually failed because they had deteriorated too much during the dying process. The huge and frustrating shortage in the supply of transplantable organs and tissues for those who might benefit from them has prodded society to search for new sources of organs and new ways of managing dying. In 1968, an ad hoc committee at Harvard recommended a new way of determining death: the loss of function of the entire brain. This is commonly known now as “brain death.” Brain death has been promoted as a method to determine death when a person is on a ventilator but still has a pulse, blood pressure and other signs of life. The immediate clinical benefit of adopting this new method of determining death into law was that vital organs like the heart, liver and kidneys could be harvested while still functioning, and would therefore be more likely to be transplanted successfully. In brain death organ donation, the ventilator is continued until the organs are removed. Despite this new addition, the number of organs from people
declared brain dead was still never enough to treat all patients who needed new organs. In the past decade, doctors and ethicists have turned to a new source of organs: patients who are not brain dead but who are on ventilators and considered "hopeless". In these patients, the ventilator is withdrawn and organs are quickly taken when cardiac death rather than brain death is pronounced. Many people are concerned with the above definitions of death. It is difficult for them to accept that their loved one is dead when he/she appears to be sedated but otherwise normal. Having good color and all other organs functioning normally, these potential donors are indistinguishable from many others in the intensive care unit whose status as “alive” is not in question. Thus, people should be educated regarding these complex new concepts defining a dead person. It can be very difficult to convince bereaved families to sign a gift of life form when they do not accept the fact that their loved one is dead. Our goal should be to properly educate our health providers and social workers. They should have exceptional communication skills to properly explain the theory behind organ transplantation and the shortage of organs that exists. According to the Russian proverb, “hope is the last to die.” Families must have proper knowledge in order to let their loved ones go. They should also understand the importance of their contribution. By having a compassionate, skilled health professional talking to bereaved families, we could provide more organs for patients and shrink the waiting list.

Many people shy away from signing organ donation forms due to the fear of misdiagnosis. Doctors declare a person as dead when one's heart stops beating, when one's brain no longer has electrical activity, or when one can no longer live without medical equipment such as a ventilator or life support. Frequently, these definitions are very subjective and depend on doctors’ opinion regarding patients’ medical condition. This is a major concern with organ donation because the accessibility of viable organs depends on a doctor’s call. Errors in
diagnosis have occurred because of confusion about the terminology used to describe patients in these conditions, the inexperience of the examiner, or an insufficient period of observation. Moreover, it is required for brain death diagnosis that potential organ donors are not treated with barbiturates because these mask reflexes and brain activity making a living brain appear dead. Due to this fact, patients registered as donors may be deprived of these protective drugs so doctors can, with more ease, later declare them brain dead. This denial or withdrawal of protection allows the brain to become further damaged pushing it closer to brain death making it a disadvantage to be listed as an organ donor. A brain injured patient listed as a non-donor or organ keeper may get superior treatment in a hospital trauma unit than a potential organ donor.

All these facts create confusion, myths and fear associated with organ donation. Many doctors are misdiagnosing trying to save other patients, patients fear becoming organ donors due to the fear of being mistreated. A very fine ethical line, which can easily be crossed, defines the rules of organ transplantation and frequently organ donors voluntarily become victims while trying to help others. While researching the topic, I came across many articles which describe organ transplantation as a very horrifying experience. Doctors treat organ donors as dead bodies. Organs are being harvested without anesthesia in an attempt to prevent organ damage. In case of error or misdiagnosis, a patient is being cut alive, feeling extreme pain associated with the procedure. Furthermore, various stories are being published where families objected signing the organ donation form and by doing so saved their loved one who recovered eventually. All these stories are very discouraging and exacerbate the organ shortage. People are scared of the organ donation matter and avoid being involved. This becomes a vicious cycle where patients avoid becoming organ donors due to fear of being misdiagnosed or mistreated while misdiagnosis and mistreating frequently occur due to the fact that we have organ shortage. Unfortunately, with the
existing system, altruistic donors are suffering putting themselves in risk in order to save others. So what else can be done to protect these true heroes while decreasing the organ shortage?

The organ shortage has led some experts to call for new incentives to encourage donations. One option would let prospective recipients move up on wait lists if members of their family donate. The idea of "no give, no take" was suggested in Israel, which (with some exceptions) would allow only those who sign their donor card (or their relative and friends) to receive a donated organ. These solutions seem to be very reasonable and could decrease organ shortage significantly. As a matter of fact, when I was filling out an organ donation form I was truly surprised to discover that I would receive no incentives for doing so. The only benefit that was suggested to me was the opportunity to donate my organs to a family member who is currently on a waiting list if I put this request on the form. While some people believe that it is immoral to reward people for becoming potential organ donors, I truly believe that it is unethical to not reward them. People’s altruistic desire to help others should be acknowledged, admired and rewarded. I believe that potential organ donors have a right to be prioritized over non-donors in case they needed an organ themselves in the future. This should apply to their families as well. I also agree with the above proposal that patients should move up the waiting list if their family members became potential future donors. By doing so, more people would be encouraged to become organ donors and this would help to reduce the organ shortage. Eventually, the waiting list would become shorter and more patients could be saved. The theory of organ donation remaining a solely altruistic act is great, but does not apply well to human society. The majority of humans are very egoistic in nature and the fact that organ shortage still exist regardless of hundreds of people dying on a daily basis proves the necessity of obtaining more realistic measures to eliminate the shortage of organs.
Another promising solution to elimination of organ shortage is financial reward. In the United States, payment for a cadaver or living organ donation is illegal. Yet, because of the tremendous organ shortage and the resultant morbidity and mortality while waiting for a transplant, there has recently been renewed discussion about the possibilities of payment. Powerful and emotional arguments have been put forward by proponents and opponents. According to the article, Payment for Living Donor Kidneys: A Cost-Effectiveness Analysis posted on February 25, 2007, payments of approximately $250,000 could be made to donors while keeping our healthcare system cost effective. Our society does not allow such trade for several reasons. First, some believe that selling human organs diminishes the value of the human body. Nowadays, we can sell such tissues as hair, sperm and eggs. These transactions are socially accepted and legal. What makes the selling of kidneys or blood any different? In my opinion, saving human life is most important and thus people who contribute should be rewarded. Selling organs is not immoral. On the contrary, it should be considered immoral to not save somebody’s life. By rewarding live donors, we are praising their courage and their willingness to put somebody’s life above their own, inconsiderate of the risk of complications, morbidity and mortality associated with the procedure. Second, opponents of payment for organs proposal fear the potential abuse of financial resources, exploitation and the possibility of people donating their organs for the financial rather than altruistic reasons. However, instead of trying to eliminate the potential misuse, perhaps we should be concentrating on the benefits to both organ recipients as well as donors. The organ donor has to go through a major operation associated with a risk of mortality, morbidity, and lost income from time out away from work. Additionally, because living donation is associated with both the risks of dying and of preoperative complications, I believe donors should receive a life insurance policy and a health
insurance policy to cover treatment for any surgical complications. Moreover, isn’t saving a life more important than getting over the uncomfortable feelings related to buying organs? Many countries have discussed and researched the proposal of an organ market and some countries have adopted this method of reducing organ shortage. Of course each country has developed very strict rules and policies. For example, permission has been granted recently in Israel to offer bereaved families a financial incentive to donate the deceased’s organs. However, they do not allow buying an organ from a life donor. Additional reason for declining the “payment for organs” proposal is the fact that it is associated with multiple dilemmas. Would payment for organs affect other altruistic programs such as blood or marrow donation? Would there be a way to eliminate organ sales by high-risk vendors, such as drug addicts? Could non-citizens be vendors? Furthermore, payment for living and cadaver donor organs, although somewhat interrelated, needs to be considered separately. On the other hand, by approving this option, many dilemmas will be solved as well. These include problems with the black market, donors experiencing complications, and long waiting lists.

Who should get the available organs? Twenty years ago, the United States government put in place a system: the United Network for Organ Sharing (UNOS). Policies on organ allocation and transplantation consider, among other factors, the patient’s medical history, size, blood type, geographic location, and time on the waiting list. Each organ type is governed by a distinct set of rules. In theory, no preference is given to wealthy or influential patients. In reality is very difficult to maintain these simple policies. In practice, wealth, health and social status are all taken into account. For example, if someone is indigent or homeless, the chances that she or he will be able to survive after a transplant are very low. Transplants require long recovery periods, and once recovered a transplant patient must continue to take large dosages of powerful
immunosuppressants for the rest of their lives. In addition, most suffer repeated bouts with organ rejection and must be hospitalized and treated each time. Proper nutrition and a daily schedule that allows for rest, shelter, and regular medical care is needed for an individual to be a good candidate for transplant surgery. Thus, poor people without health insurance are less likely to receive the life saving organ. I have personally witnessed how this organ allocation works based on patient’s medical history. My friend’s cancer metastasized into his liver. In order to survive and fight his cancer, he needed a liver transplant. I was shocked to discover that he was not a candidate for liver transplant because he had cancer. According to the UNOS allocation policy, only patients with high survival rates can be put on the organs transplant list. This policy was created in order to ensure successful transplantation and minimize valuable organ wastage. Unfortunately, UNOS ignored in its policies all the candidates who have devastating medical conditions, such as cancer, who are left to die without even a hope. Moreover, many who have been on the waiting list a long time are removed from the list because eventually they are considered too sick to get a transplant. Non-citizens of the United States are less likely to receive organs even if they are organ donors themselves. Additionally, there are rich and famous people who “jump” the waitlist using their power. The system seems unfair and unequally distributes the organs between patients in need.

On the other hand, is it fair to equalize all candidates on the waiting list? Many Americans feel that those whose organs have deteriorated as a result of unhealthy lifestyles should not qualify for organ transplants. For example, alcoholism is the leading cause of liver failure in the United States. The average liver transplant costs around $400,000, including five years of follow-up care. Taxpayers and insurance policy holders are the ones who will end up paying these fees. The question is whether we should risk wasting an organ on alcoholics who
most likely will continue their destructive behavior. Additional questions arise: Should we raise
the national debt by $400,000 to provide an alcoholic a new liver? How should we rate
alcoholics who recovered but need a new liver to survive? Should insurance premiums go up to
replace a heavy smoker's damaged heart? Should we allow prisoners to receive donated organs?
The current organ allocation system will not honor restrictions on who may receive a specific
donor's organs. Many people would rather not participate in the system than risk having their
organs go to someone they consider undeserving. By disallowing undeserving people to be on
the organ waiting list, others will have more chances to receive the organ they need on time and
to be saved. The UNOS system seems unfair and becomes a disincentive for people who want to
become donors but worry that their organs will be distributed inadequately. It is important to
provide donors with the option of deciding the fate of their organs. It seems unethical that
donors can write a will regarding their financial property however they are restricted from
making decisions regarding their own body. This flexibility should assure potential organ donors
that their organs will be distributed according to their will and draw more people to participate in
the gift of life program.

People have found legal and illegal ways to get around the UNOS rules. The shortage of
organs available for donation from unrelated donors has led to the horrible black market that
exists today. National Geographic reports that a poor neighborhood in India is known as "kidney
village," since residents illegally sell their kidneys for about $800, far less than the $100,000 that
some recipients have been willing to pay. Competitive prices are offered throughout the world in
countries such as Iraq, Turkey, and China. Black market organ removals must be done in secret.
Often this means they take place under poor or dangerous conditions. Sellers of organs on the
black market take enormous risks because they essentially have no legal recourse if they don’t
get paid, or if they suffer complications from the surgery. Sellers may not be able to afford treatment for those complications, which could result in death. Current patients waiting for an organ face a choice between two extremes: wait for a fundamentally broken system and risk death, or venture into the unregulated Wild West of the black market for organs. Despite campaigns to increase altruistic donations, the gap between available organs and patients on the waiting list is increasing dramatically. Unless these patients are lucky enough to have a relative or some other highly motivated and altruistic donor, there is no legal way to improve their chances in the painfully slow race against death. But there is a better and more ethical alternative. By legalizing financial compensation to organ donors, a legitimate market in organs will be established. This would allow donors to enter a contract where the specifics of the transaction were clearly delineated. Violating the contract would warrant legal action. Competing organ brokerage firms would have an incentive to gain a reputation for being the safest, the cleanest, and the highest paying for the donor, or the most economical for the recipient. This will provide safety and benefits to both donors and recipients, reduce the need for a black market and make organs available for all social classes, rather than just for those who are wealthy enough to afford one.

Another example of getting around the rules is the Life-Sharers network which advocates providing organs for organ donors. This is how the idea works: When a Life-Sharer member dies, his or her organs would go only to another Life-Sharer member, unless no Life-Sharers were a good match. The idea is controversial -- allowing donors to cut in front of the organ transplant line and the network is not supported by the United Network for Organ Sharing. However, the UNOS organization does not track how many recipients are donors themselves, but here is one statistic: 95 percent of Americans agreed with the idea of organ donation in 2005, but
only 52 percent were actual organ donors, according to a Gallup Poll. Life-Sharer’s supports the theory that organs should go first to the people who have agreed to donate their own organs when they die. This increases the number of organ donors, and that saves lives. If Life-Sharers increases the supply of organs then everyone benefits, even non-members.

The perfect solution to organ shortage would be to take cells from a patient's own damaged organ and grow a new pancreas, heart, kidney or any other tissue that would be biologically identical to the original organ. Until now, one of the most promising lines of research involves embryonic stem cells. These show great potential for many different areas of health and medical research because they are pluripotent. Not yet equipped with the specific codes, this type of cell can be self renewed as well as transformed into virtually any of the 200 kinds of cells in the human body. Stem cell researches hope that it might be possible to use stem cells or specialized cell types differentiated from them to repair organs and tissues damaged by injury or degeneration from autoimmune diseases. Regrettably, some people object to embryonic cell experiments because embryos have the potential to become human beings. Various solutions were proposed to solve this ethical dilemma. The one that I personally support includes the usage of surplus embryos donated from fertility clinics that would otherwise be destroyed. Embryonic stem cell research has important medical purpose and has the potential to cure and prevent diseases. It does not seem ethical to allow destruction of embryos while prohibiting their use for research purposes.

To conclude, transplants are not a miracle solution. They will not cause a person’s illness to disappear. The recipient will have to take anti-rejection drugs for the rest of his or her life. Some people argue that organ transplantation is simply a trade of an acute illness for a chronic condition. However organ transplants do work. They serve as a stopgap measure until
something more permanent and effective can be developed. Fortunately stem cell research provides such possibilities. Eventually people will be able to simply have replacement organs grown from their own DNA, eliminating matters of procurement, distribution and even organ rejection. Unfortunately organ transplant and embryonic stem cell research are extremely controversial ethical dilemmas. However, we should not forget that this is not a simply abstract discussion about ethics. There are real people out there who are suffering and decisions about the ethics of organ transplant will have a tremendous impact upon them. A regulated system that creates incentives for donors is just one of the many solutions proposed. Whatever those incentives may be, this solution could save lives, reduce the shortages that promote the black market, and help all potential recipients, not just those who can afford a trip to Kidney Village. And all of us potential organ donors should not forget that it is better to give than to receive. After all, according to the Talmud, “If you save one life, it is as though you save the world.”

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Resources:

http://www.transplantliving.org
http://www.transweb.org
http://www.organdonor.gov
http://www.unos.org
http://www.transplantation-soc.org


The Talmud