Issues Facing Organ Transplant

Emal Beydoun

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We are all familiar with the back of our driver’s license- the option to be an organ donor. How many of us have thought deep into the consequences of organ giving or not? How many of us have thought of the impact it can have on the person in need that has a good chance of survival with it? Or on the other side, how consenting to donating your organs may effect you? The issue of organ donating is and has always been highly controversial. The biggest issue behind organ donating is which life should be spared. There is a fine line between life and death and who has rights over what especially in a medical emergency. Imagine a patient that is brain dead but is still breathing. Who decides if this patient should be assumed dead or if this patient has a chance to relive? “The debate over organ transplantation touches on many of the deepest issues in bioethics: the obligation of healing the sick and its limits; the blessing and the burden of medical progress; the dignity and integrity of bodily life; the dangers of turning the body, dead or alive, into just another commodity; the importance of individual consent and the limits of human autonomy; and the difficult ethical and prudential judgments required when making public policy in areas that are both morally complex and deeply important” (Bioethics).

In 1954, the future of medicine took a major turning point with the first ever kidney transplant. Since then organ transplantation has progressed reducing the rates of some of the most deadly diseases while sparking intense debate and controversy. Over the past 60 years organ donating has expanding from exclusive kidney transplant to include transplantation of the heart, lungs, liver, cornea, bone marrow and other organs. Donations can come from living donors and cadaveric donors (those that are diseased or brain dead). Since 2001, the number of living donors has surpassed deceased donors (6,618 vs. 6,182), almost entirely due to living kidney donation (94%), although the rate of growth in living donation has dramatically slowed (Joint Commission, p.24). Yet, the Guiding Principles on human organ transplantation, adopted by the WHA in 1991, states that organs should “be removed preferably from the bodies of deceased persons,” and that live donors should in general be genetically related to the recipient (World Health Organization, 2004). Deceased donors still provide the greatest number of donated organs, but for kidneys in particular, living donation has provided a much needed increase in the supply, particularly of high quality organs. Anti-rejection drugs play a major role in the success of organ transplant. The use of immunosuppressant in the 1960s to 1970s and further the discovery of cyclosporine all contributed to the success of organ transplantation (Ethics of Organ Transplant). Unfortunately this last-line means for extending and improving life comes with its pitfalls. According to the International Association for Organ Donation, “Over 96,000 U.S. patients are currently waiting for an organ transplant and nearly 4,417 new patients are added to the waiting list each month. Moreover, at any given time, there is an average of 3,000 patients
searching the National Marrow Donor Program Registry. About 80 people receive an organ transplant every day in the U.S., while approximately 150 are added to the waiting list. Approximately 30% of all organ donors represent minorities despite the fact that, minorities make up almost 52% of those on the transplant waiting list. Every day, approximately 19 people die while waiting for an organ or tissue transplant.” (International Association for Organ Donation website) The primary ethical dilemma surrounding organ donating arises from the shortage of available organs.

The success of organ transplantation can be greatly attributed to the discovery of new medication therapies to help the body accept the new organ more effectively. Pharmacists are playing larger roles in various areas of the healthcare system and especially in the organ transplant area. Pharmacists can use their unique skills to enhance and optimize the organ donation process for both the donor (if alive) and the recipient. In an editorial by Monica Zolezzi on the role of clinical pharmacists in renal transplant patients, Zolezzi describes that the largest problems encountered by renal transplant patients are in relation to immunosuppressant, antihypertensive, and antimicrobial agents. Drug related admissions, and noncompliance with these medications are common problems in renal transplant patients. Furthermore, Zolezzi describes that these sorts of problems highlight the need for recurrent follow-up on appropriate medication management and counseling. The most complicated drug regimens and largest problems with organ donation are those involving antihypertensive therapies. According to Zolezzi, medication consultation and reviews can help pharmaceutical clinicians identify drug related problems more effectively and therefore assess if patients are responding or experiencing therapy resistance. The clinical pharmacist is able to set up a patient specific medication plan and allow the patient to maximize their drug therapy preparation.

The United Network for Organ Sharing (UNOS) maintains a comprehensive, up to-date website that gives the status of people awaiting organ transplants. The number of donating organs has stayed steady over the years while the number of needed organs has increased. This increased demand in organ donating can be attributed to controversy in the minds of potential donors over the ethics of organ donating, the decreased in number of healthy organ deceased donors (due to increased car safety laws and decreased crash rates), and lack of knowledge. Much of the debate of organ transplant centers on increasing the number of organs in hope of reaching more people and granting a second chance at life. In 2005, more than 28,000 patients in the U.S. received organ transplants from a record 7,593 deceased donors and another 6,901 living donors. These donors, however, could not accommodate the growing waiting list that exceeded 90,000 by year’s end. Unfortunately, more than 7,000 of the wait-listed patients died because an organ never became available (Gallup, 2005).

The 2005 “National survey of Organ Tissue and Donation Attitudes and behaviors” conducted by the Gallup Organization evaluated American thoughts and beliefs on organ donating. According to the Gallup Organization, assessing people’s knowledge, views, feelings, and actions related to organ donation is informative for developing strategies to increase donation. The 2005 report interviewed over 2500 household individuals over the age of eighteen. The study revealed that over ninety-five percent of Americans strongly support organ donating and that over fifty percent of Americans are “very likely” to donate their organs. Furthermore, willingness to donate is highest among Whites and Latinos, but lowest among African
Americans. Perhaps, these differences in donating habits can relate to differences in cultural concerns with the sanctity of the human body and ownership rights over human tissues.

Regardless of the culture we are from, society demands respect and care for the human body; the living through laws and customs and the dead through a dignified disposal so the remains are undisturbed. Society largely benefits from the use of human tissue and cadavers for medical treatment, research, and education. The result is a cumbersome burden of determining where we draw the line. When do we have rights over human tissues and what are the rights of the deceased? When is it ethical to use human tissue and how can human tissue be used ethically? According to the Nuffield Council on Bioethics using human tissue without any therapeutic intent, direct or indirect, is unacceptable. For example, uses of human tissue as food (cannibalism), as raw materials for products without therapeutic purpose (for example, human leather), or for entertainment (for example, at least in contemporary British society, making and displaying fetal earrings) would all of them count as injurious (Nuffield, p.43, 1995). If we treated the body as property in the hope of increasing organ supply, we risk devaluing the very human life (and human bodies) that we seek to save (Bioethics). “No doubt the taboos of the past – such as respect for dead bodies – have stood in the way of much that is good about modern life and modern medicine. But it is also possible that the sweeping aside of some old taboos has lessened us, dehumanized us, and corrupted us. It is this risk of corruption and dehumanization that we must not fail to recognize, even as we seek to ameliorate suffering and cure disease by every ethical means possible”.

Organ shortage has always been the mainstay of ethical dilemmas with many analysts offering possible solutions to this ongoing battle. These strategies have been proposed and debated on for years but none have been employed because of controversy over integrity and potential public impact. These include presumed consent, mandated choice, financial incentives to encourage families to donate a loved one’s organs, and xenotransplantation (transplanting animal organs into humans). With presumed consent, the donor must opt-out of donating their organs. European countries employ this method of donation in which, unless directed not to, organs are taken when the patient expires (Ethics of Organ Transplant, p. 22). Of course the presumed consent approach has its pros and cons. Advocates of this approach might say that it is every person’s civic duty to donate their organs once they no longer need them (i.e. after death) to those who do; while those that oppose this approach may argue that to implement this policy, the general public would have to be educated and well informed about organ donation, which would be difficult to adequately achieve. Mandated choice requires individuals to declare a yes or no response to donation and therefore the individual must indicate on for example tax forms or their driver’s license. This approach requires a lot of trust in the healthcare system as the donor must trust that they will be taken care of to the best of ability regardless of their donor status (Ethics of Organ Transplant, p.21) In 1972, The Uniform Organ Donor Card was established as a legal document in all 50 states due to the passage of the Anatomical Gift Act allowing anyone over 18 to legally donate their organs (Gift of Life Donor program). Nonetheless, both mandated choice and presumed consent have been debated as possible violations of personal freedom or the right to privacy. Financial incentives, like organ purchasing or compensation of funeral expenses, are currently an illegal and highly controversial alternative. Many authors have argued that incentives change the basic nature of donations; while the gift-giving approach reflects important human values like
compassion and humanity while maintaining human dignity (Joint Commission, p.31). The human body whether dead or alive has not been reduced to mere property that can be valued by monetary compensation but the desperation of watching thousands of individuals die every year while waiting for organs has prompted a renewed debate about whether monetary incentives should be used in an effort to increase organ supply (bioethics). An alternative method to increase organ donation suggested by many is to take organs from prisoners put to death. One argument in favor of taking organs from prisoners, who are put to death, is that it is the execution that is ethically unsound and not the organ removal. Undoubtedly, because of the severe organ shortage, some ethicists could make the argument that to not use the organs for transplantation is wasteful (Ethics of Organ Transplant, p. 23)

Because of the rising number of patients in need of organ transplant, many more patients find that they have no choice but to turn to the alternative methods to access organs. In desperation for the chance to survive many are willing to pay top dollars for organs. On the other side, many individuals are willing to donate their kidneys for financial incentive because of the mounting financial crisis. This is particularly true in developing countries where the poverty rate is high, resulting in numerous reports of human trafficking as a source of organs (American Society of Nephrology, 2008). Organ trafficking is an illegal method attaining an organ and with the high number of people in need of an organ has become and at the same time in need of fiscal compensation. In an article by Samuel Uretsky on Organ Trafficking, he describes a study on the effects of live donating on the live person in Iran revealing that among those who sold their kidneys their biggest complaints were those of severe depression and physical disabilities. Furthermore, Uretsky describes that the long-term effects on black market kidney sellers were almost universally negative. And finally he explains that, in the best cases, despite the fact that many ethical clinicians will provide quality care for the kidney sellers, the vast majority end up with permanent physical and emotional disabilities as well as major loses in the money they had gained.

According to Uretsky: “It is this record of tragedy that has led some people to suggest legalizing the sale of human organs. They have suggested that a fair market, offering a fair price, with good care for the donors, including emotional counseling and follow-up care, might help replace the sordid black market that exists today.” And like Uretsky questions, could a white market replace the current black market despite the fact that so many wealthy people are willing to spend more to avoid the waiting list. Furthermore, would adopting and legalizing organ donating simply raise prices for those who could offer kidneys and corneas a little bit faster?

Perhaps, the most ethically sound way to increase organ donations is to increase education and raise awareness about organ donations. Many people are reluctant to donate because of lack of information and because of fear that their donation may hinder adequate deserved therapy. Organ donation required trust in the medical team that they will care for you to the best of their ability and not spare your life to save others. Some educational efforts focus on increasing the number of people who consent to be an organ donor before they die. Other educational efforts focus on educating families when they are considering giving consent for their deceased loved one’s organs (Ethic of Organ Transplant, p.21). The Michigan Gift of Life foundation and other state organizations have the goal of increasing organ donations through this method. In fact, the
Michigan Gift of Life foundation has recently launched the Michigan Donor Drive in an effort to increase registration through collaboration of hospital staff, and their friends and family, on the Michigan Organ Donor Registry. The campaign demystifies many of the myths surrounding organ and tissue donation because once people understand the facts, they are more willing to sign up to be an organ and tissue donor (giftoflife.org). The Michigan Gift of Life foundation encourages people to donate because organ donation “may save or enhance the lives of up to 50 people, will not cost you or your family anything, need not interfere with funeral arrangements, since donation does not change the body’s outward appearance, is an act of caring and love supported by all major religions in the U.S”. The International Association for Organ Donation is and organization developed to educate the public on the importance of and need for organ, tissue, bone marrow, and blood donations. Throughout the year, the IAOD hosts motivational educational presentations to various groups in southeast Michigan, including high school and college students, medical professionals, police officers and the area’s diverse religious community (International Association for Organ Donation website).

This imbalance of supply and demand has lead to an immense shortage leading to greater ethical dilemmas like who should be eligible to receive the gift of life. Because of the scarcity of organs available, the concept of distributive justice emerges as one of great importance. Who should get what organs and in what order are questions that are highly debatable. Distributive justice theory states that there is not one “right” way to distribute organs, but rather many ways a person could justify giving an organ to one particular individual over someone else (Ethics of Organ transplant, p.15). There are several proposed methods of distribution. Among these methods is the equal access method in which all patients have equal access to the organs. The division of organs is made based on two factors: one being length of wait (first come first serve) and the other being age (youngest served before the oldest). The most difficult hurdle to overcome in providing for equal access to transplantation is the “green screen” effect or the barrier set by individual’s financial limitations and inability to pay for surgery and organ transplantation. So before these patients can even have a chance at equal access to receive an organ, they need to overcome their financial burdens. Consequently, regardless of race or ethnicity, an individual’s ability to pay is among the first screening criteria and is one of the key determinants of a patient’s likelihood to receive an organ transplant (Joint Commission, p.20).

The United States has enacted several laws related to organ donation to ensure equality and justice in the organ donation process. There are two important laws that have shaped the organ transplant process. These laws are the Uniform Anatomical Gift Act of 1968, adopted in all fifty states, which established the right for individuals to decide if they want to donate their organs before death or not; and the other is the Organ Transplantation Act of 1984, which aimed to encourage organ donation by establishing an organized organ matching and procurement network, while outlawing the buying and selling of human organs or the direct compensation of organ donors and their families (bioethics). Together these two laws were enacted to collect the therapeutic benefits of organ transplants and to encourage organ donations from the general public. Furthermore, the laws sought to reinforce certain ethical limits against treating the body as property and the newly dead as simply natural resources. Finally, the law sought to ensure equal access and allocation of organs (bioethics).
The government has played an avid role in promoting and enhancing the organ donation process and efficacy. For example, between the year 2001 and 2002, Congress proposed a number of bills intended to promote organ donation and increase organ supply (bioethics). These bills covered a variety of different approaches and plans. Some bills would have provided formal recognition of donors with commemorative medals while other bills proposed offering tax credits to individuals who donate organs or to their living family members or reimbursement of the costs incurred by living donors. Although the general medical community supports the concept of organ donation as a gift giving process exclusively many are re thinking the role of incentives to increase organ supply. For instance, the American Society of Transplant Surgeons has endorsed the idea of a pilot program that would partially reimburse surviving families for the funeral expenses of individuals who allow their organs to be taken after death (bioethics). Furthermore, Medicare developed five incentive policies in 1998 to encourage organ donation and organ procurement in participating hospitals. They are printed on the International Association for Organ Donation website: “The hospital must notify the organ procurement agency of every death occurring in their facility. All hospital personnel providing the option of donation to families will be trained by the organ procurement agency. The Hospital will have a written agreement to work with organ, tissue and eye banks. The hospital will acknowledge that screening for potential donors will be conducted by the appropriate recovery agency. The hospital will work in conjunction with recovery agency to conduct record reviews to determine the donation potential of individual facilities.” (Ethics of Organ Transplant, p. 32)

Among the largest factors inhibiting individuals from partaking in organ donation is fear of inadequate healthcare in a medical emergency. That is that in the event of an accident or the liking, that their well being may be jeopardized because they will be seen more as a commodity or a trade off for the health of others. We have all heard the stories of people declared brain dead only to relive days later and the highly publicized deaths of living donors. So how can we narrow the gap and protect donors from becoming victims? A concern over living donations has been under analysis since the high publicity received following the deaths of two live donors. Unfortunately there has not been any real collection of data regarding the mortality and complications experienced by live donations. Estimations suggest that there is about a one percent mortality rate from live adult to adult donations experienced by the health donor and further it was found that one out of three liver donors suffer medical complication, half of which are serious complications (Joint Commission, p. 26) Another study discovered that 30 percent of liver donors had to be re-hospitalized and that the typical living liver donor is hospitalized for about 10 days, takes 2.5 months off from work, and needs another month for full recovery (Meckler, 2003). The story isn’t different for living kidney donation. Living kidney donation, though considered a safe procedure at the time of donation, may also have impacts on the donors later in life. In fact as of 2002, there have been reports of at least 56 kidney donors needing kidney transplantation themselves. Unfortunately, the actual causes of renal failure among these donors are not yet fully understood (Joint Commission, p.26).

In general, most living donors have no regrets after partaking in the donation process. Many of them, however, complain that the full risks in regards to their surgeries were not explained fully to them (Joint Commission, p. 24). Analysts suggest, that to fully understand the consequences and safety considerations of living organ donation, a national registry needs to be set to keep
tract of donations and mark their success or pitfalls. This, it is suggested, would expand
knowledge about complication rates and other health outcomes. A national registry would allow
practitioners to better assess the potential short-term and long-term risks of organ donating and
help potential donors make more informed evidence-based decisions.

The recent donor deaths have also raised concerns about the processes through which living
donors consent to donation (Joint Commission, p.24). The problem with the living donor process
is that potential donors are often pressured into donating, by, for example, family members, the
patient, and the transplant team because these people are all avid to secure the donation. Several
measures have been made to ensure that the potential donor has the opportunity to be fairly
represented and informed every step of the way so that the donor can make an informed decision
about donation. For example, in New York, the State Health Department has created new rules
for living donors, including a requirement that each living donor be assigned a team of advisors,
independent of the transplant team, to help the donor reach an informed decision about donation
(Joint Commission, 24).

Different religions have differing opinions on organ donating. Islamic law is not against organ
donating but with precautions. The Holy Quran says: “Whosoever saves the life of one person it
would be as if he saved the life of all mankind.” (Chapter 5 vs. 32) Many conditions must be met
in order to lawfully follow through with the organ donation process; these conditions are
typically consensus among Islamic scholars and differ by limited discrepancies. “In general, the
basic aim of the Islamic faith is to save life. This is a fundamental aim of the Shariah and Allah
greatly rewards those who save others from death. Violating the human body, whether living or
dead, is normally forbidden in Islam. The Shariah or Islamic law council, however, waives this
prohibition in a number of instances: firstly in cases of necessity; and secondly in saving another
person’s life. It is this Islamic legal maxim al-darurat tubih al-mahzurat (necessities overrule
prohibition) that has great relevance to organ donation.” (Howitt, 2003) The Prophet Mohammed
(messenger of Islamic) says: “Whosoever helps another will be granted help from Allah.” And
so, once generally an area of controversy and doubt, organ donation has become largely accepted
as an act of faith as long as no harm is done to the live donor and that the deceased is treated
ceremoniously.

Jewish laws follow strict customs concerning burial through what they call Kavod Ha-met or
honor of the dead and Nivul Ha-met or disgrace of the dead (Loeb, September 2008). Because of
Kavod Ha-met, delaying the burial of the deceased or gaining benefit from a dead body are
considered Nivul Ha-met and are therefore forbidden. This creates an obstacle since organ
donation can delay the burial and allows us to benefit from the dead body. Such an obstacle is
trumped by the concurrent Jewish law Pikuach Nefesh or saving a life. Therefore, donating an
organ becomes something honorary in the Jewish faith as it promotes an act of faith Pikuach
Nefesh. In fact according to Gabrielle Loeb (writer for The Philadelphia Jewish Voice), “because
of the organ shortage, the Conservative movement’s Committee on Jewish Law and Standards
ruled in 1995 that organ donation is an obligation because not doing so would be murder to the
potential recipient and endangers the lives of living donors.” Mishnah Sanhedrin 4:6 says,
“Whoever saves one life, it is as if he saved the entire world.” And therefore, like the religion of
Islam, the Jewish faith encourages organ donations as an act of faith and a fulfillment of the duty of *Pikuach Nefesh*.

For Christians, acts of mercy are a part of the self-sacrifice that God requires (Butler, October 2007). According to the Christian faith: giving oneself and one’s possessions voluntarily for the well being of others and without compulsion is a Christian duty. Tom Butler, Bishop of Southwark and Vice-Chair for the Christian Mission and Public Affairs Council explains that “Christians have a mandate to heal, motivated by compassion, mercy, knowledge and ability. The Christian tradition both affirms the God-given value of human bodily life, and the principle of putting the needs of others before one’s own needs. Organ donation is a striking example of this.” Christianity has no single view on the type of system to put in place to collect organs. Christianity sees and opt-in system as a reflection of the Christians concern to celebrate and support gracious gifts, freely given. While the opt-out approach stresses Christian concern for human solidarity and living sacrificially for others. Butler explains that there is a need to understand the utility or not of these systems in a bigger picture and that there is a need to evaluate how such a system could change the current views and relationship between person and state.

Organ transplantation is a highly controversial area of medicine. While it has made immense and ever increasing developments, still remains debated in society, culture and different religions. Many consider live donation unquestionable when it comes to a family member, others find a monetary compensation a compelling incentive to donate, and others are just plain do-gooders. The risks for the live donors need to be more fully explained. The general public may benefit from being more informed on the potential benefits of organ donation. False impressions on the risks of signing the back of your driver’s license may inhibit potential donors to make the sacrifice. Whether or not to enforce donation unless one opts-out is a controversial issue. Major religions agree that donating organs can fulfill duties and obligations as rituous followers. Cultures are more accepting of the idea of organ donation and yet there is still a large shortage. The government and organ donation support groups all rally to educate the public on organ donations, outcomes and the shortage. We are not guaranteed our health, anyone could need an organ at anyone time in their life. For me, organ donation was very controversial in my mind. I believe that presumed consent is a policy that should be put in place because we are all susceptible to needing an organ. Furthermore, once we are deceased, these organs are no longer of use to us, and should be taken for the benefit of society.
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