

32 Organ Donation

Overview

Legislation about organ donation seeks to find ways to increase the number of organ donors, most commonly by instituting a presumed consent program whereby everyone would be considered to be an organ donor unless they chose to “opt out” of the program. A person would theoretically carry a non-donor card instead of the donor card carried by many today.

The affirmative will argue that an opt-out program would result in more organ donations, thus saving lives. According to the US Department of Health and Human Services, the number of people waiting to receive an organ transplant in the United States is rising. There are now more than 82,000 people on the national organ transplantation waiting list. Each day, 63 people receive an organ transplant, but another 16 people on the waiting list die because organs aren't available. As of August 2003, in the United States there are over: 55,00 people waiting for a kidney transplant, 17,000 people waiting for a liver transplant, and 3,000 people waiting for a heart and lung transplant. Each additional organ donor could save or help as many as 50 people by being an organ donor.

The affirmative will also be able to contend that donation has no negative consequences for the donor. The US Dept. of Health and Human Services explains that the person receiving the transplant or his/her insurance company pays all costs. Donation does not change the appearance of the body. Organs are removed surgically in a routine operation. It does not interfere with having a funeral, including open casket services.

Interestingly, an opt-out program would result in more organ donations from ALL ethnic groups; this would result in better organ matches for those groups most at risk. This program would be especially helpful for minority women, who suffer more from diseases like diabetes, kidney disease, and high blood pressure—diseases that can lead to organ failure. Members of different racial and ethnic groups are usually more genetically similar. Therefore, more donations by minority women increase the likelihood that a good match can be found.

The negative will argue many religions oppose organ donation and that requiring their members to opt out of the organ donation program is imposing a burden upon them because of their religious convictions. They will also contend that there is a danger of health care providers giving less than optimal care to certain patients in a desire to harvest their organs. There could be a tendency to give less care to older or disabled patients in order to save the lives of younger and healthier people. They will contend that the wishes of the patient's surviving loved ones need to be considered and that they need an opportunity to make the final call on donation of their family member's organs.

The US State Department recommends this link: http://www.michigan.gov/sos/0,1607,7-127-34786_42872_42873-152615--,00.html to look up different religions' stands on organ donation.

Affirmative Cards

Organ donors save lives

David Fleming, president and CEO of Donate Life America, a national non-profit advocate for organ, eye and tissue donation, “Experts debate best way to encourage more organ donors,” USA Today, June 15, 2013. <http://www.usatoday.com/story/news/nation/2013/06/15/organ-shortage-donors-needed/2421729>

Donors can save seven lives with their organs going to different people, and the tissues from a donor can improve the lives of up to 50 people.

More organ donors are needed Mayo Clinic staff, “Organ donation: don’t let these myths confuse you,” Mayo Clinic website, accessed online September 8, 2017.

<http://www.mayoclinic.com/health/organ-donation/FL00077>

Over 100,000 people in the U.S. are waiting for an organ donation. Unfortunately, many may never get the call saying that a suitable donor organ — and a second chance at life — has been found.

The organ shortage has led to an organ black market

Susan Scutti, “Organ Trafficking: An International Crime Seldom Punished,” *Medical Daily*, July 9, 2013. <http://www.medicaldaily.com/organ-trafficking-international-crime-infrequently-punished-247493>

In 2010, of the 106,879 known organ transplant operations, those performed with illegally harvested organs may be as high as 10 percent. "The WHO estimation is that currently organ transplantation covers only 10 percent of the global need - it's a high estimation," said Dr. Luc Noel of the World Health Organization (WHO). "Unscrupulous individuals and organizations are profiteering from this situation. The stakes are so big, the profit that can be made so huge, that the temptation is out there."

An opt out system would save minority lives

U.S. Department of Health and Human Services, “Why Minority Donors Are Needed,” *U.S. Health and Human Services website*, accessed online September 8, 2017.

<https://www.organdonor.gov/whydonate/whyminorities.html>

People of most races and ethnicities in the U.S. donate in proportion to their representation in the population. The need for transplant in some groups, however, is disproportionately high, frequently due to a high incidence of conditions such as high blood pressure or diabetes, both of which can lead to the need for a kidney transplant. For example, African Americans, Asians and Pacific Islanders, and Hispanics are three times more likely than Whites to suffer from end-stage renal (kidney) disease, often as the result of high blood pressure and other conditions that can damage the kidneys. Almost 35 percent of the more than 80,000 people on the national waiting list for a kidney transplant are African American. Although organs are not matched according to race/ethnicity, and people of different races frequently match one another, all individuals waiting for an organ transplant will have a better chance of receiving one if there are large numbers of donors from their racial/ethnic background. This is because compatible blood types and tissue

markers—critical qualities for donor/recipient matching— are more likely to be found among members of the same ethnicity. A greater diversity of donors may potentially increase access to transplantation for everyone.

Most negative arguments are not empirically true Mayo Clinic staff, “Organ donation: don’t let these myths confuse you,” Mayo Clinic website, accessed online September 8, 2017. <http://www.mayoclinic.com/health/organ-donation/FL00077>

Myth: If I agree to donate my organs, the hospital staff won't work as hard to save my life.

Fact: When you go to the hospital for treatment, doctors focus on saving your life — not somebody else's. You'll be seen by a doctor whose specialty most closely matches your particular emergency.

Myth: Maybe I won't really be dead when they sign my death certificate.

Fact: Although it's a popular topic in the tabloids, in reality, people don't start to wiggle their toes after they're declared dead. In fact, people who have agreed to organ donation are given more tests (at no charge to their families) to determine that they're truly dead than are those who haven't agreed to organ donation.

Myth: Organ donation is against my religion.

Fact: Organ donation is consistent with the beliefs of most major religions. This includes Roman Catholicism, Islam, most branches of Judaism and most Protestant faiths. If you're unsure of or uncomfortable with your faith's position on donation, ask a member of your clergy

Myth: My family will be charged if I donate my organs.

Fact: The organ donor's family is never charged for donating. The family is charged for the cost of all final efforts to save your life, and those costs are sometimes misinterpreted as costs related to organ donation. Costs for organ removal go to the transplant recipient.

Negative Cards

An opt out system could decrease the number of donors

David Fleming, president and CEO of Donate Life America, a national non-profit advocate for organ, eye and tissue donation, "Experts debate best way to encourage more organ donors," USA Today, June 15, 2013. <http://www.usatoday.com/story/news/nation/2013/06/15/organ-shortage-donors-needed/2421729>

We would be moving from a system where we honor your wishes to be a donor to an (opt-out) system where it's the government's right to procure your organs unless you opt out." Fleming says many people would think this violates their personal rights, which could send them rushing to sign opt-out forms. He says European countries using the opt-out method "are not doing any better than we are. I truly believe it would be a disaster if it happened here. I think we'd have millions and millions of people register not to be donors."

An opt out system is unethical

Dr. Peter Saunders, CEO Christian Medical, The ethics and implications of 'presumed consent' organ 'donation' in Wales, *Bridges and Tangents*, July 4, 2013. <https://bridgesandtangents.wordpress.com/2013/07/04/the-ethics-and-implications-of-presumed-consent-organ-donation-in-wales/>

We strongly support organ donation but so-called presumed consent involves neither consent nor donation – it is neither voluntary nor informed and involves taking organs rather than giving them. It means effectively that the state will be able to overrule families and there is a very real danger that it could also prove counterproductive and undermine trust leading to fewer rather than more donations.

An opt out system violates religious beliefs

Father Stephen Wang, The ethics and implications of 'presumed consent' organ 'donation' in Wales, *Bridges and Tangents*, July 4, 2013. <https://bridgesandtangents.wordpress.com/2013/07/04/the-ethics-and-implications-of-presumed-consent-organ-donation-in-wales/>

If the organs are taken without the consent of the donor, or that of the relatives speaking on behalf of the donor, then this is not an act of "donation". It is taking without asking. The words of Pope John Paul II regarding donation without consent are very clear: "In such a perspective, organ transplantation and the grafting of tissue would no longer correspond to an act of donation but would amount to the dispossession or plundering of a body. For this reason the Catechism says that organ donation "is not morally acceptable if the donor or his proxy has not given explicit consent." It is not morally acceptable because it fails to respect the human meaning of the human remains. Instead of donation being an expression of solidarity between people, it becomes a violation of the dead.

An opt out system would damage the doctor/patient relationship

Simon Bramhall, Presumed consent for organ donation: a case against, US National Library of Medicine, *Annals of the Royal College of Surgeons*, May, 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363073/>

There is a belief among some members of the medical profession that the introduction of presumed consent might damage the relationship of trust between clinicians caring for patients at the end of life and their families (survey of Intensive Care Society members, 2008). There is a possibility that some clinicians could opt out of donation programs at a time when their support is required to improve rates of organ donation. In addition, evidence from recipients of organs suggests that many need to know that organs had been donated without coercion by the organ donor and his or her family. The families of organ donors usually find great comfort in being an active part of the decision to donate.

An opt out system would encourage questionable organ retrieval policies

Father Stephen Wang, The ethics and implications of 'presumed consent' organ 'donation' in Wales, *Bridges and Tangents*, July 4, 2013.

<https://bridgesandtangents.wordpress.com/2013/07/04/the-ethics-and-implications-of-presumed-consent-organ-donation-in-wales/>

Moreover, it is well-known to transplant teams that heartbeating donors move when organs are taken, unless they are paralysed by drugs, and that their blood pressure goes up when the incision is made. It is worth noting that some anaesthetists recommend that the supposed 'cadaver' be anaesthetised when his/her organs are retrieved. Most organ donors are unaware that their hearts may be beating when their organs are taken, and that they may be pink, warm, able to heal wounds, fight infections, respond to stimuli, etc. We would urge that while the adequacy of brain-related criteria for diagnosing death is fully and fairly investigated, the retrieval of organs from heartbeating donors should be put on hold. Donations from non-heartbeating donors – perhaps after organs have been cooled to preserve them – could continue while this investigation was carried out. At the very least, those who wish to donate their organs should be given the option of being non-heartbeating donors only, and should be fully informed of the state their bodies will be in when their organs are retrieved. Such information requires a proper interview with a medical practitioner who can explain current controversies: simply signing a donor card in no way indicates that the prospective donor understands what organ donation will involve.

An opt out system would solve the organ shortage problem

Peter Koch, clinical ethics fellow at Baylor University, Organ Donation: Opt In or Opt Out?

Baylor College of Medicine, July 7, 2017. <https://blogs.bcm.edu/2017/07/07/organ-donation-opt-out-opt-in/>

Another problem with the opt-out model is that it may offer false promise. [Studies](#) have shown that past attempts at implementing similar opt-out models in England and France resulted in *fewer* available life-saving organs. It is thought that the public was ill-prepared for the transition to the opt-out model, leading to many citizens opting out based on distrust of the policy.