Living Organ and Tissue Donors

Nicholas Tonti-Filippini
John Paul II Institute for Marriage and Family
Melbourne, Australia

The donation of blood or bone marrow which regenerates or a kidney, which does not but is possible because we usually have two and only need one for healthy function is a genuine act of love. As Pope John Paul II expressed it, it is not just a matter of giving away something that belongs to us but of giving something of ourselves, for "by virtue of its substantial union with a spiritual soul, the human body cannot be considered as a mere complex of tissues, organs and functions . . . rather it is a constitutive part of the person who manifests and expresses himself through it".

We are required to protect our own health and life, so the Church also holds that donation of non-regenerative tissue is only permissible when this will not impair function, be detrimental to the discharge of the donor's responsibilities, or involve serious danger to the donor's life, future health or identity. The medical team involve in living organ donation have a special responsibility to ensure the safety of the donor and in general that has proved to be the case.

The opposite, however, has proven to be true when organs are traded rather than given altruistically and this is a strong reason for opposing trade in human tissue. Other reasons include treating the human body and hence the person as a mere commodity, undermining the existing social capital in existing systems of organ and tissue donation that depend on altruism and a commitment to the common good, creating perverse incentives which may result in people selling organs for profit in the knowledge that they carry disease, and exploiting the poor who lack alternative ways of earning an income. Individuals and the common good are best protected by maintaining the existing prohibitions on trading in human organs and tissue.

As Pope John Paul II expressed it, "any procedure which tends to commercialize human organs or to consider them as items of exchange or trade must be considered morally unacceptable, because to use the body as an "object" is to violate the dignity of the human person."

Because it must be an altruistic decision consent of the donor is obviously essential. A difficulty can arise when the decision of the donor is affected by emotional pressure and the strong wish of other family members that the donation occur. The medical teams need to assess the circumstances carefully and psychological assessments are required to ensure that the donor is not exploited and the decision is entirely free, and also to ensure that the donor's attitude subsequently is not such that he or she is likely to exploit the situation of having made such a great gift. Health assessments are also needed to ensure that the donor is not put at risk by the procedure and for tissue matching. It is also important that the recipient freely consents and is not placed under pressure to accept such a great gift.

The donation of organs from children and others who are unable to make a competent and independent decision is usually not appropriate as they cannot make an altruistic choice and no-one can make an altruistic choice on another's behalf. Consent on behalf on another person must always be in their interests and organ or tissue donation would violate their bodily integrity.

However there can be circumstances in which organ or tissue donation by a child or other incompetent person may be in their interests when they are closely related to the other and dependent upon them emotionally or financially so that the interests of donor and recipient are closely linked. In these circumstances the parents are so close to the situation that their judgement may be compromised and not necessarily in the interests of both people. The donation may be acceptable under strict conditions including that:

- there is minimal risk to the child;
- the recipient is an intimate relative;
- all other reasonably available options have been exhausted and the procedure is a last resort;
- the procedure is of proven efficacy; there is an independent decision that donation is in child's best interests;
- the parents consent;
- the child is old enough to understand and does not protest the procedure; and
- the legal requirements are met (Court or tribunal authority approves).

A practice that has developed in recent times is to deliberately have a child (a "savior sibling") in order that he or she may be a donor for an existing child in need of a transplant. The procedure may involve having the child via in vitro fertilization and using pre-implantation genetic diagnosis in order to choose a child that is tissue matched and does not have the same disease.

Having a child for the purposes of donation is not an acceptable reason to bring a child into the world and condemn him or her to being a source of tissue for another. Using PGD to choose a child to be matched donor also means discarding those who are not suitable. It also involves using IVF which is not an acceptable option (see chapter…)

In relation to the consent process issues have arisen in relation to donation of organs by strangers in relation to anonymity. Anonymity is thought to be important for the protection of both donors and recipients from undue interference or unwanted relationships. The donor's anonymity risks being revealed via information about the donor organ being passed on to the recipient in order to meet the need for information about the quality of the organ and likely outcome.

This issue has intensified somewhat with the trend toward accepting organs from donors who may have more health risks such as transmissible disease and that issue has its own obvious complications. Basically the solution involves matching recipients and donors.

It used to be the case that donors who had an infectious disease such as Hepatits A,B or C or HIV HIV or had a cancer considered to be related to a virus. Could not be used as a donor. Now their organs may be used provided that the recipient also has the same disease. Similarly, the transplant surgeons would be reluctant to take a heart from an elderly cadaver, but now they simply match an elderly recipient.

That does raise issues about what to say do the recipients. There are different views. Some argue that the recipient needs to be told the health condition of the donor. Others argue that if they have matched the recipient and the donor, all the recipient needs to know is that the organ is a healthy organ for them.

There are concerns about taking organs from living donors where the donor has a disease such as hypertension, obesity or having diabetes that means that the donor may be at greater risk. For instance, taking a kidney from a person with diabetes has greater risks because renal disease is often a result of diabetes. Having only one kidney would out them at much greater risk of renal failure. However if a relative is insistent hat they want to take the risk, then the transplant teams have been willing to accommodate them.

Partial liver and lung lobe transplants have also caused great concern because they have much greater risk for the donor. The parents of a child with cystic fibrosis may each donate one of their five lung lobes to the child. It is then a procedure that has the possibility of being a triple fatality! The risk is significant though it is early and the techniques are developing so quantifying the risk to the donor is difficult.

Partial liver donation from living donors is well established but still contoversial. The risk of having some type of complication (either minor or major) from living-donor liver transplant surgery is about 15 to 30 percent (about 2 in 7 cases). Most complications are minor and resolve on their own. In rare cases, the complications are serious enough to require another surgery or medical procedure.

The most common liver-related complication is bile leakage. Bile is a liquid produced by the liver that aids in digestion. Bile leakage happens about 5 to 15 percent of the time. Most bile leaks resolve without the need for surgery. Occasionally, tubes need to be placed through the skin and liver to aid in the healing process. In rare cases, surgery may be needed to correct the bile leak.

Today, the donor's risk of death from donor surgery performed in the United States is about 0.2 percent (one out of 500 donors).

There is also a relatively new issue of people donating to the national register in exchange for receiving a well-matched organ for a relative in exchange. In effect they allow the relative to queue jump by donating an organ where their own organ is not well-matched. This might be strongly desired by someone who wishes to donate in order to obtain an organ for a spouse or child. Some see this as a form of trade in human organs and to be rejected in principal.

There is also a growing trade in internet canvasing for organs. The issues involved are that:

- the contact is not under medical supervision, screening or in context of assessment and counselling;
- Anonymity of the donor and recipient and their families is not protected;
- There is possibility for exploitation;
- It facilitates a black market;
- Some recipients through wealth or social standing may be better able to attract a donor

Internet canvassing for organ donors has not yet been prohibited and is becoming commonplace with companies set up to manage it.