

## A Critique of Living Altruistic Organ Donation

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### ABSTRACT

Living altruistic organ donation is a “consensual” donation of an organ. The failure to secure sufficient number of cadaveric organs has led to a noticeable increase in live organ donation. Living altruistic organ donation is good yet, insufficient to close the gap between the demand and supply of organ. Using the method of philosophical analysis, the paper contends that Living altruistic organ donation seems heroic because of the risks associated with living organ donations. We suggest that common good of the deceased organs be inserted into the organ pool, to cushion the effect of the organ shortages.

**Keywords:** living altruistic organ donation, organ crisis, informed consent, minor organ donation, organ donor pool, common good, posthumous organ donation.

### Introduction

Living altruistic organ donation could be defined as a “consensual” donation of an organ. It is a process whereby an individual donates an organ to a recipient, with whom the donor has no genetic or emotional relationship while still alive [1]. “The failure to secure sufficient numbers of cadaveric organ donations has led to a noticeable increase in live donation of certain organs such as kidneys, as well as lung and liver lobes” [2]. Living altruistic organ donation is an “empathy, and empathy involves the feelings of sympathy and a desire to relieve another's suffering” [3]. In Nigeria, Human organs are mostly obtained from deceased persons for the purpose of transplantation or treatment, or medical or dental training or research [4]. In Iran for instance, living altruistic organ donation was made legal in year 1988 in order to close the gap between the demand and supply of organs. In support of this method, the Iranian government, regulated and funded the transplantation process and compensated the donors for their organ [5]. The question is, what would be the donors’ intention as living altruistic organ donors? Do living altruistic organ donors consider the health or psychological implications of living altruistic organ donation? Can we see living altruistic organ donation as morally justified? However, upon reflection of donor’s psychosocial intention, one could say that it is intimately linked to factors that are historically served, such as family ties, incentives or moral motivations. Osebor asserts that organ donors may value promotion in the workplace or a pay raise, whereas others may prefer additional vacation days, improved insurance benefits, day care, or eldercare facilities, these of course would motivate potential organ donors [6].

This paper is concerned with a philosophical investigation of living altruistic organ donation. The paper further presents a practical reasoning of the common good. The common good

encompasses citizens of a moral community to participate for the expansion of the organ donation pool. The common good is a communitarian approach to organ donation. In this sense, all citizens are potential organ donors and recipients. First let us begin with living altruistic organ donation.

### **Living altruistic organ donation**

There are many methods of organ donation; xenotransplantation, presume consent or mandated choice. Xenotransplantation is the transplantation, or infusion into a human live cells or organs from a nonhuman species [7]. Osebor cites the World Health Organization (WHO) that “presumed consent” is a system that permits ‘material’ to be removed from the body of a deceased person for transplantation. However, if objection is filed, the informed party report is presented. In this case, the deceased definitely voiced an objection to donation presumed by approach [7]. But Living altruistic organ donation is increasingly established procedure to treat patients suffering from organ failure. Although, transplant surgeons, would welcome altruistic living organ donation. The living organ donation seems controversial because of the need to choose by the donors. Although, living altruistic organ donation requires explicit consent of the donor. The bioethics principle of “do no harm” entails that clinician must ensure the safety and the well-being of the actual organ donor and the recipient. G R Dunstan holds that,

*“The medical duty is to give the information necessary for patients to understand the procedures, and to see what can be foretold of their outcomes for themselves and others; and to give it in a manner and relationship most favorable to its assimilation, free of coercion, over-persuasion, deception and improper inducement. Patients and donors are under a duty of full disclosure of all that is relevant to clinical and ethical judgment. Trust must be mutual; ethics is not for doctors’ alone [8].”*

Organ harvesting from living donors can be safely performed for the donor and the transplant recipient. But the concern of bioethicists is the protection and well-being of the actual organ donors. This prompted the transplantation community to develop a consensus statement emphasizing that a living donor should be competent, willing to donate an organ, and free of coercion [9]. The risk-benefit ratio of organ procurement should be evaluated to enhance fairness, informed consent, integrity, and dignity of the human person. Kanmani Job and others hold that the most important factor in organ donation is to maximize the psychological status and well-being of the donors before and after transplantation; and this has become the foremost goal of all transplantation centres [10]. The ethical issues that are mainly concerned with living organ donation include prevention of psychological harm, ensuring the donors are fully informed, and have decided to donate without coercion.

### **An Evaluation of living altruistic organ donation**

Living altruistic organ donation is critical because it requires donors and medical practitioners to adhere to all the principles of organ donations, before any surgical operation could be carried-out on the organ donor. Living organ donation is a unique source of organ to saving candidates on the organ waiting list. Abubarkar and others hold that –

*“Most living - donor renal transplants are between genetically related individuals. Living – donor transplantation between genetically unrelated individual give better results than well - matched cadaveric allografts [11].”*

However, living altruistic organ donation from a minor is illegal in Nigeria. The National Health Act 2014 reports that “a person shall not remove tissue which is not replaceable by natural processes from a person younger than 18 years” [4]. In this sense, it is uncommon for minors to be accepted as donors in Nigeria. Kidney Health Australia (KHA) Reports that “children under 16 years cannot be registered on the Australian Organ Donor Register. They can be registered as ‘intent’ until they are 18 years old, though legal consent is sought from their parents or legal guardians when they are under 18. If you are under 18, or have children, discuss donation so your family is prepared if they need to make a decision” [12]. Altruistic living organ donation requires an explicit consent of the donor and must be selfless and rational.

Living Altruistic organ donation may be between family members or someone whom the donor is not related. Donor evaluation is another important aspect of living altruistic organ donation. The

potential actual donor has the right to understand all the principles of organ donation, which must be written or oral and must be interpreted in a language, which the donors understand best. The potential living altruistic organ donors are subjected to different standardized tests, for psychological assessment, psychosocial suitability, commitment, motivation and follow up is needed by care givers. In India, 21 candidates were considered to be potential donors after passing the stringent criteria. All potential donors had a spiritual belief system and were truly altruistic this proves that about 50% of altruistic donors, if they had ulterior motives, the donation would not be altruistic by definition [13]. The above figure however, include the very first case of a living organ donor, who gives a part of his liver to someone whom he had never met. Organ donation in this sense is altruistically done to save the life of a dying human being. [13].

Living Altruistic organ donation has been over blown by emotions. Charity provides that there is a limited complication to the donor and that altruistic living organ donation can be distinguished between parts of the body, such as the regenerating part like blood and bone marrow. Those parts which do not regenerate such as, the paired like kidneys, corneas and lungs, and unpaired like the heart. Dunstan argues that

*“With transplantation from living donors the notion of ‘donation’, ‘gift’, becomes a reality: a willed, conscious gift. It extends from the giving of expendable or renewable resources like blood, bone marrow and neural stem cells, to paired organs, kidneys, and to segments of single organs, liver, spleen and lung. It can save lives, and improve the quality of lives; and so it can exert its emotional appeal directly on the potential donor [8].”*

To some moral philosophers, living altruistic organ donation is exemplified by unconditional love because it is an attempt to put one’s life on the risk to save another. However, despite efforts by governments at all levels to increase organ donation, organ crisis persists. Where is the unconditional love? Where is the charity? If thousands of patients still die on the organ waiting list. Kanmani Job cites the U.S Department of Health and Human Services that more than 1,23,000 patients currently need an organ transplant in the US and the numbers continue to increase every day [10].

Regrettably, we don’t see living organ donations as totally altruistic because of its choice effects. Researchers assert that within the donor population, the likelihood of post-donation chronic renal failure and medical comorbidity such as hypertension and diabetes appear to be relatively higher among some donor [14]. Living organ donations amounts to putting the actual organ donors’ life at risk for the survival of another. In this case, we argue that living altruistic organ donation is heroic. David Z. Levine cites Dr Francis Moore nearly 35 years ago:

*“Thus, for the first time in the history of medicine a procedure is being adopted in which a perfectly healthy person is injured permanently in order to improve the well-being not of himself, but of another. Some laboratories have viewed this matter with such misgivings that under no circumstances have they used tissues from volunteer human donors” [15].*

Marie-Chantal Fortin and others argue that wanting to donate one's heart while still alive, or donating a portion of one's lung or liver would not qualify as altruistic intentions or acts because it would involve sacrificing or risking one's life in order to contribute to another person [16]. Researchers hold that Catholic theologians say that to mutilate one living person to benefit another violates the principles of human dignity [11]. We content that there are three situations which we do not consider as altruistic acts; (1) Helping someone while harming oneself (2) Dying for a cause (3) Neglecting loved ones in order to bail out strangers. The value of individual life is worthy and should be safeguarded from any kind of harm. Donating organs, while still alive, in our opinion is an act of inviting harm to oneself.

The Nuffield Council on Bioethics (2006) reports on "sanctity of life". The sanctity of life means all humans are of equal (and possibly absolute value) [17]. Nicola Jane Williams argues that transplant surgeons are uncomfortable with living organ donation; “they were expressing the hope that in the future the need to resort to living donors would be made obsolete as organs obtained solely from cadavers could be used with a high expectation of survival” [18].

Upon reflection of living altruistic organ donation, we submit that the continued reliance on living altruistic organ donors for the expansion of the organ pool would lead to more organ transplant commercialism world-wide. We argue that common good be integrated into the organ donor pool. The question is, how do we access the common good?

### **The Common Good for Organ Donation**

The Catholic religious tradition, which has a long history of struggling to define and promote the common good, defines it as "the sum of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment" [19]. The common good incorporates certain basic requirements of social justice, as citizens must provide one another with basic rights and freedoms and they must not exploit each other. But the common good goes beyond the basic requirements of justice because it requires citizens to maintain certain patterns of conduct on the grounds that these patterns serve certain common interests [20]. Amitai Etzioni cited Cicero that a "people" or "republic" as "not any collection of human beings brought together in any sort of way, but an assemblage of people in large numbers associated in agreement with respect to justice and a partnership for the common good" [21]. The "common good" refers to those facilities—whether material, cultural or institutional—that the members of a community provide to all members in order to fulfil a relational obligation they all have to care for certain interests that they have in common [20]. In fulfilment of rational obligations, all the citizens of a moral community are encouraged to register as a posthumous organ donor in order to save fellow citizens dying on the organ waiting list. The common good for organ donation requires the explicit consent of donors to register for the expansion of organ donation pool upon their death. In this case, every citizen is a potential donor and potential recipient. We contend that the common good for organ donation is a virtue of the fact that the citizens stands in a relationship between on another.

### **Concluding Reflections**

The collective philosophy, which opines that all citizens benefit from the common good, receives numerous obstacles that hinder its implementations. First, according to some philosophers, the very idea of a common good is inconsistent with a pluralistic society. Different people have different worldviews about organ donations. Given this difference, it will be impossible for us to agree on a common good for organ donations.

The second problem encountered by attempts to promote the common good is that of individualism. Historically, traditions are not known for individualism. Today, globalization is worldwide. Without mincing words, individualism is the order of the day. A moral/political community is polarized with separate individuals who are free (within the limit of the law) to pursue their own individual goals and interests, without interference from others or the state. Ogechukwu and others argue that we have always been skeptical of the benefits of globalization. Generally, most commentators on globalization argue that continents have not benefited from the process of globalization and that it has actually exacerbated the problem of poverty in the world. In fact, some of them blame globalization for practically all that is wrong in the world [22].

The above obstacles to the ethics of the common good are not enough to dismiss the common good for organ donation. The common good theory would lead us to ask questions like; what kind of society do we want to leave behind? "No doubt," and what follows, with the global perception of African societies seems to be one of communalism, not individualism. Ogechukwu argued that globalization, as a double-edged sword, has impacted both positively and negatively on cultures to the extent that one cannot convincingly prove that its net effect is negative and to state also that the negative effects came as result of copying what was wrong in foreign cultures of their own freewill [22]. Therefore, common good ethics would make us to view ourselves as members of the same community and, while respecting and valuing the freedom of individuals to pursue their own goals, to recognize and further those goals we share in common for the common good of our society.

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