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## Issues on Organ Transplant: Ethical Dimension

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### ABSTRACT

Since the first successful organ transplant in the 1950s, the world has progressed and researches have been conducted in order to identify long-term solutions to the problem of organ failure and treatments for individuals with organ failure. These troubling instances have sparked a slew of ethical, moral, and societal concerns and questions about organ supply, organ allocation systems, and the use of living donors as volunteers, especially minors. It has also led to some unethical behaviors such as organ sales for financial gain by entrepreneurs in some parts of the world, exploitation of the poor for the advantage of the wealthy and illicit human organ harvest. This work examines the ethical concerns surrounding organ transplantation and proposes solutions and alternatives to these practices in order to reach an ethical and moral middle ground for organ donation and transplantation.

**Keywords:** Organ transplant, ethics, xenotransplant, organ harvesting/organ trafficking

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### Introduction

Through the ages many generation have attempted tissue and organ transplantation and various fantastic descriptions of such transplantation were recorded. In the 300 BC the Christian Arabs saints, Cosmas and Damian were said to have successfully transplanted the leg of a deceased person several days earlier to replace a disease leg of another person. The development of safer and more effective immunosuppressive medications, as well as Carrel's description of a more dependable procedure for vascular anastomoses, made clinical organ transplantation more realistic for surgeons in the early 1900s (Bakari, Jameta, Abubakar, Nwankwo, 2012).

Since the first successful kidney transplant in the 1950s, the modern medical practice of organ transplantation, which began in the 1930s, has advanced by leaps and bounds. The successful transplantation of many types of organs is one of the biggest transplant-related medical advancements in the previous century. The kidney transplant was followed by the transplanting of hearts, lungs, livers, and other organs.

The first xenotransplanted organ transplant took place in 1986. As the number of people in need of organ transplants continues to rise, some academics are becoming more interested in this fascinating field of study. This paved the way for the development and application of the first artificial organs. The news media and the general public in the United States closely watched the first artificial heart transplant in the 1980s. Following that, the practice of slicing organs into pieces became popular (either from living donors or cadaveric donors). In 1996, the first split liver transplant was performed, allowing one cadaveric liver to be shared among several transplant recipients. In the realm of medicine, the introduction of cadaveric and living organ donation techniques marked a watershed moment. Starting with living donors and gradually expanding to include deceased and brain dead donors, deciding who can give organs has been a fluid and evolving process. The discussion over expanding and reducing the pool of eligible donors is still going on. For the first time in US history, live donors outnumbered cadaveric donors in 2001. The fundamental ethical difficulties surrounding organ transplantation developed from a lack of available organs and an increase in the number of patients in need of organs, as well as finding a long-term solution to the problem of organ failure and treatments for organ failure patients. These events have raised numerous ethical, moral, and societal concerns about organ supply, organ allocation methods, and the use of living donors, including minors, as volunteers, organ sales by entrepreneurs for financial gain in some parts of the world through exploitation of the poor for the benefit of the wealthy, and organ harvest (center for bioethics, 2004).

Owing to the fact that the issues of Organ transplant have been a critical issue especially in this 21<sup>st</sup> century and have continued to breed controversies round the globe, this paper employed both expository and critical analytic method for proper understanding of the ethical bases of organ transplant and the ethical issues surrounding it.

In this contemporary era whereby the issue of illegal human organ harvest has turned into a reoccurring decimal, a situation where people sell their organs or "steal" those of others for financial benefits. This work is necessary as a working tool to condemn such unethical and immoral acts and thus reinstating humanity back to the seat of morality. This work will educate medical practitioners and the government on ethical values and the issue of preservation and protection of life so as to make policies and laws that will not be detrimental to the health and life of the citizens more

especially in poor citizens whose organs are most times harvested without their consent and minors. This will equally help the government to check extreme violation of human right.

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### Explication of concepts

**Ethics-** Simply means laid down principles of how we ought to live our lives. It is a systematic study of what we ought to do, and how we ought to live. We can describe it as that branch of philosophy that studies the principles of right and wrong in human conduct. It can be seen as the science of morality (Ekennia, 2003).

**Organ** – An organ is a part of the body that performs a specific function.

**Organ Transplant:** The removal and replacement of a damaged or failed human organ with a healthy one through surgical operation. The term “organ transplant” typically refers to transplantation of the solid organs like heart, lungs, kidneys, liver, pancreas and intestines from one person to another. More so animal and artificial organs may also serve as transplantable organs.

**Xenotransplantation:** This simply means transplanting an animal organ into a human being.

**Organ harvesting / Organ Trafficking:** This is the illegal removal of human organ or tissue without a person’s consent; generally to be sold on the black market for organ transplants.

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### Ethical and medical views of organ transplant.

Organ transplantation has been heralded as one of modern surgery's greatest achievements. However, there are numerous ethical issues and debates surrounding this technique. Among the many ethical and medical problems that have been raised throughout the years are the following: who gets priority? Will a person's priority be determined by the severity of his or her disease, age, or other factors? Will this decision be influenced by money, social position, or political connections? Has the set of guidelines developed by the relevant entities and agencies been successful in resolving the issue?

Another thing to consider was the expense of an organ transplant, as all organ transplants are extremely costly, as they include both the surgical procedure and the subsequent rehabilitation. Would this imply that a wealthy person would be given a new organ while a poor person would be denied? (Dublin: Robson, Razack, 2010). To this end, the Center for Bioethics (2004) promotes the concept of distributive justice in the distribution of available organs in order to avoid undue and unethical distribution. As a result, retributive justice in this case suggests that there is no single "correct" way to distribute organs, but rather a variety of justifications for providing an organ to one person over another.

Equal access is a distributive justice criterion. Organs that have been assigned to patients based on equal access criteria are distributed to them based on objective variables in order to avoid bias and unjust distribution. Some elements are taken into account in equal access standards, such as the length of time spent waiting (i.e. first come, first served) and age (i.e. youngest to oldest). Some supporters of equitable access distribution, according to the Center for Bioethics (2004), would desire an organ allocation process free of medical or societal worthiness prejudices. If lifestyle choices like smoking and alcohol use harmed their organs, medical "worthiness" prejudices could prevent individuals from reaching the top of the transplant waiting list. Before giving an organ, social "worthiness" biases would consider a patient's status in society or prospective societal contribution. This would have an impact on inmates serving time for crimes against society, among other things.

Some ethicists, on the other hand, think that individual worth and lifestyle should be taken into account during organ allocation. They believe that when individual merit characteristics are not taken into account, distribution is skewed against deserving individuals. "Equal access distribution of organs is not fair and just if it includes persons whose lifestyle choices, notably cigarette and alcohol use, damaged their organs," writes Kluge in the Center for Bioethics (2004). People who make poor lifestyle choices, according to Kluge, are behaving recklessly and might have avoided their disease, hence boosting the demand for organs and denying people who "have no control over their need" of vital treatment.

The topic of consent and incentive is the third factor to address. Currently, in order for organs to be removed, someone must consent to transplantation directly. Consent must, however, be freely provided and not obtained under coercion or after harassment. The method of procuring organs could potentially be problematic. This was mostly due to differing interpretations of the term "death." Should death be defined as the cessation of heart and lungs activity, or as the cessation of all brain activity, or simply as the cessation of higher functions? No one wants to steal organs from someone who is still living, therefore these are serious issues. Waiting for 'total brain death' could, however, render many organs useless. Robson, Razack, and Dublin (2010) state the following from the perspective of a physician or a transplant specialist:

Among the ethical principles to be considered is respect for patient autonomy, where competent patients have the right to make informed choices regarding their bodies and their lives; that they have the right to refuse medical therapy under most circumstances and to offer their organs for transplantation, irrespective of the circumstances of their death.

The majority of ethical questions are based on the aforementioned factors. As a result, Ishii and Hamamoto (2009) asserted that the fundamental rule of

"informed consent" is an exceedingly crucial item that must be followed, and thus they began with regard to organ transplantation procedures, doctors should provide patients with sufficient information, and patients should adequately understand and accept that information before making a decision.

As a result, withholding essential information from both the donor and the patient would be immoral. Physicians should firmly adhere to the fundamental guideline that the best emergency care should not be withheld from a patient because they are a potential donor. The medical duty is to provide the information needed for patients to understand procedures and see what can be predicted about their outcomes for themselves and others, and to do so in a manner and relationship that is most conducive to assimilation, free of coercion, over-persuasion, deception, and improper inducement. Patients and donors have a responsibility to disclose anything that is relevant to clinical and ethical decisions. Ethics isn't only for doctors; it's for everyone.

Following the question of donor consent, another developing issue is human trafficking, illegal organ harvesting, and theft. These, we may say, are the pinnacle of absence of moral and ethical construct over the world. Organ trafficking is divided into three categories, according to the UN gift portal. Con artists who persuade victims to sell their organs but do not pay or pay less than they agreed to pay; and doctors who treat patients for ailments that may or may not exist and remove organs without the victim's consent (Nwafor, 2017).

In the United States, South Africa, and other third-world nations like Nigeria, there have been high-profile examples of illegal organ trafficking. Organ tourism is becoming more prevalent. This is primarily due to poverty. Poverty has motivated some people in India, Pakistan, and Bangladesh to sell one of their kidneys to illegal dealers. The recipients are wealthy folks in severe need of a kidney transplant. The study is important, according to a statement on the Erasmus MC website "Organ tourism is becoming more common, in which patients fly overseas for transplants of organs that could have been acquired locally. Human trafficking is common among donors, whether forced or not. However, little is known about how frequently it occurs, as well as how criminal groups, physicians, and other parties involved operate." (British Broadcasting Corporation, 2012).

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## Conclusion

In conclusion, we can concur that in this contemporary era, morality is in a chaotic phase. This is why we are in urgent need of ethical practicable principles about human life, conduct and dignity. Based on this, it is of great importance to re-echo in the voice of Ekennia, (2003) that unless biotechnologists and all who are involved in medical health care become aware of the ethical implications of their work, and shun private and commercial interests, the purported human progress may turn to self-destruction, gradual movement towards self-annihilation.

The foundation that enables doctors to make correct decisions and provide the best possible medical treatment for the patient is strict adherence to high ethical principles. And this they can achieve by looking critically at and adopting the Distributive justice theory in the issue of distribution of available organs. Shunning organ theft and illegal harvest of human organ(s) by deception or forcefully for financial or personal benefits.

As a guard fly, ethics offers a healthy environment to enable us arrive at a common ground and public regulation on how to understand human life and guarantee its survival and dignity. With this in mind, it should strike us that illegal, unlawful harvest and the stealing of human organ violates Immanuel Kant's *End formulation* of the categorical imperative which states thus; "so act as to treat humanity, whether as thine own person or in that of any other, in every case as an end withal, never as a means only" (Kant, 1785). This elucidates that man is an end and ought not to be used as a means to satisfy or serve another end because it will invariably make the former a means to the latter.

## Recommendation

This paper strongly recommends that human therapeutic cloning should be employed as a panacea for producing more human organs in cases of scarcity of organs. More so, distributive justice theory should be used as a working tool for the distribution of available organs. Donors wishes should be respects and their consent on how and which organ is to be collected should be also be respected.

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