

## GUIDES TO CHRISTIAN ETHICAL DECISION-MAKING

*This guide (and others in the series) is an initiative of the Office of the Bishop and the Commission on Social and Bioethical Questions of the Lutheran Church of Australia and New Zealand. It is intended to help church members consider how they might respond to contemporary ethical issues. It is meant for use in personal reflection and is not an 'official' statement of the church on the topic. I am grateful to Nick Schwarz, Assistant to the Bishop – Public Theology, for his ongoing work on this project.*

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# ORGAN DONATION BY LIVING DONORS

### Consider this hypothetical scenario

Your brother or sister needs a kidney transplant. As a healthy person with two normal kidneys, you could donate one of yours to your sibling. Your sibling's body will better accept your kidney being so closely related genetically rather than a kidney from an unrelated person.

If you say yes, and your sibling agrees, you will have an operation to take out one of your kidneys so it can immediately be transplanted into your sibling. You will be mostly recovered from the surgery in about eight weeks. Complications can sometimes occur in the first few days postoperatively, such as bleeding, wound infection and pneumonia. In the long-term, you will be encouraged to abstain from contact sports to protect your remaining kidney. Otherwise, the risks of long-term physical problems from this type of surgery are minor, and you should be able to lead a relatively normal life. Your gift will dramatically enhance your sibling's life expectancy and quality of life.

### Learn about the matter at hand

#### Organ donation by living donors (kidneys)

In wealthy countries like Australia and New Zealand with advanced healthcare systems, people with diseases that have resulted in the failure of one of their vital organs (eg heart, liver, kidneys and lungs) often go on the waiting list for an organ transplant. There is a waiting list because there are always more people who need transplants than suitable organs available. All organs transplanted into transplant patients come from someone else – an organ donor.

Organs can be taken from the bodies of people immediately after their death or, in the case of kidneys, while they are still alive. We don't have to die to donate a kidney. Humans are (generally) born with two functioning kidneys. A healthy person can function well on one kidney if the other is removed.

Most people are only ever confronted with the question of whether to become a living donor when a close family member suffers kidney failure and goes on the waiting list for a transplant. Very few people

decide that, since they have more kidneys than they really need, they will get in touch with a transplant surgeon to have one removed so that it can be given to a stranger who needs it.

In Australia, we deal with the shortage of donor organs by accepting the situation and focusing on allocating available organs fairly. We encourage people to tick the organ donor box on their driver's licence, which consents to organ donation after their death. We acknowledge that choosing to donate an organ while still alive is a big deal, and it presents complex ethical issues, so there is no campaign to encourage it. Living organ donation goes against the traditional 'do no harm' principle in medicine because it involves healthy individuals undergoing medical interventions that are not for their own benefit that cause short-term pain with no long-term gain. Potential donors must be thoroughly assessed for suitability and have the short- and long-term risks and consequences explained to them in ways they can clearly understand. Their choice to donate must be voluntary and free from external pressure. In our society, we also insist that organ donation is a gift and that there should be no payment involved – no special conditions attached. We accept that a person is more likely to 'gift' one of their kidneys to a close relative or friend than to a complete stranger, and that bias is all the more reasonable, given that transplants between close relatives are more likely to be successful.

So far, our society has rejected the option of increasing the supply of organs by allowing organs to be bought and sold. This market-based approach is, at present, legal only in Iran, where kidneys can be sold for a fixed price, but illegal trafficking in human organs is a problem worldwide. 'Transplant tourism' occurs especially in China, India and Pakistan, where medical services are sophisticated enough to provide transplant surgery for rich locals and foreigners. Organ traders offer money to people in exchange for one of their kidneys, then sell the kidneys at a profit to transplant clinics, which match the organs to recipients and charge them for their surgery and follow-up. In this situation, the organ sellers are typically desperately poor and indebted people, and the recipients are desperate, terminally ill rich people. Under this profit-oriented business model, organ sellers and recipients tend to be exploited and receive substandard care while organ traders and transplant surgeons get rich. Often the origin of organs is unclear. Organs have reportedly been harvested from people who have been murdered, including homeless people, people with unpaid debts, prisoners, and people deemed 'enemies of the state'.

Australia has, so far, rejected a market approach to organs because it compares unfavourably in an ethical comparison with the current process. Voluntary organ donation is inspirational, an expression of goodwill we can be proud of. The market approach sets the opposite tone. It dissuades voluntarism. It dehumanises; it is exploitative. It is very prone to corruption and seriously harms many people.

Here is a list of the ethical principles that guide Australia's current policy on organ donation by living donors.<sup>1</sup> Christians could affirm them all in good conscience.

- Human life is worthy of respect.
- Individual humans are to be respected. Each human person has inherent dignity.
- Consent to donate an organ is only valid if the person consenting is of sound mind and has acquired a comprehensive understanding of what is at stake: medically, psychologically, socially and financially.
- Consent must be voluntary. (This sounds good in theory, but, in practice, it is virtually impossible to make a decision without exposure to coercion of some sort, even if it is just from the voice of one's own conscience. Individuals often feel duty-bound to donate to a close family member who needs a transplant. Pressure on them from that person and/or other family members can be intense.) Consent gained through emotional blackmail harms family relationships.
- People who offer to donate an organ must be thoroughly screened by medical professionals, who have a duty to refuse permission to individuals they assess as unsuitable and must communicate their unsuitability in a caring way.

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<sup>1</sup> These principles have been drawn from the National Health and Medical Research Council's booklet *Organ and Tissue Donation by Living Donors: Guidelines for Ethical Practice for Health Professionals*.

- People pondering whether to donate an organ should be allowed to say no without being required to justify themselves to everyone who asks.
- Potential organ recipients should be allowed to refuse the offer of an organ from a family member or an apparently altruistic stranger. This refusal should not affect their chances of subsequently receiving an organ from a deceased donor.
- All organ donation is to be altruistic, ie given freely and unconditionally.
- Privacy and confidentiality apply in the case of donors who offer to donate a kidney to a stranger. Efforts are made to prevent the donor and recipient from discovering each other's identity.
- The benefit to the recipient must be proportionate to the risk taken by the donor, ie donation should only occur when there are minimal risks of short- and long-term harm to the donor, with no significant loss of bodily function and a high likelihood of a successful outcome for the recipient.
- Young children and other dependent persons who cannot make informed decisions may be considered in a small number of circumstances as potential living donors of bone marrow, but not for organ donation.
- We should not forcibly override the wishes of people with strong cultural and religious beliefs about transplantation and bodily integrity.

## **Consider organ donation by living donors from a Christian perspective**

The Bible, our main source of knowledge of God's will on ethical issues, was written long before organ transplantation became possible. But this does not mean it is useless for helping us think about this issue. Most Christian ethicists view the Bible and Christian teaching more generally as supportive of organ donation by living donors, providing it is done in ways that are truthful, respectful and fair towards donors, recipients and other relevant parties (such as a donor's spouse and children).

Jesus modelled sacrificial love. He gave up his life for us and invites us to follow his example, saying, 'Love one another as I have loved you'. As he sent out his disciples, he instructed them to 'Heal the sick ... freely you have received, freely give' (Matthew 10:8). In the parable of the Good Samaritan (Luke 10:25–37), Jesus urges us to extend our love and charity to neighbours in need. Living organ donation allows people to follow Jesus' example of offering others the gift of life.

The word of God more generally teaches that human life is precious. Each person is created and given life by God. God is love, and he wills us to be like him in loving others unconditionally and be especially charitable towards those who cannot meet their own needs.

The teaching that life is precious also obliges us to respect and responsibly steward the bodies God has given us. We are not obliged to recklessly endanger them in attempts to help others in need. God expects us to think carefully about the possible consequences (as best as we can know them) and reflect on our motivations if we are thinking about offering a kidney to someone else.

Some Christians worry that the loss of organs might jeopardise their resurrection. Paul teaches in 1 Corinthians 15:50 that God will raise the dead with entirely new and imperishable bodies. We can, therefore, feel assured that 'incomplete' bodies, eg ones from which organs have been harvested for transplant and ones that have been cremated or decomposed completely, are all within God's power to renew.

## **Make a decision and act on it**

Think carefully about your circumstances and those of the person needing a transplant, who will most likely be someone you know.

Christian virtues such as love, charity and generosity point to a 'yes' response. But God also calls us to value our own lives and take seriously our duties to other significant people in our lives other than the potential organ recipient. This may steer us towards a 'no' response.

Consider your motivation for leaning towards a 'yes' or 'no' answer. How will you handle a 'yes' or 'no' decision as time passes, especially if you say 'yes' and something goes badly? For example, you experience serious complications, or the recipient's body rejects the organ, or if you say 'no', and the person who needs a transplant deteriorates and dies?

## **Review your decision**

If you could have your time over again, would you do something differently? Why?

Given that you can't go back and do things differently, what can you do to make the best of the situation you are in now?

## **Further reading**

Donatelife 2021, Understanding death and donation, Australian Organ and Tissue Authority, [https://www.donatelife.gov.au/sites/default/files/2021-08/OTA\\_NDFSS\\_Understanding%20Death%20%26%20Donation%20July%202021.pdf](https://www.donatelife.gov.au/sites/default/files/2021-08/OTA_NDFSS_Understanding%20Death%20%26%20Donation%20July%202021.pdf)

National Health and Medical Research Council 2007, Organ and Tissue Donation by Living Donors: Guidelines for Ethical Practice for Health Professionals, <https://www.nhmrc.gov.au/about-us/publications/organ-and-tissue-donation-living-donors>

Rigg, Keith 2008, Organ Transplantation, *CMF Files* no. 36, Christian Medical Fellowship (UK), <https://www.cmf.org.uk/resources/publications/content/?context=article&id=2079>