

## 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 AND TISSUE DONATION BY DECEASED DONORS

## Learn about the matter at hand

### Organ donation by deceased donors

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 another person – an organ donor. This guide focuses on organ donation by a person after their death. (See the separate guide for organ donation by living donors.)

In Australia, driver's licence applicants are asked whether they consent to donate body organs and tissue if they die in circumstances that make donation possible, ie they are pronounced dead but their organs are in working order and are suitable for transplantation. Everyone who consents (answers 'yes') has 'organ donor' printed on their licence and their name put on a national organ donor register.

It is only ethical to remove vital organs (organs we need to keep us alive) like the heart, lungs, liver and pancreas for the purpose of transplantation from people who are dead. If they were not truly dead, we would be killing them in order to take their organs – murder by organ donation. So it is very important to be sure that the donor is truly dead and not only apparently dead.

Doctors confirm that death has occurred in two ways: brain death and circulatory death. Brain death occurs when, because of some injury or accident, the whole of a person's brain is deprived of oxygen-carrying blood for too long, and it permanently and irreversibly stops functioning. Two senior doctors must independently perform brain death testing and find no signs of brain activity in order to declare

brain death. Circulatory death is when a person's heart stops beating permanently, and all blood flow around the body stops.

Organ donation is more common after brain death than circulatory death. It generally occurs in situations when a person has been admitted with a life-threatening brain injury to an intensive care unit in a hospital and put on life support, ie connected to a machine that breathes for them and adds more oxygen to the air they breathe, given medication to maintain blood pressure, and so on. The loss of brain function then becomes clear to the doctors, who inform family members that despite the ongoing heartbeat, their loved one has died, and their breathing would cease and their heart would soon stop if the machine breathing for them is disconnected and other life support is withdrawn. Accepting the reality of death can be hard in this situation where the loved one's heart is still beating, and their skin is still warm and of normal colour.

While the brain-dead person's heart and circulation are being kept going artificially, transplant doctors raise the option of organ donation with relatives. If key relatives agree, the transplant team takes the body, still connected to the breathing machine and still with a beating heart keeping other organs and tissues alive, into the operating theatre where organs and tissues are removed and the breathing machine disconnected. After the operation, the body can be returned to the family if they request it. The removed organs are transported to the hospitals where the transplantation will occur.

### **Different countries have different policies on organ donation**

In Australia, we have an opt-in organ donation policy. This means organs can only be removed from people who have explicitly stated that they want to be an organ donor. The wishes of families are also taken into account, however. Organ donation cannot go ahead without the family's agreement. Opt-in organ donation is the norm in English-speaking countries where individual autonomy is highly valued. We have a strong sense of ownership over our bodies and want a say over what happens to them even after we die and have no further use for them. We don't see denying others access to our organs as 'selfish'.

Some other countries (eg Spain, France, Norway and Sweden) have an opt-out policy. This means that adults in those countries must explicitly state that they don't want to be organ donors, or they will be presumed to have consented to be one. Organ donation is promoted as an act of solidarity, of aiding fellow citizens in their time of need. The wishes of families are still taken into account, however. If families say no, a donation will not proceed. An opt-out policy tends to be associated with a higher rate of donation and a shorter waiting list for transplants, but it can only be successfully introduced in a culture that is ready to accept it.

In summarising the two paragraphs immediately above, we might say that people from cultures with a strong sense of individualism think opt-out policies disrespect the individual, and people from cultures with a strong sense of community solidarity and obligation think opt-in policies promote selfishness.

In China, healthcare authorities have acknowledged that, in the past, they addressed their country's shortage of donor organs by taking them from the bodies of executed prisoners. They deny that this practice is still going on but have not adequately explained how so many transplants are still performed from a relatively small pool of voluntary donors.

Other countries have tried to incentivise organ donation, eg by giving first priority to people on the transplant waiting list who have donated a kidney or bone marrow in the past and second priority to people who have been registered as organ donors for many years.

### **Ethical principles that guide Australia's current policy on organ donation by deceased donors**

- Human life is worthy of respect.
- Individual humans are to be respected. Each human person has inherent dignity.
- Human organs are not a commodity to be bought and sold.

- The process for deciding organ allocation must be as fair as possible, taking into account factors such as medical need, urgency, donor/recipient suitability and logistical challenges.
- Organs must be appropriately matched to recipients in order to maximise the chances of a successful outcome.
- The recipient has a right to information about the risks and benefits of a proposed organ transplant before deciding whether or not to undergo it.
- An organ transplant must only be performed when the expected benefits to the recipient are substantially greater than the risks.
- A person awaiting transplant can decline an offer of an organ without jeopardising their chances of receiving another in future.
- Organs must not be taken from the body of a deceased person for transplantation without evidence of their consent.
- The organs people donate for the purpose of transplantation must be used for transplantation. If organs are needed for medical research or education, donors must specifically consent to their organs being used for those purposes.
- Vital organs must not be removed from a donor until two senior doctors have followed the official brain death testing procedure and independently confirmed brain death.
- After circulatory death, it is only ethically permissible to begin operating to remove organs after sufficient time has passed after heart stoppage that brain death will undoubtedly have occurred.
- In order to avoid conflicts of interest, transplant doctors should not be involved in the end-of-life care and brain-death determinations of patients from whom organs are taken.
- The organ donation process should be undertaken with sensitivity towards the family of the deceased. Care must be taken to avoid them feeling as if their loved one's body is being 'raided for parts'.
- Families must be fully satisfied that their loved one is dead before the topic of organ donation is raised with them.
- Medical personnel involved with seeking a grieving family's permission for organ donation must be compassionate, discreet and respectful.
- The wishes of family members who object to the removal of organs from a loved one's body – even if that person expressed a wish to donate – should be taken into account and respected. (Family consent increases when family members know well and respect each other's position on organ donation.)
- Organ donation by deceased donors is altruistic. This means it is a gift with no strings attached. The donor's family cannot request payment; they cannot decide who will receive their loved one's organs; and they cannot place conditions on the organ recipients.
- The privacy of the donor's family and the privacy of the recipient are to be respected. This means that, as a general rule, the family of the donor will not be told who received their loved one's organs, and organ recipients will not be told whose organs they received.

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

God is our ultimate authority, and the clearest source of his will for us is his word, the Bible. The Bible offers no direct instruction on organ donation, which is not surprising given that all its writings were written many centuries before organ transplantation became possible. Even so, the Bible can still point us toward an answer.

Most Christian churches are neutral or supportive of organ donation – providing it is done in a way that is consistent with Christian morality. Most churches gently encourage donation but are non-judgemental of people who choose not to donate. They consider Jesus' life and teachings as affirming of organ donation. For example:

- Jesus modelled sacrificial love. He invites us to follow his example, saying, 'Love one another as I have loved you'.

- As Jesus sent out his disciples, he instructed them to 'Heal the sick ... freely you have received, freely give' (Matthew 10:8).
- Jesus healed the sick. He didn't tell them their sickness was 'God's will' or 'God's just punishment for sin'. He generously gave them a new lease on life.
- In the parable of the Good Samaritan (Luke 10:25–37), Jesus urges us to extend our love and charity to neighbours in need.

The Bible more generally teaches that human life is precious. God himself creates and gives life to every human being. We can honour God's gift of life by expressing our willingness to be a donor so that people whose lives are threatened can receive a new lease on life. We can think of organ donation as 'pro-life'.

Organ donation seems consistent with Christian principles such as compassion, generosity and charity. It can enable families to convert their own tragedy into a blessing for one or more other individuals and their families. They can take comfort in knowing their loved one's gift has helped others.

The Bible also teaches that when we die, our bodies return to 'dust'. We have no further need for them. Paul writes in 1 Corinthians 15:50 that God will raise the dead with completely new imperishable bodies. We can, therefore, feel assured that 'incomplete' bodies – for example, ones from which organs have been harvested for transplant or from which parts have been amputated, ones that have been cremated, and ones that have decomposed completely – are all within God's power to renew.

In summary, Christians generally take the view that organ donation is 'acceptable' or 'good', providing it is done in a way that is consistent with Christian ethics. The most important criteria for our support are that:

- the donor and their family have given consent
- there is absolutely no doubt that the donor is dead when organs are removed
- it is done in a way that treats the body of the donor with respect
- it treats the family of the donor with respect and compassion
- it is truthful, respectful and fair towards organ recipients
- all organs are donated freely and unconditionally.

#### *A word of caution*

Although in 1 John 3:16, we read, 'This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers and sisters', we should not interpret this passage as endorsing suicide by organ donation to save a loved one's life. Giving up one's life to provide a life-saving organ for a loved one might seem like an incredible act of love and self-sacrifice. However, it would set a precedent that could very easily lead to certain people being labelled 'less valuable' and 'more valuable', with the former being pressured to give up their lives to save the lives of the latter.

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

Please discuss your thoughts on becoming an organ donor with your family. If you ever end up in a situation in which your organs might be removed for transplantation, your family will need to give consent – right at the very time they are trying to process the news that you are dead. It will be a very difficult time for them, and you will not want to add to their trauma. It probably will not be an easy conversation, but it is important to have it.

Current policy allows the family to refuse permission for organ donation, and rightly so. It avoids the situation of the donor overriding the wishes of their family and adding to their trauma. If you wish to donate your organs, but your family are opposed, you will need to convince them that they will be able to give permission and feel sure they have done the right thing.

Remember that as Christians, our primary motivations for acting rightly in God's eyes are love and respect for God and gratitude for all that Jesus has done for us through his life, death and resurrection.

## **Review your decision**

When your driver's licence comes up for renewal is an ideal time to review your decision about becoming an organ donor and talk about it with your family. At that time, you could check that organ donation and transplantation are still being done in a way that is in line with Christian ethics. If they are, you could discuss organ donation again with your family. If they are not, you might like to inform your elected representatives of your unhappiness with the policy change and inform them that until the policy is amended, you will withhold your willingness to donate.

## **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 2016, Ethical guidelines for organ transplantation from deceased donors, <https://www.nhmrc.gov.au/about-us/publications/ethical-guidelines-organ-transplantation-deceased-donors#block-views-block-file-attachments-content-block-1>

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>