

Organ Donations from Living Unrelated Individuals: Ethical Considerations/ Ori Scott, University of Alberta

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On December 2, 2012, Elena Krevchenko, known by her username *Asya*, posted a message to the LivingDonorsOnline forum: “kidney donor needed for my husband...please help”, detailing below his condition and blood type. Within less than a day, she received replies from 3 different individuals who were willing to give a kidney to a virtual stranger in the blink of an eye.¹ This phenomenon of organ donation from strangers, which has received the name *Good Samaritan Donation*, has been gaining public popularity in recent years, thus becoming the subject of much debate among the medical community. In this essay I will be discussing the ethics of the *Good Samaritan Donation*, using the example of Marie, an 18 year old girl with end stage diabetic nephropathy, and Janet, a 38 year old woman unrelated to Marie who has offered to donate her kidney.

At present, many transplant centres in North America are strongly opposed to the notion of organ donation from unrelated individuals, quoting the World Health Organization Guidelines from May 2010: “In general living donors should be genetically, legally or emotionally related to their recipients”.² The guidelines state that donations from unrelated living donors is a matter of concern, due to the possibility of coercion or commercialism. Ironically, however, the inability to accept donations from willing strangers has led to an unprecedented increase in the black market organ trade; recent reports estimate that a kidney is sold every hour on the black market, with organs being harvested mostly from impoverished, vulnerable individuals living in India, Pakistan and China.³ It is evident, therefore, that mitigation of coerced and commercial living organ donations has not been successfully achieved by current policies, and the ethics of *Good Samaritan Donations* should be explored.

To begin the discussion of the ethical principles surrounding donations from strangers, I would like to compare those with the currently acceptable notion of donations from a relative, for example- a

parent. I will now examine the morality of the former in comparison to the latter, using the four ethical principles of beneficence, non-maleficence, justice and autonomy. With regard to beneficence, two parties need be considered, namely- the donor and the recipient. In the case of a mother donating an organ to her child, the child gains an organs and their life is saved, while the mother gains the emotional benefit of being able to save her own child, and the joy of her child surviving. In the case of a donation from a stranger, the benefit to the recipient is the same, while the donor gains the spiritual and emotional satisfaction of saving a life. Whereas one might argue that the gain experienced by the mother exceeds that of the stranger, it is difficult to quantify such emotional benefit. As different people come from different backgrounds, the satisfaction felt by a stranger with a strong sense of altruism may, at times, be equivalent to that felt by a parent.

The next principle to consider is that of non-maleficence, which should be examined from both the physical and psychological perspectives. Beginning with the physical aspect, the potential harm done to either the parent or the stranger would be the same. In either case, an unnecessary invasive surgical procedure is performed on a healthy individual, who might suffer from adverse health outcomes. In regards to the psychosocial aspect, a concern has been raised that a stranger responding to an emotional request for an organ donation might suffer psychological sequelae, which would not be experienced by a relative.⁴ The psychosocial impact of organ donations of unrelated donors has not been extensively studied, primarily because unrelated donations are not widely common; however, a study by Kranenburg et al which examining paired-exchange donors from strangers found that there was no increased need for psychosocial support among donors following the procedure⁵.

The next principle which should be considered is autonomy, as the ability to provide free and informed consent serves as the main justification for inflicting risk upon a healthy person. The autonomous donor must be able to reach a decision based on potential risks and benefits, understanding of the procedure, all this under no emotional coercion or manipulation. Some authors

have suggested criteria for evaluating the autonomy of an unrelated donor, including: (1) realistic expectations about surgery outcome, (2) understanding that the donor is not responsible for the success of the process, (3) no monetary compensation has been offered, (4) no desire for media attention, (5) the absence of a psychiatric problem, (6) the recipient selection has not been done based on race, sex, or ethnicity, and (7) no desire to be involved in the recipient's life.⁶ If the above criteria are met, then a truly autonomous consent can be acquired from a stranger. However, can we say the same for related donors? Is a parent, for instance, truly free to refuse the donation when the life of their child is at risk? Spital has made an analogy between the organ donation from parents to their children, and a parent pushing their child out of the way of an oncoming vehicle⁷; it is a decision made based on emotional obligation, where the parent has little regard for their own safety. Therefore, it is my belief that if we consider the parental decision making to be autonomous and informed, then an unrelated donor can be considered just as autonomous, provided that they have undergone the above mentioned psychosocial assessment.

Finally, with respect to the principle of justice, it is evident that distributive justice is an issue in the case of the Marie and Janet, as an organ is allocated by the donor to a specific person, rather than to the one who needs it the most. However, the same issue would pertain to an organ donation from a parent to their child.

Since ethical decision making is always performed in the context of a given society, the next question should be: is our society ready to accept the notion of donation of bodily parts from strangers? The answer is simple: we already have. Our society has already embraced an institute which endorses donation of body components from unrelated individuals, namely- the blood and bone marrow bank. Though one may argue that the risks of kidney donation far outweigh those of blood or bone marrow donation, the principle is quite similar: an unnecessary invasive procedure is performed on a healthy individual, to benefit a person to whom they are unrelated.

Relating back to the case of Marie and Janet, I would attempt to apply all the point discussed above to estimate Janet's ability to serve as a donor. I would begin by conducting a thorough psychosocial evaluation, assessing her motivation, expectations, and support systems, followed by discussion of the nature of the procedure, including all potential risks and benefits. If an informed consent is obtained, I would advise Janet to go home and discuss the prospect of donating a kidney with her family and loved ones and come back a month later if she is still interested. If still determined to become a donor, and if Janet is found to be of adequate health, and is a match to Marie, I would advise the transplant centre to proceed with the transplant. As per the WHO guidelines, I would explain to Janet that she is allowed to withdraw consent at any point before medical interventions on Marie have reached the point where she would be in acute danger if the transplant did not proceed.² Lastly, following the procedure, I would arrange for a follow up meeting with Janet to assess her psychological well-being and make sure that she is in no emotional distress.

In conclusion, the issue of *Good Samaritan Donations* is a controversial one, which has sparked a great amount of ethical debate, and concern regarding the donor's motives and psychosocial consequences. By examining the above 4 ethical principles, it appears that organ donation from a living unrelated donor is not ethically inferior to a donation from a relative. At the same time, the precedence of the blood and bone marrow bank demonstrates that our society is indeed ready to accept the notion of donation from strangers. Given data regarding current trends in the organ black market, I believe that donations from strangers are definitely a valid alternative which should be further pursued. Education of potential donors regarding the procedure's outcomes and risks, as well as a thorough evaluation of motives, expectations, and support systems is advisable in order to enable the acquisition of a truly informed and autonomous consent.

References:

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