Organ Donation

The Need for an Organ Donation Policy Change: A Sensible Choice with Minimal Risk

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Abstract

For many years, the United States has been transplanting organs from cadavers to the living in order to help save lives. For just as long, there has been an organ crisis. There is a considerably large gap between the supply and demand of organs, which causes unnecessary deaths all over the country. This inequality stems directly off the fact that America utilizes an opt-in policy, which gives reason as to why the policy needs to be adjusted. Professionals question the best approach to increase these numbers and decrease these deaths in order to improve overall healthcare for society, and have come up with few solutions, all which bring their own ethical issues. It is unlikely that any harm can be done on a cadaver, but it must not be overlooked. Considering all the factors, an opt-out system would be the most beneficial, productive, and harmless. This, in part with the default effect, would greatly increase donation rates and lives saved.

Mandating Organ Donation: A Sensible Choice with Minimal Risk

The issue of organ donation is one that lingers quietly in society, but not the medical field. There is a constant need for viable organs that could potentially increase someone's quality of life, or even save their life. Organ supply is nowhere near where it needs to be which puts many lives at risk. Many professionals are reluctant to tamper with the current policy due to fear of failure. However, considering the lack of efficiency of the current system, almost anything would be an improvement. Even though there is an abundance of alternatives to the current policy, each brings its own issues. All in all, the sizeable difference between the demand for organs and the availability of organs is life threatening. The option of mandating organ donation of cadavers would greatly decrease these deaths; consequently, there are countless ethical issues which concern this. In order to solve this catastrophe, some ethical concerns must be reconsidered or put aside, and professionals must prioritize what should be honored and what stands as a barrier. As for now, individuals have the opportunity to opt-in to be a donor; however, an opt-out system would be much more ethical and beneficial to the supply of viable organs. Additionally, although the current policy follows ethical guidelines religiously, it is not as productive as an opt-out system would be, therefore the switch should be made. The goal is to save lives while minimizing harm to the donor, and this option does exactly that. Regardless that the current system abides by the significant ethical issues, there is a much larger issue that society must recognize.

The infectivity of the current organ donation system in the U.S. is not something that medical professionals, and patients should overlook. The greatest issue with the current policy is that it leads to an abundance of adverse and traumatic outcomes for those who are in end stage organ disease, or simply in need of a transplant to improve their quality of life. The U.S. utilizes

the opt-in donation system, where individuals must make the conscious decision and effort to register as a donor. The ethicality of this system is substantially efficient, consequently, the productivity of it is not. Cotter, H. (n.d.) describes that even though an individual ultimately chooses the fate of their organs through either registering or not registering, most physicians strive to gain the consent of the cadaver's family before they continue with the removal of organs. Due to the family's grief, they are less likely to honor the declared wishes of their loved one and deny consent to donate. In other words, physicians will honor the family's wishes even if they already had consent from the patient. They feel obligated to honor the living, mourning family rather than the dead patient, regardless that they have the legal right to transfer their organs as long as that patient legally expressed their willingness to donate during their lifetime. This reflects how the opt-in system is inefficient and does not secure that donor's organs will be used. This is another major flaw with the current system, and there are many more.

Based on what Cotter explains, the policy is not being followed correctly, which if it were to be, it would increase the rates of donation. This still would not increase the rates to an efficient number, however, any kind of increase would affect someone else's life in a positive way, which is unarguably worth following the current policy at hand in the least. Since the current policy requires patients to opt in, it can be thought of as a "default." Ahmad, G., & Iftikhar, S. (2016) discuss the role of the "default effect" when it comes to the rate of donors. The stigma behind a default is considerably more accepted by society than its alternatives. Since having to opt-in is the current default, people are less likely to go out of their way to actually do so. Individuals are born undecided and remain this way if or until they decide to opt-in to be a donor. If the case were reversed, and opting-out was the default, people would have to make the effort to opt-out. Since many people are indifferent and go along with the default, this change in

system would substantially increase rates. Off of what Ahmad and Iftikhar found, many people are actually indifferent about this matter. Possibly, people are unaware of how organ donation positively affects society and other people who are in need of it. If society were to be informed of the major benefits of donating your organs, the rates of opting-in would increase. However, society does not advertise this information, which therefore proves the flaws of the current system. There are many tweaks that could be made in the current system to close the gap between supply and demand, but these steps are not being taken. If these steps were to be taken, they still would not bring numbers up to a substantial amount, which is why the current system needs to be broken down and completely renovated. If this medical advancement did occur, however, professionals found that many people would feel as if their autonomy is in jeopardy.

An individual's autonomy is a right that must be honored when medical decisions are being made, that is when the individual is alive at the least. However, when you consider autonomy among cadavers, questions begin to arise. In a hospital setting, as long as an individual is lucid enough to make decisions about their care, they are encouraged to do so. In other words, the patient ultimately decides their care of treatment. More specifically in organ donation, individuals have the ability to choose whether they prefer to donate or not, which thus allows them to practice their autonomy. However, once a patient passes, does their autonomy reside still within their decision, or in the best opinion of the physician? According to the previously stated policy about how a patient must be lucid to make decisions about their care, how would autonomy remain after death when there is no conscious awareness of their bodies? In such cases where a patient is not lucid, physicians take the step which would produce the greatest outcome and promote well-being. Since a cadaver is unresponsive and not able to be revived, the well-being at question here lies in the other patients who are in need of organs. In

some cases, physicians would consult the family on directions for care. As mentioned before, Shapiro, M., & Ward, F. (2016) also agree that autonomy of the living must be respected. Conversely to the current system, they believe that leaving the decision to family does not exercise autonomy of the cadaver because it will likely be a decision against what the cadaver previously agreed to. This method also would result in about a 30% drop of possible donations. The fault of this drop is on the grief that the family feels, so they struggle to give away more pieces of their loved one than they already have to. With all that said, they agree that autonomy should not be honored after death, since the body no longer belongs to the person who previously inhabited it. If one thinks of it spiritually, your soul leaves your body and you no longer own that body after death, therefore, it does not obstruct one's autonomy if a physician decides their organs are suitable for transplant and acts on it. Chouhoun, P. & Draper, H. (2003) also question the issue of whether autonomy subsides after death or if one still holds a right to it. They recognize that to compel someone to make a decision that they do not want to make is unjust; however, it is also unjust to strip someone else from their chance at survival just because of another one's lack to contribute.

Someone who fails to register as a donor indirectly compromises the lives of many others since their organs rot in the ground rather than save someone else's life. One question that arises is whether or not people who are not registered to donate should be able to receive organs. Glannon, W. states that one who would not be willing to donate his or her own organs, would still be willing of receiving an organ if they were the one who needed it. This is known as, "free riding," and is an extremely unjust arrangement. If one is not in favor or giving organs, how is it just that they are in favor of receiving one? Individuals who free ride only increase the gap between the lack of organs donated and availability of organs. In a perfect world, everyone who

passed would be a donor which would create an abundance of available organs, despite that, many people feel that the government cannot force people to make a decision because it would undermine their autonomy. Cotter, H. also speaks on the issue of autonomy and how society and government already limit autonomy when it is beneficial to a greater good. Survival of the population constitutes as greater good and although one patient has to die in order to save other lives, the patient who dies was already at a point of impossible revival. After physicians exhaust every attempt to revive them, they have to let the patient go in peace. Some people conspire that physicians' skills purposefully lack when someone is a donor because then the organs will go up for transplant if another patient needs them. This is not the case. Physicians' goal is to save lives, not to make decisions on who gets to live and who gets to die, not to mention this would be a breach in their oath to only "do good" to patients and if found guilty, would lose their job. Physicians simply try to reverse the damage done by nature, and if that is impossible, that is the only circumstance in which a patient would die. With that, the assumption that some physicians purposefully intervene to gain organs from someone is false. Autonomy should continue up until the moment of death and there is paperwork to make it official what course of treatment and measures that they want to endure. Physicians follow the patients wishes up until their moment of death. This is when the question of organ donation is first introduced.

Due to the default effect previously explained, there is a huge inequality between people who are willing to donate organs, and those who actually consent to doing it. There is also inequality between the supply and demand of organs. Consent is what organ donation policies revolve around, in fact, consent guides nearly all medical decisions globally. There are many ways to obtain consent to retrieve organs from a dead patient, but the safest route is to get it directly from the patient through donor registration, rather than through the family or other

alternatives. Upton, H. (2012) outlines two circumstances in which presumed consent can be verified if the U.S. did decide to implement the opt-out system. The primary method would be first and second-hand validation, and the secondary method concerns the fact that they never denied their desire to donate. Upton also discusses that explicit consent should be retrieved whenever possible, this however counteracts his belief that refusal to opt out is a valid form of consent. When defining validation for presumed consent, first and second-hand methods would constitute that the patient remained as a donor and did not opt-out, or that their family had discussed it with them and knew that they desired to donate. If physicians are unable to discover either of those, they look at how a person who did not opt-out of the system must not have cared too much about their organs if they did not make it a point to un-register. Under this conclusion, it is fair to assume they did not have a preference of whether or not their organs were donated, therefore it is ethical to go ahead and donate them. These methods would benefit the supply of organs greatly, in that most people would fall under one of the three definitions of "willingness" therefore closing the inequality between willingness and consent. Glasper, A. (2018) discusses this gap even further stating that nearly 80% of people are in favor of donating their organs however not even half of that actually acts on their decision by signing the papers to consent it. Casualties from end stage organ disease has been significantly minimized in England through the opt-out system, and that this could be a successful plan for the U.S. If this many people are willing to donate, why do they not officially give consent to it? This could be due to many factors, specifically laziness.

If laziness is the issue, an opt-out system would default more individuals into being donors, which will close the gap and decrease deaths. On top of this issue, many physicians are reluctant to make the switch to a new system out of fear for failure despite that it is proven

effective in other countries. Since there is cold, hard proof that this system actually encourages people to become donors, people who are willing are also more likely to actually validate their consent. Other scholars are in agreement about the issue of the gap. Going back to the issue of laziness, Johnson E. & Goldstein, D. (2003) believe that defaults (the current opt-in system) are a barrier causing an increase in the gap between demand and availability because people simply just do not want to make the effort to opt-in. They stand in their opinion that an opt-out default would greatly increase the numbers and would benefit the American population in the long run despite the challenges of switching to this system. Updating the records of every living individual during the switch would be a tedious task, however the government cannot simply postpone such a large issue due to procrastination. This new system will eventually have to be adopted by America in order to decrease organ disease deaths in the nation, since there are few other feasible options.

There is a lack of proposed methods on how to increase the overall donation rate. Two of these are to promise incentives to those who agree to become a donor, as well as the opt-out default option. Some professionals are for the incentive method, but others are unsure whether it would truly be effective. Sheehan, M. (2012) discusses in one subsection of his article (Promoting Organ Donation Without an Opt-out System) how a tax incentive may or may not be beneficial to the donation program. There are both pros and cons that he found. With how politically stressed the U.S. is, he states it is unlikely that the nation will change the current system, let alone offer money to those who donate. If this really were to increase numbers, it would only financially stress the government and hospitals even further. Additionally, it is likely that a majority of those who would give into the incentive would be people from lower income or poor families who are desperate for the money. Generally, less fortunate individuals are not in

prime health, meaning that their organs are not as viable as those who would have a proper nutrition. It is known that poor individuals are sometimes involved with drugs, which could potentially make their organs less viable as well. Lastly, another concern of professionals is that creating a tax incentive would decrease donor's ability to donate purely. People may feel that donating their organs are a good deed, and if you add an incentive it adds a sense of selfishness in that someone may only be doing it for the money. DeJong, W., et. al (1995) found that some surveys predict that financial incentives would however not increase donation rates. Most medical professionals are not in favor of this incentive method either, and only half of U.S. adults favor it, with those numbers decreasing over time. Another route they mention is the education of nurses and staff on how to approach families when their consent is necessary. They propose that the most beneficial strategy to increasing donors would be to educate medical staff of how to discuss the topic to families to sway their decision to donate their family member's organs. Glasper, A. (2018) states the same as DeJong, that the education of nurses will increase donation rates. As for now, both of these methods are theoretical, and are not doing America any good.

Something that doctors have already begun to do is find feasible ways of gaining organs worthy of transplant, but they are highly controversial. DeJong, W., et. al. (1995) shares that medical professionals are forced to consider radical, new, nontraditional ways to retrieve usable organs. This includes some stem cell proposals, even animal donors. Professionals must think outside of the box since the National Organ Transplant Act of 1984 prohibits that human organs and parts cannot be sold for profit. This is however being called into question now since the donation rates are extremely low and unsatisfactory. Taking extraordinary measures to increase donation explores into unknown territory that would be experimental, whereas the current

methods for organ transplant have been nearly perfected due to continued practice. It's an easy fix: get more donors. This is of course easier said than done, but if anything is going to pose threat to a cadaver, it would be experimental, unknown territory.

There have been very few proven risks to a cadaver by donation because there are little to none. Along with this, it is known that a single cadaver can donate many of their organs. This ranges from organs to skin and even pupils. One cadaver consenting to donate saves multiple lives, or if not save someone's life, increase their quality of life. The benefits of an opt-out system outweigh all, if any, risks of cadaver donation. Glannon, W. (2009) shares that live donation does cause risk for the donator, however cadaver donation does not, and therefore should be promoted. Live donation rates are low due to it being inconvenient for the donor, however once declared dead there is really no inconvenience to it. Along with Glannon, Chouhan, P., & Draper, H. (2003) recognize how the benefit of saving a life outweighs any possible harm that could come from donating from a cadaver. They recognize that after death, there is no psychological or physical harm that can be done to the cadaver, but there is psychological stress put on the family. The main concern of ethicality in the opt-out system however is concerned with the donator him/ herself, not the family. Since the family's stress does not constitute as an ethical dilemma, this system does not violate anyone's rights.

Even though ethical concerns do not seem to pose a threat to the cadaver, there are other concerns that must be addressed. Under some circumstances, people should not be required to donate their organs, one of these being religious or cultural beliefs. Some religions strongly disapprove of giving away your organs. The medical field has never been one to force a religious person to do something out of their faith, and they will not start to do that now either. Another concern people have is that failure to make your objection known still accounts as

consent. In other circumstances not related to organ donation, not saying no does not mean yes. This can be applied to organ donation and would be a cause an outrage that it is not in unison with what much of society and government protests. The last, less pressing concern is that families simply do not want to give away their loved one's organs, even though it is not their decision. This is an understandable circumstance; however, it does not outweigh the good outcomes that could come from the donation.

There are many pressing issues that push for a change in the organ donation policy. The most significant concern is the dire lack of organs available to transplant. Many lives are put at risk because of this, and although someone may be on a list waiting to receive a transplant, they may never get one, at least not in time to save their life. The current opt-in system is highly inefficient and leads to most of these deaths. The opt-out system has worked for other countries and could potentially work for ours. Even though this is the preferred change, any other method could help decrease the gap between supply and demand. All in all, ethical concerns are hardly a barrier to cadaver donation since autonomy does not reside after death, the family does not have rights to intervene on one's dying wishes, and that there is no harm done to the cadaver since their body has already passed. With this in mind, a change needs to happen now, and society needs to be welcoming of that and be aware of the substantial benefits that will come from it in the long run.

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