HEALTH RELATED PHILANTHROPY:
THE DONATION OF THE BODY (AND PARTS THEREOF)

Volume III
Annotated Bibliographies

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Introduction to Resources

These annotated bibliographies were developed to aid study group members in preparation of their presentations as well as in the preparation of papers developed after the study group. They are included within this pamphlet to aid anyone who is interested in some of the available literature on blood, organ, whole body, gamete, DNA, and tissue donation as well as articles about surrogacy and philanthropy.

The comprehensive article compilation is a database that features the basic information about all of the articles that have been collected. It has been entered into Endnote so that researchers can search by keyword, author, and topic. It also contains the category “type of article” which will lead the researcher to the name of the annotated bibliography where a full citation and short description of the article exist. The compilers note that neither the annotated bibliographies nor the comprehensive list are exhaustive, but we hope that they will be of some use to those who are interested in pursuing these topics.

Annotated Bibliography

BLOOD DONATION

Sub-sections: Empirical Studies, Philosophy, Religion, International Perspectives, and Surveys

a) Empirical Studies

Bartel WP. Attitudes underlying reluctance to donate blood. Transfusion. 1975 June; 15(3):275-7. This study suggests that people are more reluctant to donate blood than they will admit because of the personal threat or inconvenience perceived, realistically or not, in donation. Negative attitudes towards donation appear to be very real. More successful donor recruitment might be achieved through a forthright recognition that blood donation, while vital, is not exactly a pleasant experience.

Boulware LE. The contribution of sociodemographic, medical, and attitudinal factors to blood donation among the general public. Transfusion. 2002 June; 42(6):669-78. This study assesses the relative importance of sociodemographic, medical and attitudinal factors in explaining which individuals are more likely to donate blood. Female sex, black race, and fear of hospitals are three major factors negatively associated with prior history of blood donation. Fear of hospitals affects blood donation patterns across race and sex groups.

Boulware LE. Understanding disparities in donor behavior: race and gender differences in willingness to donate blood and cadaveric organs. Med Care. 2002 February; 40(2):85-95. This paper tries to assess race and gender differences in willingness to donate blood and cadaveric organs and to determine the extent to which different factors might explain differences in willingness to donate. The paper concludes that both race and gender are important identifiers of those less willing to donate. Donor recruitment efforts should focus on race-gender groups with lowest levels of willingness to maximize efficiency.

Burnett JJ. Examining the profiles of the donor and nondonor through a multiple discriminant approach. Transfusion. 1982 Mar-Apr; 22(2):138-42. This study aggregates previously identified characteristics with new demographic and behavioral factors. Results indicate that donors tend to be male, married with children, have rarer blood types, low self-esteem, low risk-takers, very concerned with health and better educated. Non-donors showed the opposite characteristics.

Ferguson E. Predicting future blood donor returns: past behavior, intentions, and observer effects. Health Psychology. 2002 September; 21(5):513-8. This article shows that the prediction of the number of blood donations made is dependent on whether donors are categorized on the basis of
past behavior as occasional or regular donors. For occasional donors, intentions and the number of other donors observed to faint were predictors of future behavior. For regular donors, past predictor is the best behavior of future behavior.


This paper concludes that blood credits and cholesterol and PSA screening would be well received at all donation sites. Gifts, compensatory incentives, and tokens of appreciation appeal more to young donors. This data may allow blood centers to optimize recruitment by tailoring limited incentive resources more effectively.


The findings of this paper indicate that recruiters can use incentives to increase the number of people who attend worksite blood donor drives. It is possible for blood banks, with minimal consultation from university-based professionals, to work with corporations in establishing company wide incentive programs to enhance the effectiveness of blood donation campaigns. In summary, this study found that incentives could be used to enhance the effectiveness of blood donation campaigns.


This paper compares donor demographics and motivations for donation. Highly committed platelet donors (PD) are very similar to whole blood donors (WD) demographically. These findings support previous, unproven assumptions. A difference in sex ratio between the PD and WD groups was the most important finding of this study. Both highly committed donor groups express a strong desire to help as a motivation to continue their donation experiences.


The results of this study indicate the importance of using experimental methods to ensure sufficient variation in independent variables, allow for powerful tests of interaction, create variations in normative influence having an immediacy less susceptible to forgetting of message source and more generally provide assurance of causal direction. This paper demonstrates that both normative influence and informational influence focusing on positive consequences can affect behavior.


This article compares donation of blood, money, and time using the identity theory model. It suggests that all three follow the same pattern and that role identities are effective predictors of a variety of behaviors.


This study examines the responses of university undergraduates to two surveys dealing with various factors directly and indirectly related to the blood donation process. The results suggest that both friends and to a lesser extent, family members appear to have an impact on past, present and future donation behavior.


This study comes to the conclusion that the low rate of blood donations by minorities is not due to membership in ethnic groups per se but to other variables such as education and socioeconomic level. Blood donor recruiters need to design strategies that will enable them to appeal and recruit from minority groups not based spe-
cifically on race or ethnicity.

This paper reviews the literature on blood donors since 1977 focusing on first time donors become regular donors. The effectiveness of strategies for screening out high-risk donors is also explored.

This study concludes that offering blood credits and (though to a lesser extent) items of limited value could be safe and effective strategies for retaining donors. Although medical tests were found to have broader appeal, studies are needed to identify tests in which donors would be most interested.

This is an editorial, which talks about blood donations, safety, and incentives. The author concludes that incentives are used extensively used in practice and are deemed to be of value. It is critical that decisions pertaining to the acceptability or lack thereof, of donor incentives be based on a comprehensive assessment of all available facts.

b) Philosophy

This article is about what the conditions are under which a sale should not take place. The author uses a taxonomy relating to the nature of commodity and a sale to bring out the negative side of co modification and says there are some articles for which no sale should occur.

This paper presents an ethical case in support of the policy of voluntary, unpaid donation of blood and plasma in the EU. The author concludes that there are five sound reasons (unnecessary, altruism and social solidarity, safety, exploitation and commercialization of the human body) why discouraging, as a matter of social policy, paid donation of blood and plasma.

This paper reconsiders the issue of blocked exchanges where the author makes the argument that a) donations made without the option are diminished and b) selling such items are not morally wrong or even insignificant in all cases since prudence may require that one sell them.

This article closely examines a section of, “The gift of blood in Europe: An Ethical Defense of EC Directive 89/381,” by J. Keown. The focal point pertains to the suggested laudability of altruism and of its encouragement by social policy. The author is of the view that social policy is formulated to encourage altruistic actions rather than non-altruistic actions are misguided.

This article is a continuation of and a development of a debate resulting from “The gift of blood in Europe: An Ethical Defense of EC Directive 89/381,” by J. Keown. The author is of the view that advocacy along the lines of Keown presents an exclusive reliance on a voluntary, unpaid system of blood donation which encourages inappropriate attitudes towards the provision of healthcare. It is suggested that a change of mind as a consequence of the debate, a dual system of blood provision might be preferable.
c) Religion

This article explains the views of different religions on the issue of organ donation.

A Calgary man defied his church (Jehovah’s Witnesses) and his family’s wishes by donating blood to his 16-year-old daughter who was suffering from leukemia. The daughter said that she did not want the procedure done and every time she was treated screamed and thrashed. She also yelled at her dad and told him that she hated him. He believed that this is what she did to keep from being excommunicated and said that sometimes she would tell him that she loved him when he came to visit.

d) International Perspectives

The authors come to the conclusion that it might be fair and reasonable to provide some benefit to a corps of regular, qualified and repeatedly tested donors beyond those benefits currently provided. The authors do not recommend monetary remuneration.

This article is a comparative study of the different blood donation regimes in Europe. This study argues that collection regimes produce their donor populations by providing differing opportunities for donation.

The authors study the subjects’ understanding of a request to donate additional blood and their motivation for doing so in a community in Japan.

e) Surveys

1) Maine National Bank Building, 1989. A telephone survey of 768 Connecticut residents regarding whether or not respondents had donated blood in the past ten years.

2) Harris and Associates, Inc., 1996. A national telephone survey with a sample size of 1000. Respondents answered two questions regarding the reasons one donated blood.

3) University of Kentucky, 1995. A telephone survey of 654 Kentucky residents regarding “responsibility to donate blood.”

CADAVERIC DONATION

Sub-sections: Empirical Studies, State and National Policies/Law, Philosophy, and Sociology

a) Empirical Studies

This paper discusses the value of human cadaveric subjects in injury biomechanics research. It is proposed that cadaver resources be pooled and that institutions with surplus specimens supply the few cadaver-testing laboratories with specimens each year due to the substantial humanitarian value of cadaver research and the lack of suitable specimens.
b) State, National, International Policies/Law

Henry Reid was arrested following an investigation that alleges he and other employees of the program stole and sold body parts of cadavers donated to the University’s medical school for education and research. UCLA’s willed body program was shut down in 1996 for the same charges. Reid was hired to make reforms on the program.

This paper talks about setting up a committee to oversee research in the dead which it feel is timely, appropriate and perhaps, required.

Otto MA. Meeting planned to lay ground rules, as research on dead, near-dead continues. www.clinicalresearch.pitt.edu/Research-Dead/CORID.pdf.
Anticipating the growth of research on cadavers and the near-dead, a group of bioethicists is meeting at Emory University in Atlanta to establish formal guidelines. Two schools-The University of Pittsburgh and MD Anderson Cancer Center in Houston, already have policies. The bioethicists believe that guidelines are needed because there are a great number of resources for this kind of research and as a result, it will continue to grow in frequency and popularity.

Abstract only.

c) Philosophy

This article reports about the public’s general opinions and fears about donation of whole bodies to science. The author takes the opportunity to speak with experts about recent controversies and the different uses for cadavers.

This article reflects upon the UCLA scandal as well as the legitimate uses of whole bodies in medical research. It introduces different programs and books about cadaver donation.

The author discusses traditions to do with the dead in different religions and cultures and their roots and eventually says that everybody has a stake in sorting out cultural undercurrents beneath refusals to donate organs for anyone might find himself/herself in desperate need of an organ. Autonomy cannot fully account for reluctance or refusal to donate organs. The author argues for a residual aversion to the cutting of the body, a holdover from a moral tradition that highly prized the preservation of human life but could not fathom transplanting vital organs from one person to another.

This paper examines informed consent in relation to research involving the newly dead. Reasons are presented for facilitating advance decision-making in relation to post-mortem research and it is argued that the informed consent of family members should be sought when the deceased have not made a pre-mortem decision. The paper also examines the scope of disclosure in relation to post mortem research.

This paper presents the view that parental consent is overrated. Arguments are rejected for consent from dead children’s interests, property rights, family autonomy, and religious freedom. The only direct reason to get parental consent is to avoid distressing the parents, which carries implications for the constant process, secret harvesting of body parts and the weight to be given to parental feelings.

d) Sociology

The author argues that in the face of professional acts that insistently dehumanize the dead, donor kin define an increasingly vocal and even militant voice that insists upon defying this professionally dictated code of silence. Such struggles amount to battles over the ownership of donor bodies and these struggles assume a host of semantic and performative actions, where donor kin insist that their dead be remembered. Essential to this campaign is that donors’ names, faces, and life concerns be preserved and spoken aloud.

DNA AND TISSUE DONATION

Sub-sections: Empirical Studies, Philosophy, Religion, Law, International Perspectives, Surveys, and Cases

a) Empirical Studies

This article reports the findings of an organ transplant questionnaire. There were 8 groups of subjects with varying socio-economic backgrounds. Overall, Cleveland found that greater amount of education a person had received the less reservations s/he had about organ transplantation (both giving and receiving.)

This survey, done in 1974 suggests that there was greater public trust in human tissue donation procedures in 1974 that in 1969. The author finds it puzzling and troublesome that the increased confidence placed in the transplant operations, which were then largely abandoned as failures. Attitudes concerning giving or receiving of blood occupy a special place in donor regard since both donors and non-donors overwhelmingly favor blood transfusion and do not differ significantly in this respect.

The Jehovah’s Witnesses sect do not permit human tissue donation, not even such a routine and life-saving procedure as blood transfusion because of their religious beliefs. While Jehovah’s Witnesses vigorously oppose human tissue donation, they appear to do so on strong religious grounds rather than because of personal anxiety and thus are dissimilar to non-donors at large.

This study explores the issues of personality and knowledge of bone marrow typing in 66 students who participated in a bone marrow typing drive and 47 non-participants. This study suggests that the issues involved in bone marrow typing are similar to the issues in other areas and it highlights the need to make potential donors feel personally connected to the process of bone marrow typing.

The attitudes of 463 potential bone marrow donors towards blood donation, kidney donation
in life, organ donation after death, autopsy, and donation of the whole body for anatomic dissection were surveyed. Compared with the public, the bone marrow donors were more positive to all kinds of bodily donations. The conclusion is that if one is prepared to give from the body in life, one is prepared to give after death. The results may indicate less death anxiety and fear of physical injury, and less fear of chaos either with or without altruism compared to the public.


This study investigates motives for bone marrow donation among 343 unrelated bone marrow donors who donated through the National Marrow Donor Program. Donors who reported exchange motives and donors who reported simple helping motives experienced the donation as less positive in terms of higher pre-donation ambivalence and negative post-donation psychological reactions than did remaining donors. Donors who reported positive feeling and empathy motives had the most positive donation reactions in terms of lower ambivalence and feeling like better persons post-donation.

b) Philosophy


This article talks about the issues relate to the unrelated volunteering of bone marrow. It looks at different issues related to it like the causes of resistance among volunteers, data banks, unrelated volunteers and medical risks associated with them, legal standards and costs.

c) Religion


This essay proposes a “contribution paradigm” that provides a religious perspective within which research on human tissue can be both justified and limited. The contribution paradigm seeks to bridge the gap between the donation and resource paradigms. The author is of the view that it is possible both to respect and acknowledge the sacral role of the body in religious discourse and practice and to promote promising directions in research on human tissue.

d) Social Sciences


According to the author, disputes about the ownership of human biologicals are part of a broader set of dilemmas urgently posed by the practices of bio-capitalism. If this behemoth cannot be made to respond to the concerns of the people whom they target, then aside from corporate profit, and perhaps some new drugs on the market, it is probable that humankind may not benefit much at all from gene prospecting. On the contrary, affiliation across diverse groups, so urgently needed in this global era, may be irreparably damaged.


This article draws on the feminist philosophy of the body to think through the implications of some of the practices like donation of blood, organs, bone marrow, sperm, ova, and embryos. It draws on the idea of intercorporeality, wherein the body image is always the effect of embodied social relations. Empirical data around organ transplant and sperm donation are used to demonstrate that the transfer of biological fragments involves a profound kind of intercorporeality, producing identifications and misidentifications between donors and recipients that play out simultaneously at the immunological, psychic and social levels.
e) Law

Article suggests that there is a need for tissue regulations because of recent deaths and complications.

Although for years the government has regulated donation of organs and blood, sperm, eggs, cord blood, skin, and ligaments, which make up tissues have not been regulated. Due to deaths and some of the practices surrounding these tissues, the FDA has set rules regarding donation, sale, and use.

This article reports on recent advances in technology including the transplantation of fetal tissue and adrenal glands. Thorne suggests that serious ethical issues will arise and that there is a chance of both great harm and great good.

f) International Perspectives

This paper presents a qualitative perspective of the Chinese experience of unrelated bone marrow donation and then goes on to make a compelling argument for more educational and emotional support regarding the experience of bone marrow donation from Hong Kong’s formal service providers.

This survey talks about the attitudes of three groups of women in Edinburg related to whether they approve of using ovaries from aborted fetuses. 60 percent of the women approved of using fetal ovaries for research.

Technology has advanced and in the United Kingdom, a surgeon has been preparing to do a series of facial transplants. Ten possible candidates for the surgery are being evaluated medically and psychologically. Some members of the Royal College of Surgeons oppose the surgery, which could delay the first 10 transplants.

g) Surveys

1) US Senate proposed doubling funding for the national DNA database. Would you favor or oppose this proposal to increase funding for the national DNA database (favor-42%, oppose-25%, not sure 33%).

h) Cases

This is a news analysis about a whether toddlers should be forced to donate bone marrow so their half brother can survive.

It has recently been discovered to the dismay of some Florida residents that the tissue donations of their family members may be sold to by different companies for elective surgeries. The families had intended their donations to be used towards helping burn victims. They suggest that disclosure of tissue uses be expanded, so that other possible donors will be aware of this possibility.
GAMETES

Sub-sections: Studies, Policy, Philosophy, Religion, Social Sciences, Law, International Perspectives, Surveys, and Surrogacy

a) Studies


This paper uses a survey of attitudes in a group of 750 women (out which 217 replied) who had some knowledge or experience of egg donation to find out the emotional and social effects of egg sharing and egg donation in response to the announced intention of the Human Fertilization and Embryology Authority (HFEA) to disallow gamete donors on the grounds of consent coercion for donation, suffering of children later in life and incentives are wrong for egg sharing since blood and organ donation are conducted without compensation. The patients drew a clear distinction between egg sharing and financial rewards and helping others and themselves was the motivation. The key findings are donating and sharing eggs is a social issue, altruistic motives are not the prerogative of non-patient volunteers, the treatment procedure causes the most anxiety for egg donors, most (65%) respondents with previous experience of egg sharing would do it again, cash rewards to egg donors and outright advertising for egg donors were rejected and counseling was highly valued and there were no instances of 'shattered lives'. The paper goes on to say that the HFEA proposals would result in a marked reduction in egg donation in general and potentially expose egg donors to risks which are as yet unclear.


This article details the responses of the respondents in the survey mentioned in the article above and comes to the conclusion that the HFEA should allow the coexistence of voluntary and cash motivated gamete donation as applied to blood donors in many countries throughout the world.


This article talks about the implications for individuals and society of hoe semen is provided for use in donor insemination (DI) treatment. The authors focus on whether 'donors' make a gift of their semen or are paid and they conclude that DI become a fully socialized method of family creation meaning that all parties be recognized and acknowledged.


This paper is about how the increasing number of participants in programs of third party reproduction around the world has accelerated the trend towards greater openness. While most countries support continue to support anonymous gamete donation, several countries such as Sweden, Austria and the Netherlands have enacted legislation allowing donor gamete offspring to access identifying information about the donor but there is no consensus on it as of now.


This study examined the motivations, experiences, and psychological consequences of surrogacy in 34 women. Jadva asserts that psychological problems seem to lessen over time after the birth of the child and that the surrogacy arrangement does not cause psychological problems.
Kalfoglou AL, Geller G. A follow-up study with oocyte donors exploring their experiences, knowledge and attitudes about the use of their oocytes and the outcome of the donation.” *Fertility and Sterility.* 2000; 74(4):660-7.

This is the result of a survey, which involved 33 former donors. In addition to these donors, the survey involves 6 women who are preparing to donate. The survey showed that participants wanted to know whether the recipients would make good parents and did not want to put stipulations on the donation. In addition, anonymous donors are more focused on knowing whether additional couples received embryos created with their oocytes, whereas known donors want to control who had access to their oocytes. Most want to know about the outcome.


This is a paper investigating the demographic characteristics and logistic issues involved in ovum donation. There were a majority of housewives among enquirers but the majority of donors had full-time employment and logistic factors such as travel and time commitment involved were major reasons for non-donations as well as complications.


This paper concludes that the major reason for acting as a donor was altruism. Most had not confided to anyone at the time of the survey and did not plan on informing the child while 90% of the respondents reported good to excellent support systems.


This study investigates the predonation psychological status of women who agreed to be anonymous egg donors and correlated predonation psychological variables with post-donation psychological satisfaction and willingness to donate again. The study shows that women selected to donate eggs anonymously are psychologically well adjusted and are within the normal range of personality characteristics. The subjects were also in the normal stream for reported anxiety and self-esteem.


This paper studies the motivations underlying IVF-ET participant’s choice to donate or destroy their supernumerary embryos. Donation is the most frequent choice but almost all the couples in the survey tolerate destruction and refuse experimentation on the embryo. Donation is highest among couples that stress education more than genetic lineage in parental bonding. This is confirmed by the choice of the couples requiring donor gametes. In addition, twins were much more desired than triplets.


This paper is about the motivations of potential ovum donors entering an assisted reproduction program and discusses the potential ramifications of escalating payments to donors. The demographic backgrounds of the women were similar for women paid $2,500 to those receiving $5,000. Women were paid $2,500 from July 1995 through March 1998 and increased to $5,000 after that. Financial reimbursement has escalated due to the increasing demand and this requires greater detail to informed consent especially for young donors.
This survey examines the attitudes concerns of potential embryo donors to donation of surplus embryos for medical research. Respondents who were positively disposed commented on their desire not to waste embryos, a desire to help infertile couples and to advance the scientific knowledge. Those with negative views commented on the embryo as a potential chills and expressed concerns about a perceived lack of control over the type of research to be carried out.

The aim of this study was to assess infertile couples’ attitudes toward the procedures of embryo donation (ED) and to identify factors predicting interest in donation. The study found that comfort in sharing information with a recipient couple is more important than acceptance of screening procedures or attainment of family size goals in predicting willingness to donate embryos. Offering the option of conditional donation could increase the acceptability of ED for some patients.

In this article, anonymous oocyte donors stated financial remuneration as their primary motivation in oocyte donation. The majority said that they would not donate again but that they would be available to genetic offspring in the future if contacted. Donors who had children before donation were more likely to indicate willingness to donate regardless of a stipend being offered.

This article echoes the view that the definition of a ‘traditional’ family has changed and its boundaries have expanded to include alternative arrangements for child bearing and parenting that are accompanied by complex, social and ethical issues. The authors believe that families resulting from gamete donation mirror society’s norms and emulate society’s example.

b) Policy

These are the 2002 guidelines for gamete and embryo donation: a practice committee report and mentions guidelines and minimum standards.

These are the ethical considerations concerning gametes and embryo donations. Basic principles are outlined, focusing on issues raised by the meaning of genetic links, regulation, and the necessity for taking into account the welfare of the child. This article contains the guidelines and other articles compiled by ESHRE Special Interest Groups and others and agreed by the ESHRE committee.

c) Philosophy

This article talks about how preliminary data available about donors’ attitudes towards a donor registry suggests that donors are supportive of a national donor registry that would provide updated medical information to offspring. Donors may have more of a sense of social responsibility than has been previously recognized. Programs must also present the psychological and emo-
tional risks. The authors then go on to talk about how improved understanding of the motivations of oocyte donors allows professionals to provide better clinical care and anticipate issues that may be important to oocyte donors in the future.

The author uses the term ‘bits and pieces of the human body’ to describe the sale of gametes and ovaries and explains that using these to reproduce makes reproduction which is an intensely personal and intimate physical activity cut off from the biological, personal, social and ethical moorings. According to her, reproduction becomes depersonalized and disembodied and loses its significance as a distinctively human activity and then she makes the argument that it is unethically unacceptable to transform these means of procreation into objects or widgets similar to loads of cement or bales of hay.

This paper outlines some of the reasons why moves to contain gamete provider recruitment practices are considered. The debate about whether changes are needed, and whether state intervention to enforce those changes is desirable, involves both policy and ethical perspectives and focuses on what “meanings” may of may not be attached to the transfer of gametes.

The author raises the issue of exploitation of women particularly ovum donors from the South i.e. the developing and underdeveloped countries for both stem cell research and cloning. Countries of the South are particularly vulnerable due to the lack of national ethics’ policies and guidelines.

This paper evaluates the need to review the law on information provision for donor offspring by the British government. The current legal situation is examined, drawing attention to a possible international trend towards more information giving. It concludes that a review of the British law is both timely and desirable.

This paper discusses the ethical, psychological, and social questions that arise about when to disclose the origin of the child in the case of donor gametes. This is similar to the questions about the adoption of a child. The authors argue that the same model should be used. Privacy concerns or other goals of parents who would prefer to avoid disclosure are outweighed by the negative consequences of holding such family secrets and by the child’s right to, and the medical need for information about his/her origin. The authors believe that fertility programs and professional organizations ought to strongly encourage those using donor gametes to tell their child of their true origin as early as the child can understand reproduction in general.

This paper identifies the main ethical and legal issues that arise with donation of embryos left over from IVF treatments of infertility or created from separate gamete donations and after discussion, finally concludes that human embryo donation is an ethically and legally acceptable way for infertile couples to form families.

This paper raises the questions about whether persons created with third party gametes are able to learn the identity of the donor and should the sale of eggs and sperm be prohibited, regulated, or left to the open market. The article contends that society should prohibit both anonymous transfer and payment for human gametes themselves.


This article explores the wide variety of developing ethical issues that accompany advanced reproductive technologies. Shenker argues that there is a great need for these issues to be addressed and that as technologies develop ethical issues become more complex.


The author suggests that issues like variability among clinics, transparency, outcomes, use of embryos, limits and conditions must be addressed.

d) Religion


The author talks about the philosophical issues related to embryo adoption and concludes that embryo adoption is not a moral evil but nor is it an unqualified good.

e) Social Sciences


The author studies the linkages between cultural values, lay interpretations of genetics and the market for genetic material to understand how sperm repositories work report and screen potential donors, donor motivations and how women choose donors for their offspring and constructs the identities of the donors they have chosen. She concludes that the perceived value and trust in ‘altruistically donated’ sperm is misplaced and that in semen transactions, true altruism cannot exist.

f) Law


The author is of the view that the state’s interest is in protecting the embryo as a symbol of our high regard for human life. This symbolic protection is also thought to make it more likely that we will treat with appropriate regard certain vulnerable groups in society such as seriously ill newborns, comatose individuals, and elderly patients.


The Human Fertilisation and Embryology Authority (HFEA) says that egg giving may put the health of the woman donating eggs to another at risk and that financial incentives are the motivation for such donation (not altruism.) Egg giving requires an extra procedure for the benefit of the second women to obtain eggs, whereas in egg sharing a woman will only be undergoing one procedure for the benefit of herself and another woman. The ban does allow egg sharing in which a women keeps some of her eggs and donates some to another women for no financial incentive.


Margaret Briody lost her battle with the High Court for the funding of a surrogate baby. Briody is unable to have children due to hospital negligence. She would like to have a baby and believes that the court should force the hospital...
to pay for the charges associated with surrogacy because it is their fault that she cannot have a child by natural means.

g) International perspectives

Bharadwaj A. Why adoption is not an option in India: the visibility of infertility, the secrecy of donor insemination, and other cultural complexities. *Social Science and Medicine.* 2003; 56:1867-80.

Bharadwaj explores the cultural stigmas surrounding adoption and infertility in India, where both practices are looked down up.


In the UK women who are willing to share their eggs with others often receive treatment faster than women who do not egg share. The Lancet suggests that egg donors' feelings are ignored and that little research has been done on the effects of egg sharing. The authors suggest that more research in the US is necessary. They also note the compensation differences between women in the UK and women in the US.


The author takes a view that while there is a problem in recruiting benevolent donors, advantages like health security, image of the sperm donor and public opinion in general (due to altruism) outweigh this disadvantage.


The authors use this paper to discuss their experience in trying to recruit people in Bristol for gamete donation and then go on to explain their view that they see no objections in principle or practice to recruitment of student donors and urge continuation of small payments made to them in proper recognition.


The author conducted in-depth telephonic interviews with five women who were egg donors after which he comes to the conclusion that all of them had a passion to help others but in order to do so, the needed both emotional and financial assistance themselves.


This study shows that the overall pregnancy rate (PR) was 43 % (3 out of 7) from oocyte donation.


This paper examines the motivations of sperm donors and emotional reactions to the role of donors and measures their willingness to provide information about themselves to recipients and offspring. 8% of the donors stated purely altruistic motivation, 32% purely financial, and 60% a combination of both.


This paper evaluates the attitudes of Swedish women towards oocyte donation and oocyte research. More than 90% of the women in all groups investigated advocated amendment of the law in order to permit oocyte donation.

h) Surveys

1) Regarding unused fertilized eggs from fertility clinics, which of the following do you think is the best outcome for such eggs – donated to infertile women (34% and 24%), sold to infertile
women (3% and 3%), used for research (30% and 45%), treated as human remains and given a funeral (5% and 5%) and discarded as biological waste (7% and 5%)? Telephone and interactive were both used for the survey.

2) Recently in Canada, there has been some discussion about various types of reproductive technologies, and how they might or might not be used by the general public. Do you personally think that women should be legally able to sell their reproductive eggs for money? (yes – 26.3%, no – 65.9% and don’t know – 6.9%).

3) Recently in Canada, there has been some discussion about various types of reproductive technologies, and how they might or might not be used by the general public. Do you personally think that women should be legally able to act as surrogate mothers for money, that is, carry a baby to term for another woman who is unable to do so? (yes – 39.3%, no – 52.4% and don’t know – 7.1%).

4) Recently in Canada, there has been some discussion about various types of reproductive technologies, and how they might or might not be used by the general public. Do you personally think that men should be legally able to sell their sperm for money? (yes – 27.6%, no – 64.6% and don’t know – 7.1%).

i) Surrogacy

This article argues that the distinction between commercial and altruistic surrogacy is socially constructed rather than based on self-evident or intrinsic differences. The article’s central argument is that both types of agreement can entail exploitation, the denial of the birth mother’s rights and the severe reduction of her autonomy.

The ideal solution, according to this article, is to monitor all forms of surrogacy through the provision of treatment by a few, well chosen, licensed in in vitro fertilization units, covering all the regions of the country. An all-inclusive fee could include counseling and medical screening and couples requiring surrogacy could pay a fee to register.

Social, legislative, and financial implications provide a convenient rationale for adopting a favorable intention towards reproductive technologies.

Surrogacy for pay requires the couple to attempt to put a price on which they believe to be beyond price. The relevant moral principles are an important part of valuable tradition that places at the center of moral reflection an absolute requirement to respect persons as more than as mere things.
ORGAN DONATION


a) Empirical Studies

Organ donations increase when families have good information about the donation process. *Agency for Healthcare Research and Quality. Rockville, MD. July 3, 2001.*

This press release looks at a study done by the AHRQ, published July 4, 2001 in the *Journal of the American Medical Association,* which demonstrates that family members of potential organ donors do not clearly understand the donation process. The study supports the conclusion that only trained organ donation professionals should approach families regarding donations. The release closes by discussing recent efforts by Sec. Thompson to encourage Americans to agree to donations.

Bennett R, Savani S. Factors influencing the willingness to donate body parts for transplantation. *London Metropolitan University, UK.*

This paper surveyed 336 people of white, Asian, and Afro-Caribbean descent to determine what incentives would most convince people to consent to organ donation. The fact that the paper suggested that “self-centered” incentives would prove to be more effective than “altruistic” motives implies that the current course of public policy conflicts with the general public’s opinion.


This is a cross-sectional study of households in Maryland using a standardized telephone questionnaire to assess factors associated with willingness to donate cadaveric and living related organs. The authors conclude that many factors affect the general public’s willingness to donate organs but their relative contribution is different for living related versus cadaveric donation. Efforts to improve organ donation rates should be directed toward factors that are most important in explaining the existing variation in willingness to donate.


This paper analyses the possible consequences of financial incentives on organ supply. The authors show that under current practice and current law (which are not the same), inducements to donate organs or to register as an organ donor may lead to a decline in the supply of organs. Furthermore, some financial incentives that have been proposed lead to time inconsistent choices.


This article discusses the possible origins and mechanisms responsible for a defamatory rumor about unethical and criminal activities involving organ retrieval and sale that became widespread in Argentina in 1984. The authors come to the conclusion that society reacts positively towards organ donation when confidence in the program is restored and maintained.


The authors discuss preliminary findings from the University of Minnesota survey on organ and tissue procurement. These findings show that the US is a long way from making its best or even a minimally adequate effort to let encouraged voluntarism succeed or fail with respect to organ and tissue procurement. It is not clear that Americans will not freely choose to altruistically
donate their organs because the current batch of laws and regulations have done little to guarantee them that they will have the right to so choose.

Thirty adults willing their body and body parts to medical science at death were compared on a number of personality variables. Donors seem more adjusted to their mortality than non-donors and often plan ahead by executing a will. Prospective donors are more internally directed with a more definite body image and with less concern about personal death, non-existence, or body disintegration. Conversion top donor status in this group would appear to require a more fundamental shift in philosophic style.

This article reflects upon kidney transplantation over the last fifty years. Delmonico introduces some major differences that have been developing in organ allocation and exchange between living donors.

This study assesses the attitudes and knowledge of medical professionals regarding organ donation and transplantation. Their attitudes towards organ donation and transplantation were overwhelmingly positive. However, their levels of knowledge about organ donation, donor maintenance, brain death, and transplant statistics were surprisingly low. This suggests that improved education of medical professionals regarding transplant practices may significantly improve the recovery rate of organs from cadaveric donors.

This study assesses residents’ attitudes towards organ donation. Overall, attitudes were positive but concerns regarding premature declaration of death, feelings of the potential donor’s family and cost or benefit of organ donation were identified as well. How much residents knew about organ donation and how they thought their own families felt were the best predictors of whether they had signed the donor form.

The purpose of this study is to determine the attitudes of parents towards cadaver organ donation of children. Factors influencing willingness to donate and the reasons families are unwilling to consent were also explored. It is clear from this survey that families that are white, with upper income and educational levels, are the most likely at the present time to consent to organ donation of children.

The findings of this survey suggest that nurses have doubts about organ donation but are still willing to carry a donor card. It suggests that there are a lot of doubts about organ donation or certain aspects of the process, which are yet to be identified and tackled. The study also found that nurses’ attitudes towards donation are mixed, doubts exist, and these may be contributing to the supply and demand shortfall.

This paper presents findings from a mail survey of 414 persons regarding organ transplantation and donation policy issues. High levels of sup-
port exist for organ donor cards and the required request of next-of-kin law. Little support was found for the policy of weak presumed consent.


This study is about the results of a telephone survey of a nationally representative sample of 2,056 respondents after which the authors conclude that while the public of organ transplantation, it is not overly enthusiastic about organ donation. Awareness of this paradox on behalf of the public may actually facilitate organ donation.


Using data from a random telephone survey of 585 North Carolina residents, this study examined the respondents’ attitudes towards organ donation by self, spouse and child and explored the relationship between selected personal demographic variables and agreement to organ donation. Only slightly more than half the respondents were affirmative about organ donation for self and spouse while fewer would agree to organ donation if one of their children died. One unexpected result was the association between frequent church attendance and a negative attitude toward organ donation for self.


This study shows that subjects who had strong positive attitudes and weak negative attitudes were especially willing to sign donor cards. Another finding is that there is willingness to donate if a financial reward is offered to a surviving family.


This survey examines the attitudes of and practices of Australian and New Zealand intensivists with regard to brain death and organ donation. Australian and New Zealand intensivists overwhelmingly support the concept of brain death, current methods of confirmation of brain death, organ donation, and transplantation. Possible reasons behind loss of potential donors include decisions not to resuscitate both before and after brain death is confirmed.


This article concludes that the primary rate-limiting step in the procurement of donor organs for transplantation is obtaining consent for donation for families of potential donors. Progress in overcoming obstacles related to this problem has been slow because of an absence of research on the methods for increasing the signing of organ donor cards in the population and for increasing the effectiveness of requests by medical personnel to families of potential cadaver donors.


This paper is the result of a representative random-sample telephone survey of the public’s willingness to donate organs. The survey found that while approval of donation is nearly universal, only about half of the public would donate a relative’s organs when they do not know their relatives’ preference. Whites, higher income individuals, and those with higher educational levels were more favorable. Those who might change their minds fall midway between those committed and those opposed, both demographically and by attitude.

**Richardson KE.** Attitudes toward organ donation and transplantation at an urban university. *Dialysis and Transplantation.* 1982; 11(12):1058-60.

This survey shows that the most significant variable associated with a positive attitude is education, which is consistent with previous research.
and was predicted. Lack of significance for other demographic variables was not consistent with previous studies or the originally hypothesized profile of the most likely donor.

The majority of 111 black Americans who were surveyed were indecisive on key issues, suggesting a lack of sufficient knowledge of and exposure to the many aspects of this procedure. The overwhelming majority objected to the commercialization of organs. The results of this survey made clear the need for educating blacks on issues related to organ donation and to improve channels of communication between the transplant community and the black community.

The results in this survey indicate a relationship between organ donation and coping with death. The results also indicate a relationship between organ donation and Bandura’s construct of self-efficacy. According to the authors, the most interesting finding is that non-donor believers demonstrate an intermediate degree of self-efficacy, lower; lower than donors, but higher than those who do not believe in donating.

The authors conclude on the basis of their public opinion survey that the public has less aversion to the use of unrelated kidney donor than the physicians and that at least 19 percent would consider the act themselves. The greatest discrepancy found in this study is that a voluntary, altruistic and personally rewarding act of donating a kidney to an unrelated person is viewed by most physicians as impulsive, suspect and repugnant although the public does not share this view.

The main purpose of this study was to reach a deeper understanding of factors influencing the attitudes towards organ donation and other procedures with the dead body. Individuals not willing to donate their own organs were judged as either reacting out of strengthened dead anxiety defenses or as having a special outlook on life where the idea of what ‘natural’ is was emphasized. The adverse reactions of the positive attitude group were seen as initial reactions perceived as derivations of common death anxiety defenses and weakened when confronted with altruistic and fact-stressing arguments.

This study examined the death records at hospitals’ intensive care units from 1997-1999 to determine the number of possible brain dead organ donors. Large hospitals were more likely to have both potential and actual donors. Lack of consent was the primary reason for the discrepancy in the numbers of people in the two groups.

This paper compares two approaches for educating college students about the need for organ donation and then tentatively concludes that providing information about potential organ recipients increases the willingness of college students to become organ donors.

This paper concludes that with professional help,
both into the organization of organ donation, and the creation of a positive media effect on public opinion, there is great scope for increasing human organ donation to levels that are very much higher than which we now experience.

The purpose of this study was to fill in the gap in living donor research studies in Japan. Previously mortality rates were not studied. This study found that no preoperative mortality has been recorded since the first living donor transplant in 1989. Postoperative complications occurred in 12% of patients.

This article uses the footballer George Best who was seen drinking 12 months after a liver transplant as a starting point for a discussion of who should receive transplants. It concludes that an alcoholic should receive access to a liver if he/she demonstrates that he/she has reformed the behavior. Doctors note that a new liver does not cure alcoholism. Thus, alcoholics must be given transplants with caution, but should not be totally excluded from receiving treatment.

This study concludes that kidney donation is particularly influenced by social desirability, internal control and altruism.

b) State and National Policies


This paper puts forth practice guidelines for living donor liver transplantation, especially to underscore the issue that the health and safety of the donor is and must be central to living organ donation and provides a mechanism to document outcomes as the area develops.

In Austria, Belgium and Slovenia, every person is a potential organ donor and people who object must have their data registered. In Germany, a previous informed consent of the deceased is required. In absence, a relative or partner may give his or her consent but may not oppose known wishes of the donor. Luxemburg supports the presumed consent principle. A donor form is sent to all residents over the age of 18 in Netherlands in which it can be indicated whether the person wants to be a donor or no or the option of empowering the next of kin or another person who can make the decision.

This article discusses how it seems that more young people are willing to sign on to be organ donors when they receive their licenses if they take drivers education classes that include organ donation as part of their curriculum. It interviews drivers ed teachers and students alike and makes brief note of the Department of Health and Human Services recent allocation of funds to establish a national organ donation curriculum for participating programs.

This article discusses a new Illinois bill that would allow AIDS infected organs to be donated to other HIV patients rather than be destroyed.
This article talks of a new piece of legislation in Wisconsin which would allow living organ donors to make tax deductions of up to $10,000 to cover the expenses that organ removal would create (“travel expenses, lodging, and lost wages”).

This article is a review of a book by Robert Veatch. Friedman-Ross writes that this book is very well written and does a great job of introducing the reader to the variety of transplant ethics issues. Veatch writes about the difference policies of a variety of groups including UNOS and the North American Transplant Coordinators Organization.

This article gives a summary of each of the policies of opting-in-system/family consent, presumed consent or opting-out system, pure presumed consent and the selling of organs and then raises the question whether we should allow individuals to die or adopt new strategies for obtaining organs.

This article assesses public attitudes about financial and non-financial compensation and presumed consent laws to increase organ donation. 52% of the respondents said that some form of financial or non-financial compensation should be offered in the USA in an effort to increase the number of organs for donation. 52% of the respondents said ‘No’ when asked whether doctors in the USA should be allowed to act on presumed consent.

Mongoven A. Duties to stakeholders amidst pressures from shareholder: lessons from an advisory panel on transplant policy. *Bioethics*. 2003; 17(4) 319-40.
This article applies a business atmosphere to the business of organ donation. Mongoven reflects upon her experience on a panel dealing with organ donation and the issues the panel encountered as they had both their own interests and those of the organ donors/receivers to consider.

This article talks about the Wisconsin legislature’s plan to offer tax deductions of up to $10,000 for expenses incurred while someone is making a live organ donation. Some opponents claim that this bill violates the National Organ Transplant Act or that the government should not reward people for doing good deeds. Those in favor of the bill hope that it will increase the numbers of transplantable organs.

This article looks at an HIV-positive man who was denied Medicaid coverage to receive a liver transplant to treat his hepatitis C. The Medicaid people said that liver transplants in HIV-positive individuals are “experimental” and the procedure was “not medically necessary.” The man brought the issue to court and a judge ruled in his favor.

Living donor liver transplants are can be dangerous for the donor involved. The author suggests that greater attention should be paid to the donor especially after the donation to prevent serious complication and/or death. This article suggests the different issues involved in choosing to become a donor and in the process of informed consent.
This document sets forth improvements to the final rule governing the operation of the Organ Procurement and Transplantation Network (OPTN), published in 1998. The Institute of Medicine (IOM) in its report *Organ Procurement and Transplantation* included five major recommendations – establish organ allocation areas for livers, discontinue use of waiting time as an allocation criterion for liver transplant patients in Statuses 2B and 3, exercise federal oversight, establish independent scientific review and improve data collection and dissemination.

This is the final rule for the OPTN, which was first published in 1998.

c) Philosophy

This editorial piece claims that educational programs have not done enough to convince increasing numbers of people to donate their organs. This piece suggests that the US should create certain donation benefits for the families of brain-dead donors in order to gain their consent. The piece closes by advocating for a strict surveillance of such a program to avoid the upspring of black markets.

This newsletter offers a variety of articles. First, it asks readers for their opinions regarding the ethicality of selling organs. Second, it highlights the University of Colorado Hospital for its higher than average survival rate for organ transplantations. Next, it points out that the Colorado organ and tissue donor registry web site has been changed to make language more concise and give more options to potential donors. In addition, the recent appointment of Dr. Michael Bauer as Tissue Medical Director of the Donor Alliance is mentioned. After that, the newsletter discusses the importance of volunteers and talks about its “Donor Dash” running fundraiser. Lastly, the newsletter applauds the fact that the percentage of people getting driver’s licenses who choose to be organ donors has increased from 30% to 40%.

This article examines the use of pancreas-only transplants to cure diabetes. While this can be a more effective treatment of diabetes than conventional means, it is also far more risky. The article mentions that most pancreas transplants are performed in conjunction with kidney transplants on patients who are suffering from potentially fatal complications from diabetes because it is these patients who stand to gain the most from the risky procedure. In recent years, however, the number of pancreas-only transplants has grown rapidly. This article concludes with one physician who says that he believes this trend will continue because the risks are not great enough to outweigh the potential benefits.

Ardell DB. How to solve the organ donation shortage: let people see their bodies (or parts of their bodies). March 12, 2002. www.see-kwellness.com.
Ardell believes that people should be able to sell their body and its parts as they see fit as the demand for organs and tissues is greater than the supply.

Directed donation presents the classic dilemma of a clash of individual preferences and the right of self determination with the values of equity and justice reflected in our public policies. The
An argument against permitting most forms of directed donation using a utilitarian justification against a moral framework drawn from political philosophy and moral theory regarding preferences. The paper ends by the taking the stand that morally adequate rationalizations for rules must also be formulated, debated and well publicized.

The author uses a previous suit to emphasize that in the required request era, it is essential that no request for organs be made until after the patient is pronounced dead and if the request is refused, the body should immediately be released to the family. Making requests prior to the pronouncement of death leads not only to real conflicts of interests between treating the patient as a person and as an organ source) but also to the type of suffering and confusion.

This paper concludes that any institution that retrieves organs from non-heart-beating cadaveric donors (NHBCDs) without proactively addressing the ethical issues by means of carefully drafted and community-endorsed policies, invites, at best suspicion. In this setting, NHBCD with its rapid declarations of death and invasive preservation procedures without family is a public relations disaster waiting to happen. In the long run, it is much better for the transplant community to develop comprehensive NHBCD policies with community support, even if this means not procuring as many organs in the short run.

This paper draws attention to the vulnerabilities that may affect the voluntariness of the donor's decision. The paper concludes that it is beyond question that the decision to accept a donor has to be clinically adequate and ethically responsible.

Brecher B. The kidney trade: or, the customer is always wrong. Journal of Medical Ethics. 1990; 16: 120-3.
The author takes the view here that our moral concern needs to focus on the customer's actions rather than the seller's and on the implications for larger questions of the considerations to which this gives rise. The sale of kidneys is not substantially different from practices espoused, and indeed endorsed by many of those who condemn the former.

This paper explores difficulties around consent in the context of organ retention and return. It addresses the proposals of the Independent review Group in Scotland on the Retention of Organs at Post Mortem to speak of authorization rather than consent. This paper suggests much broader understanding of the issues embedded in organ retention is needed to provide solutions which truly meet families' and society's needs.
This paper suggests that until resources to train health care professionals to feel comfortable rather than angry in discharging their obligations to the dead and those who are dying are forthcoming and directed the audience of health care professionals where they are most needed, the ethical, clinical and legal impact of required request will remain unknown.

Progress in transplantation has highlighted the inadequacy of existing public policy. The author suggests that a policy of presumed consent for both cadaver donations and for determining the eligibility of living donors with respect to data banks and registries could help alleviate the shortage of organs that permits so many to die without an opportunity to die.


The author studies the French situation where presumed consent exists. However, this has not shown a drastic increase in the number of organ donations. After this, the author is of the view that families should be given every opportunity to act upon their desire to transform the tragedy of death into the gift of life. Nevertheless, they must be asked and we should not allow our concern for the rights and values of the individual to bind us to policy options that can accommodate both individual autonomy and community good.

The author argues that if there are not independent moral grounds to show that the sale of organs is immoral, then the purchase of organs from the poor will be exploitative if and only if either such independent grounds of impropriety can be established or the policy on balance will cause more harm than benefit for the poor. Assessing the latter condition will require recognizing that allowing the poor to choose on their own view of the good both protects the poor from being demeaned by being considered unable to make moral choices about their own future and helps to educate individuals in their faculties of free and responsible choice.

The author suggests a liberal communitarian approach to a framework for organ procurement. This approach starts and continues to affirm emphasis on individuals’ rights to make their own decisions about donation. It favors laws that would not allow the family to override the decedent’s prior wish to donate and recognizes and prioritizes individuals’ legal and social rights to decide to donate or withhold their own organs after death.

The author makes the suggestion that the system of express donation is the best ethical hope but it may not produce as many organs as it could. It is crucial that policy makers consider the whole range of relevant factors in order to ensure the effectiveness and minimize the negative consequences of organ procurement policies.
The author concludes that protecting the dignity of persons and their bodies and supporting our sense of altruism and interconnection with one another overcomes the importance of individual choice and a faith in the power of money as an incentive with respect to the provision of organs for transplant. Selling organs diminish the respect for persons and the interconnected as human beings.

The author is of the view that living-related kidney transplantations must be justified on other grounds that take account of the fact that such transplantations are done not to advance the interests of the child donor as an individual but for the sake of another family member and for the sake of the family as a whole. Justification must reckon honestly with the risks to the donor, the likelihood that the procedure will succeed, the possible benefits to the recipient and the potential alternatives.

The author calls for pilot programs to test the use of financial incentives but this must be approached cautiously, given the moral qualms this proposal might raise and the availability of other options for increasing organ donation. The author also calls for standardizing the procedures that are used by hospitals to identify potential organ donors, to declare brain death and to approach families with a donation request.

The article discusses the pros and cons of some of the new policies that have been enacted to encourage organ donation as also several clinical situations that raise ethical questions. It tries to answer the question whether about how just and ethical are the new policies considering the fact that they affect the total public and benefit the small percentage of patients who require transplantation.

The author examines a range of circumstances in which gift giving occurs and argues that there are significant differences between the various types of gift giving and organ donation which makes an analogy between the two very general and superficial. The author suggests that a more appropriate analogy be found elsewhere.

The authors argue that health people should be allowed to sell one of their kidneys while they are still alive and that the current prohibition on payment kidneys be overturned. The authors argue that it ought to be legal for an individual to receive payment for a kidney.

Donating an organ to another with whom one stands in a special relationship often involves the same cost or risk of harm to oneself as with anonymous donation to strangers. What makes the latter more praiseworthy than the former is the fact that altruistic donors have no special ties and therefore no moral obligation to help.

In this article, Greiner examines the distribution quandary surrounding organs for transplantation from both perspectives of possible donors and possible recipients.


The author discusses some guidelines for the physician in dealing with the non-medical aspects of dying, the dead and the survivors of the dead and their ramifications as they relate to the requesting of anatomical gifts.


This paper looks at the moral issues when commercial exploitation is eliminated from systems of paid organ donation. It argues that there are no conclusive moral arguments against such schemes for non-exploitative paid kidney donation.


The author proposes a three-step approach where the first step is a broad based, ongoing educational campaign systematically informing the general public about issues surrounding organ shortage, honoring of the three ethical principles of autonomy, beneficence and justice.


This paper asks how the shift from a vehement rejection on ethical grounds of anything but uncompensated donation has slowly been replaced by an open debate of plans that offer financial rewards to persons willing to have their organs or organ removed of deceased kin, taken for transplantation and the dynamics of bioethical debates, both within professional circles and in wider public arenas.


The ongoing gap between the available supply and the demand for solid organs means that the search will continue for new sources of organs. The author raises the question of what conditions and policies ought to apply to make it ethically acceptable.


The authors argue for an approach to obtaining kidneys that should evolve from a paternalistic physician-centered role to a position in which the patient has more autonomy in deciding whether or not to accept a kidney from an altruistic donor.


In Australia, refusal by families to donate organs occurred in 56% of cases in 1995 in New South Wales and had risen to 82% in 1999. In this paper, the authors propose that the Australian community, may for good reason distrust the concept of and the criteria for ‘whole brain death’ and the equation of this new concept with death of the human being. The authors suggest that irreversible loss of circulation should be reinstated as the major defining characteristic of death but that brain-dead, heart beating entities remains suitable organ donors despite being alive by this criteria.


This article talks about public appeals for organ donation to an identified individual and how it raises serious ethical questions about the role of the media, the physician, the prospective recipient and the donor in the procurement process.

This article talks about the how we must go beyond the ‘rights plus’ thinking to analyze the values involved in organ donation and question whether they are contributing to the common good. The author takes the view that common good is not about more organs for transplantation alone or about medical alone but about a ‘continuum of care’ in which transplant medicine is one kind. Medicine should assist us without consuming us. Society must learn to without holding up false hopes of an inevitable cure.


If the decision to donate is framed as a familial decision about contributing to the common good, and if the decision is discussed ahead of time within a religious context and with a religious leader who could clarify a particular religious tradition’s view of organ donation, the decision-making would be improved. In addition, the public education effort should avoid extravagant claims about what is given and what the recipient can receive.


This paper explores the development of market approaches for approaching human organs for transplantation and considers the social and moral implications of organ donation both as a ‘gift if life’ and a ‘commodity exchange’. The authors suggest that marketing approaches for organ procurement are and will be negotiated within cultural parameters constrained by several factors such as beliefs about the physical body and personhood, religious traditions, economic conditions and the availability of technological resources.


The authors are of the view that organ procurement efforts must be redirected to the education of the public through open and vigorous debate even though it is a far more difficult course to follow. But it is the only approach that will assure that organ donation and transplantation will meet legitimate needs in a morally satisfactory way.


The authors agree that sensitivity to family wishes is important but have argued that the leading reasons given for requiring the family to consent to organ donation do not justify a practice of overriding a deceased patient’s documented wish to donate by requiring family consent. They conclude that honoring the documented wishes of a deceased patient to donate, even when the family does not consent, is not only morally permissible, but also morally required.


In 1989, a fetus with hypo plastic left heart syndrome became the first to undergo preterm delivery so that it could receive a heart transplant. Length of time on the organ donation waiting list determines where an organ goes. Fetuses with heart defects are often healthier than babies with heart defects and as a result, the UNOS recommends that babies be considered before fetuses. They also now prohibit a fetus being placed on the waitlist to accrue time before birth for future organ donation consideration.


It is the author’s contention in this paper that there could be circumstances in which we have moral obligations to give parts of our bodies to
others but these do not justify laws forcing us to fulfill these moral duties.

The author is of the view that the evidence of charitable activities in general and gifts of the body in particular affirm the belief that there are human needs – biological and cultural, that the body, especially in its health giving and life-saving manifestations should not be treated as a commodity. The gifts of the body, ministering to the needs of strangers, connect us in our mutual quest to relieve suffering and to pursue our good, separately and together.

The author concludes that there is nothing intrinsically morally wrong with buying or selling organs for implantation but says that that does not mean he thinks that we should take steps to legalize a free market for organs.

The author says that we have to rethink the way in which we determine the benefits and burdens of scientific and medical knowledge. This involves parsing the media hype and examining the particular beneficial scientific advances that are being offered. A more concrete and material discourse in legal policy-making that identifies the players and their interests in the scientific and medical industries will demystify much of our fear of ‘dehumanization’ by moving medical research out of the realm of abstract science fiction and into the realm of pragmatic cultural and legal analysis.

This paper argues that posthumous organ donation is a moral duty, a duty of the type that rests at the base of the recently enacted state “Good Samaritan” laws which require a witness to an emergency situation to render aid to the victim(s) when this can be done at a minimal cost/risk to the potential rescuer.

Four experts from the Harvard medical school got together to debate about lifting the US organ sale ban in hopes of helping thousand of sick people.

The role of public marketing in organ donation must be to facilitate the exercise of widespread altruism rather than to engender that altruism. This both limits the role of marketing and increases its challenge. The article then discusses what kind of marketing strategies could be used for different kinds of public education.

This article considers which Americans are willing in altruistic donation of organs, the obligations imposed on the nation’s public organ procurement and allocation system by the fact that organs are obtained as gifts. The paper argues that as all Americans may be asked to donate and there would be social costs to excluding some from a moral community of givers and recipients, all Americans ought to have equal access to organ transplantation.

The author takes the stance that both emotionally related and non-emotionally related living donations are morally permissible but although living donations by strangers should be a strat-
egy of last resort. Donations by strangers should also be held to stricter medical and psychological standards. The allocation of non-directed organs should be considered a national resource and should be allocated using the same criteria that are in place for cadaveric donation.


The author argues that organ donation by altruistic strangers represent a morally legitimate expansion of the living organ pool. But before such donations are widely embraced, protocols should be developed that are ethically sound with respect to procurement and allocation.


The authors examine the moral foundations of the system of organ procurement, which depends on voluntary donation, and ask whether alternative methods might produce more organs and still preserve the deeply held values of our society. The authors conclude that in the absence of convincing evidence that presumed consent legislation makes considerably more organs available for transplantation and in the light of substantial non-legal barriers, it is unwise to consider dismantling the present consent system.


This article uses a scandal in which tissue banks were found to be making thousands of dollars from donated tissue as a springboard to discuss why one should be allowed to sell his/her organs. The author concludes by stating that the legalization of organ sales would increase organ supplies, allow donors to provide for their families, bring down the cost of the procedure, give valuable experience to doctors, and most importantly save lives.


This paper suggests that the self-sacrificing act of donating organ while living may be permitted if it is autonomously chosen and consented to with adequate understanding. In addition to imposing the minimum possible harm commensurate with the desired possible benefit.


This large paper represents the author’s intent as the only anthropologist-ethnographer on the *Bellagio Task Force on Organ Transplantation, Bodily Integrity, and the International Traffic in Organs* to use anthropology’s “radical epistemological promise and …commitment to the ethical” to create “an ethnographic and reflexive essay on the transformations of the body and the state under conditions of neoliberal economic globalism.” By discussing examples ranging from the flow of organs from areas of poverty (e.g. India) to those of wealth to the ethical problems China’s collectivist ethos poses for organ donation (i.e. taking organs from executed prisoners without any form of consent), Scheper-Hughes concludes that a reasonably democratic state that both guarantees basic human rights and allows for the creation of social contracts and trusts represents the necessary condition for the fair, equitable, just, and ethical harvest and distribution of organs. One advantage to this paper comes with the great deal of peer commentary that follows the paper.


The paper examines how and in what ways the possible Commodification of organs will affect our society and the impacts this may have on the supply of organs. The author feels that it would
be a tragedy if we tried to solve the problem of organ shortage by commodification rather than by the kindness of strangers who meet in community and recognize and meet the demands of others in generosity.


Families who donate the organs of loved ones seem to possess fundamentally different attitudes towards organ donation than those who refuse. A system that presumes an obligation from citizens should guarantee the corollary right to obtain an organ if needed, medical and financial access to transplantation and access to the expensive medications required to maintain the organ post-transplantation. The data of the authors suggested that the general public may not readily accept financial incentives to donation.


The authors analyze the issue of organ donation among African Americans and come to the conclusion that the current policies guiding the organ procurement system are not adequate to address existing concerns within the African American community and that a different set of assumptions may be needed to drive organ procurement policy.


The authors say that in the dominant metaphor for organ transplantation, the organ is the ultimate gift, the dying donor’s life-giving bequest, conveyed and made possible by a heroic transplant team. The metaphor encourages donation and enforces recipients’ compliance with post-transplant treatment. It is also inaccurate and sometimes deeply damaging for the recipient.


This blurb addresses the Catholic Church’s position on the sale of organs. The Church rules against such a practice, but the piece goes on to explain the loosening opposition to such sales in the popular and professional communities. This piece is written in response to the New York Times article by M. Finkel on May 27, 2001 entitled, “Complications.”


This paper reviews methods such as encouraging donations by genetic relatives, allowing volunteers a greater voice in determining their own suitability, encouraging the use of emotionally related individuals and accepting altruistic strangers and considering motivated identical twin minors and older adolescents as donors which have been proposed to increasing the availability of human organs without resorting to commercialism.


This article talks about how if current trends continue, it may be hard to justify using living donors. A major ethical issue concerns the extent of family pressure placed on a donor, either as it exists or perceived in the mind of a donor.


Thorne applies economics and the ban of markets to the current situation regarding organ transplantation.


This piece advocates lifting the ban on the sale of human organs. Concerns regarding the negative effects such a policy might have on the country’s
poorest citizens and the potential creation of new black markets are addressed and dismissed.

The authors are of the view that many moral and ethical problems exist in the area of organ transplantation. Policies are needed to clarify responsibilities within the organ donation process. It is imperative to study further the reactions, feelings and the roles of all those identified in organ donation.

This piece claims that an overly conservative medical community must stop restricting the sale of human organs. The author asserts that organ sales can be carried out over the Internet using encrypting technology, and that the institutions that control organ data will inevitably have their “data monopoly” overturned. The author suggests that deregulation of commerce involving organs will cut supply and demand disparities in organ donation.

*Religion*

This article examines organ donation from an Islamic perspective. It is shown that there are two groups of scholars, one allowing organ donation and organ implantation, the other refusing it in any circumstances. Both groups agree that it is fundamentally wrong to harvest organs from cadavers without the prior permission of the deceased or the relatives. This dogma is reexamined and it is argued that under the rule of necessity and the imperative to preserve life, there is enough moral and theological ground to allow the state to harvest organs from the deceased without prior permission.

The author says that we express suspicion that persons will be manipulated and exploited, vendors will not be fully informed about their alternatives and the risks of the procedures, that buyers may be placed at risk because the profit motive compromised safety standards and so on. The gift model expresses a richer account of human beings and human relationships than is possible in the ‘moral logic of capitalism’ or in an ethic that relies on caveat emptor.

This article uses Christian analysis to reveal, oral arguments and theological concerns which incline strongly in support of the creation of a for-profit market in human organs. The author says that current nationalized bureaucratic procedures for organ procurement and allocation do not appreciate the Christian body as the dwelling place of the Holy Spirit.

This article, written by a Christian minister, talks about how organ transplantation has enabled the tragedy of one person’s death to become the occasion for another’s continued life. It is the author’s view that as Christians, they could affirm this is a God-given gift, a divinely given gift. Thus, it can be affirmed that donation is consonant with the kind of God that people have come to know.

The author uses this article to point out the role that he has identified for the family, which is consistent with a policy of presumed consent that grants the right of informed refusal by individuals and families. The author’s personal view
is that a policy of presumed consent would be morally feasible to the present policy, which is consistent with other priorities, especially those concerning the resources society determines are appropriate to invest in transplantation.

East Tennessee Lions Eye Bank. Religious views concerning organ and tissue donation. <http://www3.kornet.org/eyebank/religious.html>. This article gives a summary of the views held by different religions and sects about organ and tissue donation.

The author discusses the opinions of Muslim jurists on the issue of utilization of human parts. Muslim jurists have tried to resolve the dilemma by providing Muslims with certain guidelines based on the original sources of Islam. The author, finally sheds light on the inclusion of organ donation in a Muslim will and the enforceable nature of such a will.

The author explains that although non-altruistic sale of kidneys may be theoretically ethical, ultimately its ethical status in Jewish ethics and law is inextricably connected with solving a series of pragmatic questions, such as creating a system that ensures that potential vendors and donors are properly informed and no exploited. Lacking such arrangements, ethical non-altruistic kidney donations remain but a theoretical possibility.

This article finds that the Chinese Americans who were asked to respond were most willing to donate their to donate their organs after their deaths to close relatives, and then in the descending order, distant relatives, people from their home country and strangers. This 'negotiable' willingness has enormous implications for clinicians who may be able to increase organ donations rates among Chinese Americans if they take these factors into consideration.

Jewish perspectives on donation and transplantation generally encourage organ donation and transplantation. Judaism has developed approaches in which organ donation is encouraged not because concerns for the dead body are ignored but because they are acknowledged but outweighed by the value of saving lives. Judaism encourages organ donation within a system dedicated to healing and the saving of lives as pre-eminent values.

The author reflects upon the ambiguities and what Christians in particular might say about the progress that has been made in organ and tissue donation in recent years. The authors is of the view that while the general rhetoric has generally favored organ donation, people must learn to be circumspect in the use of such rhetoric.

Moran M. Acting out faith through organ donation. *Christian Century*. 1986; 103(20):572-3. <http://purl.org/atlaonline/atlas/ashow?aid=ATLA0000963985>. This article talks about what a pastor could do after a death to enable a family to donate the organs of their loved one and the situations which arise when a grieving family has to be asked to donate a loved one’s organs. Many hospitals are turning to ministers, priests, rabbis and social workers to request organ donation from grieving families.
The author, a Buddhist monk talks about organ donation from the Buddhist point of view. She comes to the conclusion that each person has to decide for himself/herself and exercise his/her choice since there are no specific answers in Buddhist scriptures related to the question of organ donation though a lot of Buddhist monks she spoke to were in support of organ donation.

e) Sociology

This article examines the Indian variant of the global enframing and recruitment of the bodily tissues of the poor and the vulnerable. It locates this recruitment as a relation between two moments of technique: recognition and suppression. The author combines elements of an ethnography of renal transplantation – including extensive clinic visits and talks with nephrologists, urologists, state regulators, kidney buyers, kidney sellers and brokers of organs, information and ethics – with an extended discussion of tissue transfer in Indian popular film.

This is a study based in Western Australia where organ donation rates are particularly low in comparison with the need for live-saving organ transplants. The authors investigate this contradiction between endorsement and donation within a framework that draws from Moscovici’s (1984) theory of Social Representations, Guimelli’s (1998) differentiation between normative and functional dimensions of the central core and Billig’s (1988) rhetorical position on the role of argumentation in discourse.

This article looks at commodification from the point of view of an individual and discusses some of the reasons why a person would choose to do so. Also, it looks at different examples like Turkish kidney sellers, drug addicted sex workers, sperm bank users and Chicago inner city boxers to make the point that they all struggle to maintain a sense of their own moral and physical worth along with a sense of dignity, courage, beauty and/or strength. But the author is of the view that the only real sense of power and control in their lives derives from a certain kind of command and ownership of their bodies – the very grounds of their existence – which they express, paradoxically, by selling it off in parts or in its entirety, a modern-day tragedy of decidedly heroic proportions.

Stempsey WE. Paying people to give up their organs: the problem with commodification of body parts. Medical Humanities Review. 1996; 10(2):45-55.
The author’s view is that money is metaphor for human flesh and the economic system has caught us in a web that makes it difficult to distinguish the values of our bodies qua human bodies and our bodies as commodities. The suggestion that we sanction a market in organ seems attractive to some only because we are still caught in that same web.

f) Law

A doctor accused of trafficking in human organs and trying to arrange a transplant in the UK was found guilty, and his medical license was taken away. He had been accused of trying to purchase organs off of the black market.

The author is of the view that given the shortage
of organs for transplantation, the most economically feasible method is the 'presumed consent' proposal and that any reservations regarding the constitutionality of the proposal are unfounded. He also goes through some of the other current proposals to increase organ donation.

**g) International Perspectives**

This article outlines India’s Union Minister Dhindsa’s intent to ask the British Government to outline a plan to prevent English doctors from buying organs from poverty-ridden, living donors in India.

This article reports on a survey conducted among people in India who had sold an organ. The study shows that people who had sold an organ most often did so to get out of debt. The survey also highlights the fact that most received less compensation than they had expected and wound up experiencing a decline in health. 79% of those surveyed would not recommend compensated organ donation to others.

This article reports on the Italian government’s antifraud squad’s work to determine whether a magazine’s claim that the Internet can easily be used to access organs from an international web of black markets is true.

In the UK, people of South Asian origin are at more than twice the risk of end-stage renal failure encountered in the Caucasian population and are under-represented among organ donors. A survey of 100 South Asian adults was conducted. The main reason for low organ donation rate by South Asians seemed to be lack of knowledge and this could be remedied by more targeting of information in the Asian media.

This article talks about Japan enacting a low for organ transplantation for the first time and how the next few years will see this legislation being used in practice. There had been a lot of debate in Japan about the same before this law was finally enacted.

This article describes differences in organ donation between the US and India. The authors are of the view that the greater the economic differences, the greater are the contrasts in practice.

A judgmental sample of 22 individuals from the Sikh community was conducted in Coventry, UK. It was found that while there were a number of misgivings to do with notions of mutilation and reincarnation, and anxieties as to technical or clinical aspects of the transplantation process, the prevailing view was supportive of transplantation and organ donation was seen as highly appropriate means of exhibiting the altruistic nature within Sikhism.

This paper talks about the institutions dedicated...
to specific functions related to organ donation that were not easily fulfilled by hospitals and how it is important whether these institutions are public or private. It talks about France where the institution has recently evolved from private to public and the causes and consequences of this evolution.

This article discusses the organ black market in India. The focus is a survey that was conducted collecting information on the price of organs and the reasons for the sale.

This study indicates that ethical and psychological risks in parental kidney donation should not be regarded as a major obstacle. However, irrespective of the parents being a donor or not, they wanted more psychosocial support, before, during and after the transplantation.

This paper examines the relative success of kidney donor card campaign in Britain and the nature of the relationship between a more widespread distribution of donor cards and the frequency of kidney transplantation.

Roberts is a BBC new correspondent and this is her expose about the trafficking of organs in Moldova, Turkey and Israel and how the doctors involved are known by authorities but not published. Organ sales are illegal in all three countries. Roberts found that poor people were paid very little for their organs and that the people receiving the organs were paying a great deal of money that was being kept by the doctors and the middlemen.

The results of this survey show that the Chilean people are aware and supportive of transplantation. The Chilean people prefer to donate their organs after death rather than to use their relatives’ organs. This could be a factor in favor of stimulating individual required consent in a new transplant law.

This is an editorial piece on the relationship between the media and molding public opinion in favor of transplantation where the author is of the view that the mass media can be useful in promoting but also potentially dangerous in adversely affecting organ donation. The authors are not of the opinion that polemic discussions concerning transplantation are created by journals exclusively in an effort to promote scandal or sensationalism: they ask pertinent questions but often report wrong or imprecise answers.

This piece discusses the thriving, yet illegal trade of organs that occurs in China, Thailand, and India. It also briefly looks at how wealthier people and businesses benefit from the lax organ donation rules and restrictions of poorer nations.

This article discusses the impending investigation of Tel Aviv’s L. Greenberg Institute of Forensic Medicine by the Israeli health ministry regard-
ing the potential illegal sale of organs. “Ghoulish” evidence suggests that such sales have taken place using organs obtained from patients whose families did not give their consent to such procedures.

The author of this letter asserts that it is not reasonable to argue over what state of being constitutes death. He claims that those that wish to define death as the loss of brain stem function are just interested in getting organs from a patient with a beating heart. The author claims that a more suitable solution would be to allow families to give informed consent to the harvesting of organs in patients who have irreversible loss of brain stem function.

This paper is a survey which was conducted to study the attitudes of Hong Kong residents towards organ donation after death. 60.3% of the respondents are willing to donate organs, which is comparable to those cited in literature. The results also indicate that the willingness to donate is related to age, occupation and attitude. A factor analysis yielded four results including form of burial, altruism, lack of understanding on organ donation and lack of confidence in professional conduct of medical doctors.

b) Surveys

This summary provides an outline of what information the “Family Survey of the Dutch Population” seeks to obtain, and the ways in which people are surveyed.

1) 13 surveys about people’s opinion to organ transplantation, done in different states in the US at different points of time.

i) Cases

There has been a decrease in the number of available organs for donation because of fewer violent deaths. Doctors talk about the lack of younger donors in the last several years. As a result, they are now using organs from older people in donation.

This opinion piece talks about whether illegal aliens should be eligible for an organ transplant. The author is of the view that transplantations of scarce organs may seem unfair in some ways to Americans but it must be understood that organs flow both ways across borders. American organ procurement organizations have retrieved organs from foreign donors who died suddenly while visiting or working in this country.

The author talks about a case of kidney donation in particular and then based on it makes the recommendations that living related donors should receive priority before spouses or unrelated donors and whenever spouses or unrelated donors are considered, an ethics consultation should be automatically included in the evaluation process.

This is an article about a real estate investor who gave away much of his fortune and then donated a kidney to a stranger.

This article discusses the case against Dr. Dick van Velzen. Dr. Velzen had been accused of taking and storing the organs of dead children with-
out receiving any sort of consent to do so. After denying his guilt for a number of years, Dr. Velzen recently admitted to wrongdoing. He maintains, however, that he only kept the organs for research purposes. He received a lenient sentence from the Canadian courts.

PHILANTHROPY

Sub-sections: Philosophy, Religion, and Surveys

a) Philosophy

Bekkers R. Anonymous gifts: personal decisions, social backgrounds. ICS/Department of Sociology. Utrecht University, The Netherlands.
Bekkers asks the question, why do people display prosocial behavior? He looks at the answers to the question from both the psychological and sociological sides to determine that different scientists attribute the behavior to different things.

Brody writes about the state’s system of resources for individuals and how private philanthropy is affected. He asserts that the state’s provision for individuals through taxation has seemingly undercut the need for private philanthropy.

Brown examines the issue of whether helping others can be good for a person’s physical health and whether egoistic framework may blur the lines between true contribution and contribution for selfish purposes.

Gewirth explores the ethics of giving. He is interested in determining what rights the donor and the receiver both have and the morality in the actions involved.

Hooker makes suggestions regarding the management of foundations. He explores the issue of exaggeration within grants and suggests that with recognition of the practice perhaps foundations can stop it. Hooker suggests thorough evaluation of grants, and risk taking to establish funding for little known profit or non-profit agencies.

O’Connor writes about the balance between giving to charity and keeping money for one’s own needs. The struggle lays in the recognition that moral obligation that people may feel to give. O’Connor asserts that to preserve self value, we must put ourselves first and sometimes say no to a particular charity looking for a donation.

Sidorsky starts with the history of philanthropy and the concept of one common good or giving to one particular charity. He asserts that this is often not the case and that conflicts do occur within concepts of common good and public interest. In the article, Sidorsky explores the nature of pluralism and suggests it must be recognized as a moral hierarchy to determine the ultimate common good cannot be established.

b) Religion

Bhatnagar introduces three kinds of transfers: reciprocity, redistribution, and market exchange. He then writes about the different transfers as they are evaluated by social exchange theory.
Bhatnagar suggests that the theory does not cover all of the different aspects of the transfers. (For example, the gratification that occurs from pure giving. Nothing is expected in return, but often the receiver feels a sense of satisfaction.]

Hewa begins with the scholarly argument that philanthropy is motivated by guilt. He looks to Max Weber's book, “The Protestant Ethic” to further explore religious connections. Historically, Weber argues, charity is based on the needs of the individual, whereas philanthropy is based on the greater good of man. Hewa then goes on to write about Rockerfeller as an example of puritanical in his philanthropy. (i.e.- the money had to be accumulating, not just simply sitting there in a bank vault).

c) Surveys

This is a draft of a philanthropy questionnaire that examines donations of time and money to charitable organizations.