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Organ Donation

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IMPORTANT SUMMARY POINTS

- **What is a traditional Catholic to think about Organ Donation?**
    - That under certain circumstances, it could be considered acceptable, and even praiseworthy,
    - But not in all circumstances is it justified or allowed.
    - As the practice develops more Catholics bioethicists and doctors have been raising serious alarms.
- **Organ Donation is a relatively new moral question**
    - It is really a question that begins in the 1940s and 1950s
    - Before the 1950s, mostly speculative theology. First organ transplant was in 1954 (Kidney).
    - Then it became important to give moral guidelines.
    - While we have general traditional ethical principles, many of them do not apply as simply and easily to medical ethics
    - It is a matter of medicine as much as it is morality, so a moral theologian will rely on certain medical experts to assess parts of the question, such as when death is able to be determined.

HISTORY OF ORGAN DONATION (EXTRA POINTS IF USEFUL)

- Tissue transplantation is a very ancient practice, dating to before the time of Christ.[1]
    - In the Egyptian Empire, (c. 1500 B.C.) autologous (from oneself) skin grafting was done
    - Galen and Celsus used this technique in the Roman Empire, but soon after the practice fell out of use and knowledge of it abandoned.
    - Interest resumed in the late 18th and early 19th century, leading to the first successful modern skin graft being 1869.
- Successful tissue transplantation and more clear knowledge of the function of the individual organs lead to the desire to attempt to transplant or implant other tissues.
- Dr. Theodore Kocher was treating recurrent goiter by removing the thyroid of patients, but found they developed another disease (lack of thyroid hormone, as known now). So he would re-implant a small amount of thyroid tissue which would help cure the disease. This was in 1883.
    - This lead to the idea that perhaps a malfunctioning organ could be replaced by another organ.
    - However, the lack of understanding of the rejection of tissue due to immune response was not yet well known until about 1905.
    - This led to a development of strategies to match donor and recipient (e.g. family, blood type, etc.)
- Attempts at deceased-donor transplants were made in the 1930s in the USSR, but failed due to ischemia (lack of blood flow that damaged the organ).
- First successful donation of an organ was a kidney in 1954.
    - This had no complications for compatibility because the donor and recipient were identical twins.
- The first lung transplant was in 1963 (though the recipient with emphysema died of kidney failure three weeks afterwards)
- First heart transplant was in 1967 in South Africa.

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[1] (Kohlhauser M, Kohlhauser, Luze,, Nischwitz, & Kamolz, 2021)

    - Publicity of this led to over 100 transplants being attempted during the following year with almost all dying within 2 months.
- Development of immunosuppressive drugs (cyclosporin) in the early 1970s (and then widespread approval in 1983) allowed an expanded compatibility of organs and better outcomes without rejection

PRINCIPLES OF MORALITY

- Various mortal theologians have dealt with this topic well before full organs were transplanted.
    - Most accessible is a 1944 study by Fr. Bert Cunningham,[2] as part of his theological doctorate at CUA. His advisor was Fr. Francis J. Connell, C.Ss.R, who was one of America's pre-eminent moral theologians.
    - Another notable moral theologian on the subject of organ donation and transplantation was Fr. Gerald Kelly, S.J. who was a professor of moral theology at none-other than St. Marys' College in St. Marys, KS.
    - Pius XII address some basic ideas, but does not give a full treatise or magisterial teaching when speaking to Eye Specialists in 1956. He merely says outlines that one can offer their body after death for the benefit of the sick.
    - John Paul II addresses the question in *Evangelium Vitæ* (1995), and there follow several allocutions, and he had inserted into the CCC the basic teaching that Fr. Kelly developed.
    - Nevertheless, there is no definitive magisterial teaching beyond the basic principles, so we need to turn to moral theologians and bioethicists for specifics.
    - **All moral theologians agree that if the taking of an organ directly causes the death of the donor, or unreasonably risks his life, such would be intrinsically evil and gravely sinful.**
    - **All moral authors also agree that transplantation of reproductive organs is immoral.**
    - Moral theologians disagree somewhat in other cases, with the majority tending to favor the moral liceity of such donations, and even some speaking of them being heroic acts of charity.
        - The Popes since Pius XII seem to generally favor the majority position without ever making a clear magisterial pronouncement
        - The modern Catechism of the Catholic Church (not magisterial) does seem to favor this approach as well.
    - **Because there are solid opinions on either side, one can only be bound to accept the universal agreement that donation causing or unnecessarily risking death is immoral; but,**
    - **On the question of the moral liceity of organ or tissue donations which do not risk the life or cause the death of the donor, one is free to accept or reject these following the various theologians *<u>for himself</u>*. He may not bind others to his opinion on this.**
        - This is a point that the Church stresses on disputed questions.
        - Priests may have divergent opinions, but also cannot bind their faithful to their own opinion, or suggest it is the Church's teaching.
        - We answer moral questions for ourselves and those we have a duty to guide, not in order to accuse others of sin or judge their behavior.
    - The following moral principles generally come from Cunningham's study and follow Kelly's argumentation:
- **Mutilation of the body is gravely forbidden, except for the preservation of the life or health of an individual.**
    - What is mutilation?

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[2] (Cunningham, 1944)

- ***Strictly (major mutilation)*** : The act by which a distinct member of the human body is removed, or by which the proper function of that member is totally impeded.
  - *Example : Sterilization (whether by removing the genitals, irradiation, or simple ligation);*
- ***Widely (minor mutilation)*** : The act by which a member of the human body is injured, but its proper function is not totally impeded.
  - *These are not "mutilation" in the proper sense, but only by analogy.*
  - *Example : Ear piecing, tattooing, plastic surgery*
  - *Minor mutilations are, in themselves, not grave sins, but can become gravely sinful on account of their motives, and if they cause (what most would judge to be) a serious deformation.*
    - *In other words, a tattoo or ear piercing is not a sin in itself*
    - *But if done out of vanity in a way that would seriously deform someone, it would be sinful, and perhaps even gravely sinful.*
    - *However, a reasonable motive might make these things acceptable (e.g. the Māori mataora or moko)*

- Why is even major mutilation licit for life or health?
  - *Principle of Totality* : The parts exist for the good of the whole, so if the whole body (and life) is better served by the mutilation of a part.
- Does this apply to the life or health of another person?
  - This is a point of dispute, but the most common opinion says, it does apply.
  - Theologians in favor of homologous transplantation, will argue two points:
    - The "whole body" which is the Mystical Body of Christ, of which an individual is a member.
    - The *Principle of Totality* at least allows this when the functional integrity of the donor is not compromised.
- **However, just because the intention is altruistic, does not mean that there are no moral problems**
  - The moral object is the primary consideration,
  - Then circumstances
  - Then intention
  - Thus, a good intention cannot remedy evil circumstances, or an evil moral object

- **To understand the moral Distinction between types of organ donation are needed**
  - Living donors vs. Deceased (cadaveric) donors
  - Living Donors : Donation of part of an organ (e,g, a skin graft, lobe of liver, bone marrow), or a doubled organ (e.g. kidney) taken from someone who is alive, will remain alive, and can give his or her consent
    - All moral theologian agree on the morality of these, provided certain criteria are met
    - Some differ in the principles they use to justify these
  - Deceased Donors : Donation of a part of an organ, who whole organ from a donor who is actually dead
- **The moral issues turn on three major points:**
  1. **The decision to donate one's organs must be a free-will decision made without duress by the donor himself, or one who legally and morally acts for him; and,**
  2. **Donations of reproductive organs or other organs which would gravely harm the integrity of a living donor are not allowed.**
  3. **Any vital organs taken must only be procured after the certain and actual death of the donor.**

- **Generally Accepted Medical Ethics *prima facie* agree with Natural Law and Catholic Moral Theology via the "Dead Donor Rule" (DDR), which has two principles :**
    1. Organ donors must be dead before the procurement of organs begins, and
    2. Organ procurement itself must not cause the death of the donor.
- **However, the definition of death is a major stumbling block.**
- **True death is defined as the separation of the soul and body (matter and form).**
    - The clear sign of this is the decay of the body (matter) because the soul (form) is what organizes the substance into a whole, and it is gone, so there is decay.
    - A more medically-clear sign prior to 1968 was "cardio-pulmonary death" or the total cessation of heartbeat and breathing for sufficient time that there was no hope of resuscitation.
    - If doctors wait for signs of decay (proving death), the organs for transplant will be unusable (because they are also dead).
    - If doctors wait for the heart to stop it will be unusable, and other organs will become unusable soon after unless circulation is restored artificially, or by restating the heart.
    - If the heart does not stop but does not sufficiently circulate blood, all organs will slowly become unusable.
- **Because the traditional notion of death and DDR makes many vital organ transplants impossible, the notion of "Brain Death" was introduced in the late 1960s.**
    - Brain death is normally defined as the complete and irreversible cessation of all electrical activity in the brain (including the brain stem).
        - This allows the rest of the organs to be artificially maintained (including the heart beating and circulating blood)
        - This standard was deemed acceptable by John Paul II (*Evangelium vitæ)* and many Catholic bioethicists in from when developed in the 1960s to the early 2000s, arguing that the criteria for determining death is a *medical* question.
            - This is both true and false
                - **Assessing the signs is a medical question**
                - **But what constitutes death is a metaphysical/philosophical question.**
            - The argument for the acceptability of "brain death" is that once the brain activity ceases, there is no unity of the organs, which are operating independently
            - Thus, they no longer have a functionally integral role in the body,
            - Death is the loss of this integrity,
            - Removing these organs does not actually cause death.
        - Nevertheless, this approach has become very much more controversial, even among those who previously accepted this criteria
    - By the standards of Natural Law Ethics and Catholic Moral Theology, brain death is not actual death, but a point before the separation of the soul and body.
        - At best, it defines a sign that the body will not be, by any natural processes, able to sustain any unified functions on its own again because of a lack of neural coordination (even autonomic).
        - While brain death is very inconsistently defined, even the most rigorous standards of the permanent irreversible complete loss of brain function in the entire brain (whole brain death), will not satisfy the traditional definition of death
        - Questionable motives : "brain death" was introduced to be able to obtain more organs for transplant, so is not a neutral standard.

    - It was not an effort to better understand the moment of death from a medical perspective, but impose a standard that allowed a particular outcome.
    - **This is a moving of the goalposts on death, and opens to more movements or standards.**

- **Since the early 2000 at least, there is a widespread and significant movement to remove DDR, for the same reason "brain death" was defined, it prevents organ harvesting in many cases.**
  - This is exactly the "moving goalposts" problem: wanting more organs, doctors have proposed removing any pretense of waiting for death.
- **The National Catholic Bioethics Center has generally supported the Whole Brain Death Criteria, until more recently**
  - The President of the Center Dr Joseph Meaney condemned a new procedure called Normothermic Regional Perfusion writing in 2023[3] :
    - *"This is a description of this new technique. The donor's heart stops beating, and the medical team waits a certain number of minutes (protocols differ from two to five minutes). The person is then declared dead by cardiac criteria and Normothermic Regional Perfusion follows. Almost unbelievably, the transplant team clamps off the major blood vessels to the brain and arms to ensure the person's brain will die due to lack of oxygenated blood. Then circulation of oxygenated blood is restarted using a heart lung bypass machine like those used in open heart surgeries. This is either done for the thoracic-abdominal area or just the abdominal area of the body, depending on which organs will be taken for transplantation.*

      The rationale is that donors do not revive after declaration of cardiac death because they are on bypass technology and now fulfill the criteria for brain death. The heart and lungs' functions have been taken over by machines and the technicians make sure the brain lacks oxygen by clamping off arteries. This is terrible to contemplate.

      Irreversible cessation of key bodily functions is a fundamental characteristic of death. If a person can be resuscitated, he is not dead yet. It is true that those whose hearts have stopped for two to five minutes are dying, but if they can be brought back this is proof that they were not dead. If we know scientifically that there is a good chance of resuscitating a patient following cardiac arrest and cessation of breathing after five minutes, then ethically one must wait longer to be able to truly declare death.

      The reason for the rush to declare death through convoluted procedures like Normothermic Regional Perfusion is organ harvesting. Tissues and organs begin to deteriorate and die when deprived of oxygen. The longer one waits, the more the organs are damaged and the less chance there is of a successful transplantation. Donors with a diagnosis of brain death are much preferred for transplantation because their organs are perfused with blood right up to the moment of excision. The problem is that few potential donors fit the neurological criteria of irreversible cessation of all brain activity. What Normothermic Regional Perfusion does is artificially create more persons who fit brain death criteria."
- **Several Catholic Doctors, notably Dr. Joseph Eble from Tulsa have raised concern over the Brain Death Criteria, publishing just this year a "call to action" signed by over 125 theologians, bioethicists, clergy and Catholic scholars.**
  - They assert:
    - The official Brain Death guideline (from the American Association of Neurology) do not provide moral certainty of death.
    - Patients can expect these flawed guidelines, or less rigorous guidelines will be applied in practice
    - These guidelines are not going to be revised or strengthened, just the opposite
    - A person who is a "donor" does not have any good foundation on which to judge they will be actually dead when their organs are harvested.

[3] "Manipulating the Criteria for Death for Organ Transplantation". *President's Messages*. NCBC. Sept. 26, 2023.

- They recommend:
    - All people decline to become an Organ Donor on DMV or other lists, or revoke this immediately.
    - In their advanced medical directives, state clearly they refuse organ donation.
    - Carry a wallet card refusing organ donation.
    - Consider consenting to non-vital organ donation such as bone or tissue donation in advanced directives (since these do not rely on the flawed criteria)

So, in summary :

- **Can a Catholic be an Organ Donor?**
    - For any vital organs, no, because there is no way to reasonably guarantee one's organs will be taken after actual death.
    - It is clear that even the kind of whole brain death accepted by John Paul II is not the standard which is applied in practice, and there is a movement to end the DDR.
    - Some transplants could be possible if DNR and cardio-pulmonary death, but because even the flawed standards are not being applied properly, there is every reason to think agreeing to this is a form of suicide.
    - One can donate non-vital organs as a living or deceased donor: paired organs (a kidney), or partial organs (a lobe of the liver), or non-essential tissue (cornea, bone marrow, skin, etc.)

- **Can a Catholic receive a donated organ?**
    - A more complex question, because now it is a question of participation in a possible (but not a certain evil).
    - In the case of whole vital organs, and the organ is obtained unethically, No.
    - In the case of vital organs obtained ethically, it is possible, but we would need moral certainty of the way in which it was obtained.
    - Thus the question is whether the organ was obtained ethically, and
        - Some Catholic bioethicists argue that harvesting organs after circulatory death may be morally-licit,
        - It is usually impossible to know if an organ is harvested ethically, so
        - One is left in a situation of possible direct participation in a grave evil (murder), which one cannot do no matter the motive.
    - So, we have to say that, as a practical rule (but not universal), a Catholic cannot receive a donated vital organ, unless he has moral certainty that it was obtained ethically. He could receive a non-vital organ, a paired organ, a partial organ, or non-essential tissue.

- **Consequences of pursuing a morally-unacceptable medical paradigm**
    - Trying to push an ethically-flawed medical technology to its limits undermines other ethically-acceptable work.
    - The Jarvik-7 artificial heart was designed in 1982.
    - Only in 2021 was the next generation of artificial heart tested in a human being. (2013 in EU)
    - Why? Because the focus was on organ donation, promoting donors to sign up, and not solving the ethical and supply concerns with new technology.
    - Too often the natural law ethical framework is seen as a hindrance to the emotional or financial good, when it actually helps to direct towards the Truth.