

CASES AND QUERIES

TRANSPLANTATIONS OF ORGANS

QUESTION: What is the moral issue involved when the organ of one person is removed and grafted into another body? Surgeons have been quite successful and are getting more so nowadays in these grafts. Transplants are extended to important organs like the eye, kidney and lately the heart itself. Dr. Barnard says that the "recipient's body is less prone to reject a heart-transplant than a kidney" (*Time*, January 8, 1968, p. 46).

We should be glad modern Medicine has made possible these kinds of transplants. To learn how to improve our human condition through reasonable medical procedures is in harmony with the moral order. Many times, however, these medical procedures involve exceedingly complex moral problems.

Christian doctrine establishes, and the light of reason makes it clear, that doctors, as private persons, cannot make any medical intervention without the consent (explicit, implicit or tacit) of the patient involved.

Patients, on the other hand, cannot confer more rights to their doctors than those they possess. We have no right to freely dispose or mutilate the organs of our body as we please. We possess only the right to use the faculties and powers of our nature in conformity with our natural finality. (AAS, 1952, p. 788; II-II, 65, 1; I, 74)

Direct mutilation of an organ or a function is permitted for the good of the person. It is also commonly agreed upon among theologians that one can reasonably dispose of the organs of a deceased person for the benefit of others. We even think that every person should be willing to grant his physician or others the right to use the organs of his body (after death) in loving charity for his neighbor. The family or responsible relatives should be similarly disposed.

The problem is more complicated when transplants are to be effected from one living person to another. Some theologians have raised the objection that any transplantation of organs from a living person to another involves an infringement of the right order. But we are of the opinion that transplantation in principle is not wrong provided certain conditions are verified: first, these transplants must be medically possible; second, the persons concerned must be informed of the risks involved and freely consent to the entire procedure; thirdly, all safeguards must be employed to protect both patients from injury; fourthly, the good effects which are expected must surpass the risks and inconveniences involved.

If priests, doctors, nurses, policemen, astronauts etc. are morally justified to risk their lives in certain situations for the sake of virtue, public duty, science and culture, why should it be wrong to inconvenience oneself, to sacrifice one eye or kidney—when medically possible for the love of the neighbor? In these medical procedures the organs are not destroyed, but lovingly transferred to one's neighbor as living organs.

In a heart-transplant we still ought to consider another moral question: when can the donor's death be determined clearly enough to indicate that his heart can be taken?

In the past we used to think of death as a cessation of respiration and of heartbeat. Nowadays, because of the advances made in cardiopulmonary physiology, we speak of "cerebral death", that is, death of the brain cells after approximately four minutes of absolute lack of oxygen. This definition must be maintained since we have the ability today of preserving oxygenation of the brain by artificial means which involves artificial respiration and external cardiac compression.

In a heart-transplant physicians should be equally concerned with the life of both persons involved. Rather than directly hasten the donor's death by removing his heart to save another, they should try to prevent it by artificial means. However, once the person is dead, it would be morally correct and highly praised to prevent the destruction of the heart of the deceased person and to transfer it into a needy neighbor. Again there must be medical assurance of success.