Canadian National TRANSPLANT Research Program

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FAST FACTS: LIVING DONATION

Ethical Issues in Organ, Tissue, and Hematopoietic Stem Cell Donation from Living Donors

INTRODUCTION

In Canada, organs and tissues that may be legally and ethically procured from living donors (LD) include kidney, lobes of liver and lung, and hematopoietic and keratolimbal stem cells. One major reason why living organ donation requires ethical scrutiny is that an organ, tissue, or hematopoietic stem cell (HSC), is retrieved from a healthy person and given to a sick person in need of a transplant.

This document outlines the current ethical issues in organ, tissue, and HSC donation from LDs.

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ETHICAL PRINCIPLES AND VALUES IN DONATION FROM LIVING DONORS

The following list is not exhaustive. Two or more principles may be in tension in particular cases.

Voluntariness: Living donation is based firmly on the voluntariness of the LD, which is assessed through the process of informed consent.

Altruism: Living donors are motivated to act primarily for the benefit of the recipient.

Autonomy: Donation should be an autonomous decision, free of undue pressure or coercion. This requires that LDs be informed of, and have the ability to understand and appreciate, the benefits and risks of donating, their likely consequences, and alternative courses of action for the recipient.

Balancing Beneficence/ Non-Maleficence: The benefits to the LD are psychosocial e.g. increased self-esteem, well-being, and potential relational benefits. The potential benefits need to outweigh the potential risks of donation.[1]

Justice: Considerations of fairness influence the equitable allocation of organs and psychosocial and geographic factors influence access to a living donor.

Partiality: Living donation is addressed as a private arrangement whereby an LD may offer to donate his/her organ to an identified recipient of their choice. This is often based on a personal relationship, such as donation to a close family member or friend. This decision privileges the relationship over those with potentially greater medical need who are on the transplant waitlist.[2]

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ALLOCATION OF ORGANS FROM LIVING DONORS

- Directed donation: LD donates to an identified recipient, such as a family member or friend.
- Anonymous –Directed Donation: An individual comes forward to donate to an identified recipient after viewing a public notice e.g. online, on a billboard or a news story. The LD remains anonymous to the recipient.
- Non-Directed Donation: Often referred to as living anonymous donation[3], where the LD donates an organ to the public waiting list to be transplanted into a recipient.

ETHICAL ISSUES IN THE ALLOCATION OF ORGANS FROM LIVING DONORS

Living donation can occur through combinations of emotionally and/or genetically related or unrelated donors and recipients, or through kidney paired donation (KPD) programs (see table on last page) and has important ethical aspects.[4,5]

DIRECTED DONATION (DD)

- The LD may be unduly pressured to donate; those who are hesitant may feel coerced.
- Some people may feel obliged to donate and may minimize the potential risks to him/herself (e.g. some parent-to-child situations).
- In all forms of DD, the organ may not be allocated to the recipient in greatest medical need.
- There is potential for the exchange of the organ for valuable consideration i.e. goods or services.
- The donation may reflect donor preferences for race, religion, age, gender or ethnicity.

ANONYMOUS-DIRECTED DONATION

- The potential LD knows who the recipient is, but not vice-versa, thereby raising concerns about privacy and potential risks of unwanted requests post-transplant.
- Many individuals benefit as everyone moves up on the transplant waiting list.

NON-DIRECTED DONATION (NDD)

- A person who wants to donate part of their body to benefit an unknown recipient raises questions about donor intention, expectations, motivation and understanding of donation.
- In order to maximize benefit and promote equitable distribution, the NDD organ is allocated based on the system for deceased donor organs.
- Maximum overall benefit is achieved when the NDD donates to a KPD chain as a kidney is allocated to the DD list and several recipients with incompatible LDs are transplanted and removed from the DD list.

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ADDITIONAL ETHICAL ISSUES

BUYING AND SELLING ORGANS

- Illegal under the laws of Canada and most countries of the world.
- Involves potential for harms to the seller as the goal is financial gain, not donor health.
- Commodification: debate whether organs should be treated as a marketable good.
- Crowding Out: allowing payment for organs may alter its social meaning and discourage altruistic donation, or perceiving donation as a 'gift'.[6]
- Coercion and Undue Inducement: occurs when the buyer's offer for the organ is irresistibly large to the seller, making the decision to donate non-voluntary.[6]
- Unfair Distribution: organ sales distribute organs based on ability to pay, not medical need.

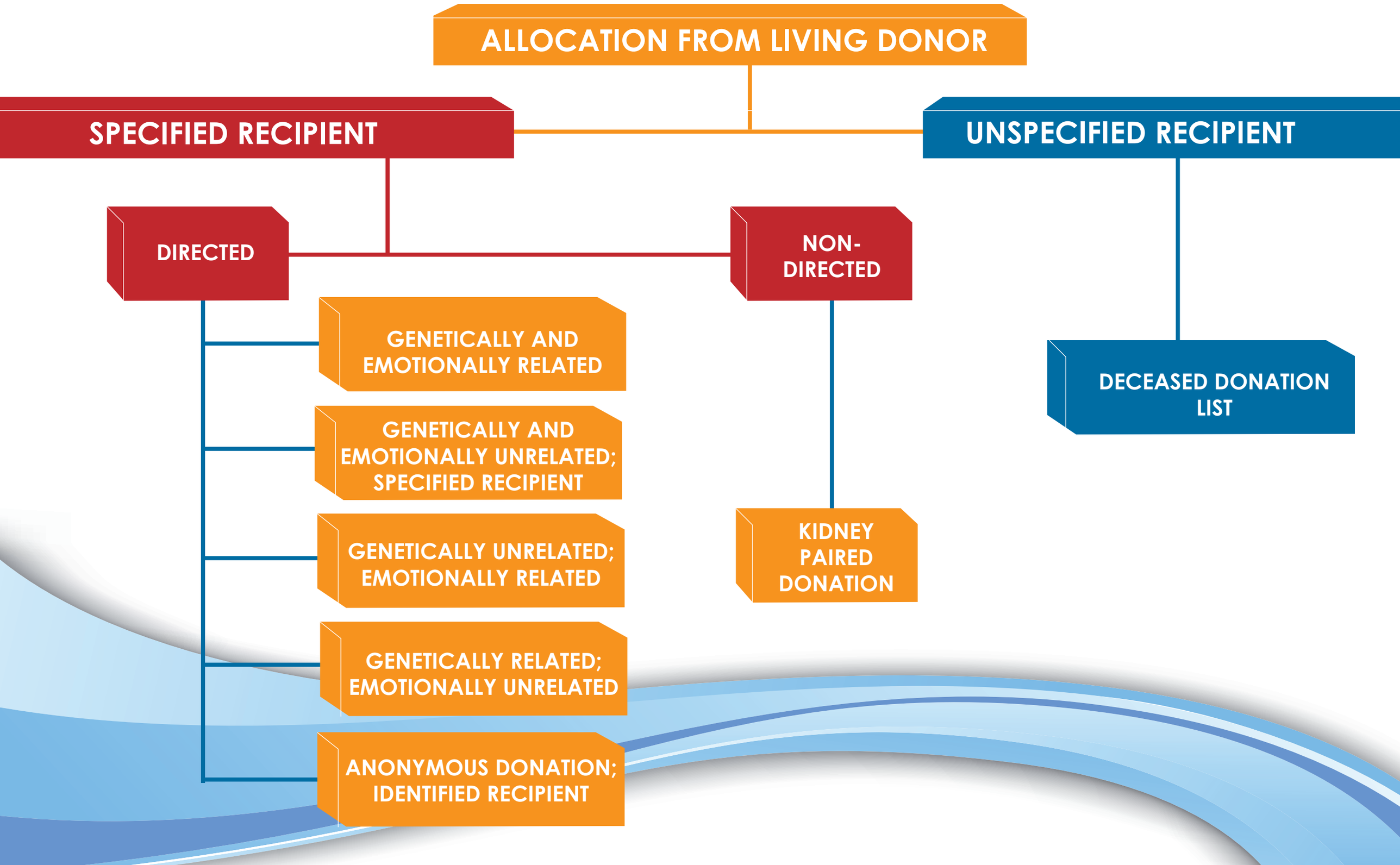
PUBLIC SOLICITATION

- May help individuals who do not have access to suitable living donors to find organs.[10]
- Increases public awareness of the need for organs.
- Reduces the DD list and thereby benefits those without a LD.
- Increases the potential for the exchange of valuable consideration for the organ.
- Advantages those who are wealthy, have access to resources, and the visually appealing.[11]
- Potential for exploitation of potential donors and recipients.

MINORS AS LIVING ORGAN DONORS

- All Canadian provinces and territories have laws establishing minimum ages to be a living organ donor.
- Minors may serve as LDs in exceptional circumstances, when certain criteria are met.[7,8]
- Decisional capacity: clinicians need to determine if the minor has developed the ability to understand and appreciate the consequences of organ donation, and alternate courses of action.
- Voluntarism: it may be challenging to determine if the minor's decision to donate is truly voluntary, as most children are dependent on family for money, housing, and food.
- Risk/Benefit ratio: the risks and benefits to minors resulting from LD may differ from adult LDs.
- 'Saviour Siblings': a child who is conceived with the purpose of donating a solid organ or HSC to a tissue-matched sibling that has a life-threatening condition.[9] Minors should only be LDs for a sibling as a last resort, when all other options have been exhausted, and the child has the capacity to make a voluntary decision about donating.

Allocation of Organs from Living Donors[4]



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The CNTRP is a national research initiative designed to increase organ and tissue donation in Canada and enhance the survival and quality of life of Canadians who receive transplants.

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