NDU

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Read the following excerpts and use the information they provide in order to write a documented argumentative essay about the pros and cons of organ donation.

Excerpt 1: Ethical incentives--not payment--for organ donation
Delmonico, Francis L, MD; Arnold, Robert, MD; Scheper-Hughes, Nancy, PhD; Siminoff, Laura A, PhD; Kahn, Jeffrey, PhD, MPH; et al. **The New England Journal of Medicine; Boston** Vol. 346, Iss. 25, (Jun 20, 2002): 2002-5.

A Regulated Market System

Since the current system of altruistic organ donation has not met the demand for organs, some critics suggest that the way to resolve this problem is to turn to a market approach that would permit the sale of human organs.41 -44 However, the ethical principle that one should not sell one's body applies whether the market is regulated or left to the vicissitudes of capitalism.45 A system regulated by a government agency (e.g., the Department of Health and Human Services) would probably not be the only source of organs for sale. In fact, the futility of trying to regulate payments to donors is suggested by worldwide experience. In the current global market, prices vary depending on the region and the social status and sex of the donor. For example, in Bombay, India, the current price for a woman's kidney is said to be $1,000; in Manila, the Philippines, the price for a man's kidney may be closer to $2,000; and in urban Latin America, a kidney can be sold for more than $10,000. Such are the payments allegedly made to the vendor; payments to the broker are an additional expense that can drive the cost of the organ even higher. Payments have allegedly exceeded $200,000 for arrangements in which the financial transaction occurred in another country and the transplantation was performed in the United States.18

Brokering in the United States according to market criteria of donor suitability would probably be no different. If the current prohibition against the sale of organs were rescinded, there would be little legal or ethical justification for preventing persons from bypassing the regulated system and using other means to obtain a better price for an organ from a more medically suitable donor. The Internet can be used to secure the best price for any commodity. A federally regulated system would have to outlaw Internet bidding and set a controlled price for certain types of donors or continuously modify the price.

Incentives versus Payment

Why draw a line between incentives, such as reimbursement for funeral expenses or life and disability insurance, and actual payments, such as tax credits or even regulated organ sales? We recognize that some people may view the difference as symbolic, but in our view, the symbolism

is very important. Symbols that are figurative representations of core social values and boundaries are both subtle and complex and do not always stand up to purely rational analysis. We bring a bottle of wine to the home of a friend who has invited us for dinner, not a $20 bill. The Red Cross gives T-shirts, food, and drinks to those who donate blood but would not give their cash equivalent. Despite the increasing encroachment of market forces into medicine, we believe that the symbol of altruism in organ donation continues to represent powerful notions about the use of human body parts.

The fundamental truths of our society, of life and liberty, are values that should not have a monetary price. These values are degraded when a poor person feels compelled to risk death for the sole purpose of obtaining monetary payment for a body part. Physicians, whose primary responsibility is to provide care, should not support this practice. Furthermore, our society places limits on individual autonomy when it comes to protection from harm. We do not endorse as public policy the sale of the human body through prostitution of any sort, despite the purported benefits of such a sale for both the buyer and the seller.

In the final analysis, we believe that a market system of organ donation fosters class distinctions (and exploitation), infringes on the inalienable values of life and liberty, and is therefore ethically unacceptable. In contrast, nonmonetary recognition of donation appeals to our notions of equity and, most important, does not subvert the altruistic social good that must be preserved in a revised system of organ donation. We urge Congress to retain the prohibition, established by the National Organ Transplant Act, against payment for organs in the United States

Excerpt 2: Consent for Organ Donation -- Balancing Conflicting Ethical Obligations
Truog, Robert D, MD. **The New England Journal of Medicine; Boston** Vol. 358, Iss. 12, (Mar 20, 2008): 1209-11. DOI:10.1056/NEJMp0708194

Organ transplantation is truly one of the miracles of modern medicine, saving the lives of many patients and improving the quality of life for many more. Given the ever-increasing gap between the number of organs needed and the supply, clinicians have an ethical obligation to help ensure that the desires of people who want to donate organs are respected. The Department of Health and Human Services took up this challenge in 2003, when it collaborated with leading transplantation organizations to launch the Breakthrough Collaborative, calling on all hospitals to increase their organ-donation rates to 75% or higher.

In addition to facilitating patients' exercising their right to donate organs, however, clinicians have an obligation to ensure that the consent process is informed and voluntary. During the past few years, changes in the laws, regulations, and guidelines surrounding the procurement of organs for transplantation have created tensions between these two ethical commitments. As one physician recently told the *Washington Post,* "If you promote organ donation too much, people lose sight that it's a dying patient there. It's not just a source of organs. It's a person."1

A few examples illustrate the evolution of this tension. In 2006, the Commissioners on Uniform State Laws worked with the transplantation community to amend the Uniform Anatomical Gift Act (UAGA). As originally amended, the act stipulated that physicians must continue the use of life-sustaining treatments for dying patients until the local organ-procurement organization

(OPO) could determine whether the patient's organs were suitable for transplantation, even if the patient had an advance directive in place stating that such treatment was not wanted. When critical care physicians became aware that they could be required to administer life-sustaining treatments against the expressed will of their patients, they voiced their ethical concerns to the commissioners, and in 2007, the UAGA was again amended to emphasize that the attending physician should consult with the patient or surrogate as early as possible to determine and follow the patient's wishes, even if doing so resulted in the loss of potentially transplantable organs.2

Although this particular issue seems to have been resolved, further tensions remain. One is the way in which regulations from the Centers for Medicare and Medicaid Services are being interpreted and implemented. These require hospitals to notify the local OPO "of individuals whose death is imminent or who have died in the hospital" and to ensure that the person who initiates the request to the family is a representative of the OPO or a "designated requestor." Although it is theoretically possible for hospital clinicians to be trained as designated requestors, in practice this person is almost always an OPO representative.

Excerpt 3: Better organ donation education

Shaw, Rhonda M. **The New Zealand Medical Journal (Online); Christchurch** Vol. 130, Iss. 1458, (Jul 7, 2017): 59-60.

In the media and in educational material promoting organ donation we are constantly told that "organs are in short supply", and that there is an urgent need to address the shortfall. From a medical perspective, the lack of availability of organs for transplantation is a problem, as the shortage of solid organs and body tissue is regarded as a threat to our healthcare system. In New Zealand, various strategies have been adopted aside from publicity campaigns to increase the supply of transplantable organs. These include paired kidney exchange schemes, policy implementation around donor compensation and the removal of disincentives to ease the financial burden for living donors. More radical suggestions include ideas about presumed consent and opt-out systems, directed "altruistic" donation and the use of expanded criteria and marginal donors. A recent initiative is the reintroduction of donation after circulatory determination of death, or donation after cardiac death (DCD). DCD was recently endorsed by the Ministry of Health in the 2016 Review of deceased organ donation and transplantation rates, which states that "increasing the number of DCD donors could be an avenue for increasing New Zealand's overall donation rates".

Many New Zealanders agree with organ donation as an abstract good, but most people who register their assent to donate organs on their driving licence application will have only a vague understanding of what deceased donation entails. This is not simply a reflection of public ignorance; it is also a consequence of information disclosure. When New Zealanders tick "yes" to donating their organs on their driver's licence, it is nowhere clarified in the application process that deceased donation can occur through two main pathways: donation after brain stem death (DBD) and DCD. Nor is it explained to the prospective donor that these pathways entail different

experiences for them and for the donors' family. Additionally, unlike the UK system, which asks prospective donors which organs they would be prepared to donate after death, the New Zealand driver's licence application asks no such questions. When I recently renewed my driver's licence for a 10-year period in February 2017 at an inner-city Transport Agency, there were no organ donor information brochures on display or available upon request (I was sent a brochure in the mail with my renewal notice).

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While all proposals to increase the supply of transplantable organs raise ethical issues, DCD raises questions around the determination of death and the difficulty of establishing an irreversible loss of consciousness as part of the DCD pathway. It thus has implications for the way we think about dignified death, and, depending on the circumstances of a person's death, issues around the consent process. Admittedly, public information disclosure that speaks plainly about the timing of death and what donation and transplantation operations entail may be too much information for many people. Nevertheless, failure to distinguish DBD and DCD does not adequately meet informed consent criteria. If the New Zealand healthcare system does value autonomy, then the public should be entitled to information about what DCD involves. Such information is not only important in jurisdictions that already have or seek to move to opt-out systems (eg, France in January 2017), it is necessary given the timecritical manner required to facilitate DCD processes surrounding the withdrawal of cardiorespiratory support. Being required to make quick decisions about DCD, in an emergency or with little time to consider the pros and cons of the process, may make families vulnerable. It does not help, as Marck and colleagues indicate in a survey of 648 Australian healthcare providers, that many medical professionals working in this domain are also unfamiliar with processes involving DCD.1

People outside the medical profession are largely unaware of these issues, yet they raise concerns that prospective donors and their families are entitled to consider prior to checking the box on the driver's licence application form to indicate consent to deceased donation. I do not oppose organ donation; my concern regarding DCD rests with the informed consent process. There are documents available in Australia and New Zealand for members of the public to find out about DCD; for example, The DCD Plain Language Statement published in 2010 by Australian Organ and Tissue Authority and the 2010 ODNZ Annual Report. The new-look ODNZ website also includes information about what organs people can donate. However, unless people know that the DCD pathway exists, they are unlikely to search for and read these documents. Now DCD is once again an option, we risk 'suboptimal consent' as bioethicists such as Kirby contend,2 if members of the public are not sufficiently informed when they check the box on their driver's licence application saying 'yes' to organ donation. At the very least, in addition to stating what organs they are prepared to donate, prospective donors should be able to indicate which organ donation procedure they consent to, from a range of available options, at the time of signing their driver's licence or joining an organ donation registry.

Title?

Organ donation is simply when someone donates ... his organ(s) to someone in need. As Robert D. Truog says, the process in which organ transplantation is "one of the miracles of modern medicine, saving the lives of many patients and improving the quality of life for many more" (X) Citation Nowadays, organ donation is obviously needed to save others' lives but some people think that it is unethical to donate organs. Does donating our organs is considered as ethical or unethical? Well, ~~donating~~ organ transplantation is ethical and it's a good act when it is done without getting money to do it.

First, when we donate organs, we are saving someone's life and this is a humanitarian act that does not have a negative impact on both the donor and the patient in need. For instance, when someone decides to donate his organs after his death, also called as Donation after Cardiac death DCD (Shaw, 2017), he will not be affected negatively since he would not use them after his physical death. Also, when someone is very sick and in need of a transplantation, he would be affected positively with organ donation since his life will be saved.

First, when we donate our organs, we are saving someone's life and this is a pure humanitarian act that cannot be defined as unethical. For instance, when someone is urgently in need of a kidney ~~(so he can survive)~~ to survive, someone who can donate should donate to save the patient's life.

Also, organ transplantation does not have a negative impact on both the donor and the patient in need

either or

For example, when someone decides to donate his organs after his death, which is also called as donation after cardiac death DCD (Shaw, 2017), he will not be affected negatively since he will no longer be in need of them. In addition, when someone is very sick and in need of an organ to survive, he would be affected positively (rather than) not negatively when someone donates his organ (kidney for instance) for him.

However, some practices of organ transplantation may be unethical. These practices are unethical when they are made for money. In other words, when someone sells his organs, he is completly unethical. According to Francis L. Delmonico, Robert Arnold, Nancy Scheper-Hughes, Laura A. Siminoff, Jeffrey Kahn et al., some payments for getting a kidney in the US exceeded $200,000. When we see huge numbers like these, we conclude that organ transplation is no longer a humanitarian and a good act, however, it is becoming a trade that prohibits poor patients from getting a donation, which is a purely unethical behavior. (X) Missing a relation

To conclude, organ donation is a good act that should be always practiced, given that its pros outweight its cons. In order to live in a society where values, virtues and human rights are respected, donations should not have a monetary price.

You could have included more citations.