

ation of the bodily functions and system as a whole). For instance, a person can sacrifice one healthy kidney (a loss of anatomical integrity) and still be able to maintain health and proper bodily functions with the remaining kidney; such a donation would be morally permissible. Using the same reasoning, however, a person cannot sacrifice an eye to give to a blind person, because such an act impairs the bodily functions of the individual.

Pope Pius XII agreed with this broader interpretation of the principle of totality, and declared organ transplants from living donors morally acceptable. He underscored the point that the donor is making a sacrifice of himself for the good of another person. However, such transplants must fulfill four criteria: (1) the risk involved to the donor in such a transplant must be proportionate to the good obtained for the recipient; (2) the removal of the organ must not seriously impair the donor's health or bodily function; (3) the prognosis of acceptance is good for the recipient and (4) the donor must make an informed and free decision recognizing the potential risks involved.

A moral question which has arisen in this area is whether someone can sell one of his own organs for transplantation. The answer is a definitive "no." The selling of an organ violates the dignity of the human being, eliminates the criterion of true charity for making such a donation, and promotes a market system which benefits only those who can pay, again violating genuine charity. Pope John Paul II underscored this teaching: A transplant, even a simple blood transfusion, is not like other operations. It

must not be separated from the donor's act of self-giving, from the love that gives life" (Address to the First International Congress of the Society for Organ Sharing," June 24, 1991).

The *Ethical and Religious Directives for Catholic Health Care Services* provides the following guidance: "The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of the donor must be respected, and economic advantages should not accrue to the donor" (No. 30).

Therefore, organ donation is morally permissible under certain conditions. Generally, in the case of donating organs after death, the gifts that God has given to us to use in this life – our eyes, hearts, liver, and so on – can be passed on to someone in need. In the case of donating organs while alive, such as giving a healthy kidney to a relative in need, the donor needs to weigh all of the implications; in charity, a potential donor may decide he cannot offer an organ, such as if he were a parent and would not want to increase the risk of not being able to care for his own dependent children. Although organ donation is not mandatory, it is commendable as an act of charity.

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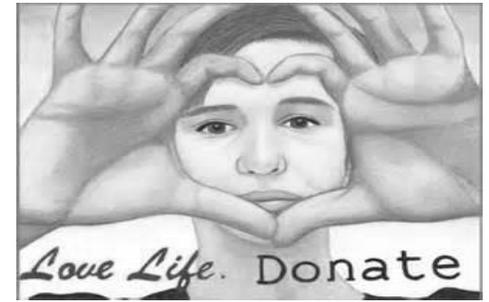
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Organ Donations

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The Catechism teaches, "Organ transplants are not morally acceptable if the donor or those who legitimately speak for him have not given their informed consent. Organ transplants conform with the moral law and can be meritorious if the physical and psychological dangers and risks incurred by the donor are proportionate to the good sought for the recipient. It is morally inadmissible to directly bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons" (No. 2296). To better understand this teaching, let's take it one step at a time. Keep in mind that the issue was first clearly addressed by Pope Pius XII in the 1950's, and then has been refined with the advances in this field of medicine.

First, a distinction is made between transplanting organs (including tissue) from a dead person to a living person, versus transplanting organs (including tissue) from a living person to another living person. In the first instance, when the organ donor is a dead person, no moral concern arises. Pope Pius XII taught, "A person may will to dispose of his body and to destine it to ends

that are useful, morally irreproachable and even noble, among them the desire to aid the sick and suffering. One may make a decision of this nature with respect to his own body with full realization of the reverence which is due it. ... This decision should not be condemned but positively justified" (Allocution to a Group of Eye Specialists," May 14, 1956). Basically, if the organs of a deceased person, such as a kidney or a heart, can help save the life of a living person, then such a transplant is morally good and even praiseworthy. Note that the donor must give his free and informed consent prior to his death or his next of kin must do so at the time of their relative's death.

One caution needs to be made: The success of an organ transplant significantly depends upon the freshness of the organ, meaning that the transplant procedure takes place as soon as possible after the donor has died. With the advances in transplantation technology, organs are increasingly in demand. Nevertheless, the moral criterion demands that the donor must be dead before his organs are used for transplantation; moreover, the donor must not be declared dead prematurely or his death hastened just to utilize his organs. To avoid a conflict of interest, the Uniform Anatomical Gift Act requires that "The time of death be determined by the physician who attends the donor at his death, or, if none, the physician who certified the death. This physician shall not participate in the procedures for removal or transplanting a part" (Section 7(b)). While this caution does not impact upon the morality of organ transplantation per se, the dignity of the

dying person must be reserved, and to hasten his death or to terminate his life to acquire organs for transplant is immoral.

Several other issues have emerged which impact upon the morality of a transplant procedure: One issue is the use of organs or tissues from aborted children (such as those murdered through partial birth abortion procedures). A lucrative organ "harvesting" industry is developing which utilizes the organs and tissues of aborted fetuses. A critical point here is that these abortions are performed with the intention of utilizing the organs or tissues of the infant, and in direct conjunction with a particular recipient in mind.

Another issue is when a child is conceived naturally or through in vitro fertilization to obtain the best genetic match, and then born or even aborted simply for organs or tissues. For example, recently a couple conceived a child for the sole purpose of being a bone marrow donor for another sibling suffering from leukemia; while the conceived child was determined to be a good match while still in the womb and was born, one must wonder if the child would have been aborted if he had not been a good match. To participate in an abortion to obtain organs, to conceive a child for organs, or to knowingly use organs from aborted fetuses is morally wrong. Nevertheless, to transplant the organs of a deceased person to help another person in need is morally permissible as long a free and informed consent has been given.

The transplantation of organs from a living donor to another person is more complicated. The ability to perform the first kidney transplant in 1954 caused a great debate

among theologians. The debate focused on the principle of totality – whereby certain circumstances permit a person to sacrifice one part or function of the body for the interest of the whole body. For instance, a person may remove a diseased organ to preserve the health of his whole body, such as removing a cancerous uterus. These theologians, however, argued that a person cannot justify the removal of a healthy organ and incur the risk of future health problems when his own life is not in danger, as in the case of a person sacrificing a healthy kidney to donate to a person in need. Such surgery, they held, entails an unnecessary mutilation of the body and thereby immoral.

Other theologians argued from the point of fraternal charity, namely that a healthy person who donates a kidney to a person in need is making a genuine act of sacrifice to save that person's life. Such generosity is modeled after our Lord's sacrifice of Himself on the cross, and reflects His teaching at the Last Supper: "This is My commandment: Love one another as I have loved you. There is no greater love than this: to lay down one's life for one's friends" (Jn 15:12-13). Such a sacrifice, these theologians held, is morally acceptable if the risk of harm to the donor, both from the surgery itself and the loss of the organ, is proportionate to the good for the recipient. Moving from this reasoning, these "protransplant" theologians re-examined the principle of totality. They argued that while organ transplants from living donors may not preserve anatomical or physical integrity (i.e., there is a loss of a healthy organ), they do comply with a functional totality (i.e., there is the preserv-