



“Organ Donation: Cash and Carry?”

Benjamin A. Neil¹, Dr. Paul A. Byrne²

¹Retired Full Professor/ Legal Studies

²M.D. / Clinical Professor

***Corresponding Author:** Dr. Paul A. Byrne, M.D. / Clinical Professor, USA

Abstract: *It comes as no surprise that organ donation has been discussed in many quarters with both emotion and commitment. When many individual's go to the Motor Vehicles Department in order to renew their driver's license, they are asked quite openly to be organ donors. Thereby, providing organ, eye, and tissue donations to those in need.*

This review looks at this topic from the perspective of those objecting to the definition of “brain dead”, in order to perform the necessary organ removal. Based upon all of the public service announcements and media coverage, there is still an active segment of the general community who do not subscribe to the request for organ donations.

There are various reasons for their rejection and refusal many of which are based upon religious, moral and ethical concerns. Those of which will be discussed herein.

Keywords: *Organ Donation, Brain Death, Pretend Death, Organ Transplant, and Gift of Life*

1. INTRODUCTION

As I sit in my Church choir section, I cannot help but wonder about the gentleman in the tenor section, who has been sitting beside me for the past four years. Later that night, he had the opportunity to share his story with me. It seems that he had a heart and lung transplant some years earlier. The donor was a young man who happened to be an accident victim. Very likely, without transplants, my friend would not be sitting next to me at the rehearsal. Needless to say, that got me thinking.

Shortly after that, I happened to see a local publication, with the lead article that stated “organ donation: ‘pretend death’, big bucks” (Defend Life, Jan-Feb 2015, Vol 26, No 1)

Within the article, Dr. Byrne explained that “before 1968, a person was declared dead only after their breathing and heart had stopped for a determinate period of time, the term “brain death “was unheard of.”

(<http://www.truthaboutorgandonation.com/factsaboutorgandonor.html>. Retrieved 9/19/2015.) In my subsequent conversations with him, I came to see his point of view.

“More than 123,000 people in the United States are waiting for an organ. One more person is added to the national waiting list every 12 minutes “ (Web M.D., Organ Donation and Transplant, Retrieved 12/11 17) “ For organ donation after death, a medical assessment will be done to determine what organs can be donated. Certain conditions, such as having HIV, actively spreading cancer or severe infection would exclude organ donation. (Ibid)

- “You can donate organs at almost any age – anywhere between new born to a 65 year old can sign up.
- Kidneys, lungs, heart, skin, pancreas, lung, eyes and intestines can all be donated.
- Around 95% of eye donations enable the receiver to see again.” (Gary Wickman, Organ Donations Pros and Cons, Healthcare guidance Org., Retrieved 12/11/17)

However, The Journal of the American Medical Association, in 1968 published what was to become known as the “Harvard criteria” in an article entitled “A definition of irreversible coma”. Much of which has been disavowed by many in the medical field.

Since organ damage occurs within minutes. As a result of the lack of blood circulation, it is quickly determined that the organs that were taken from the recently deceased or cadavers were useless for the purpose of transplantation.

As a result, only organs that were taken from a “living body” could be useful. Hence, the newly crafted definition of “brain death”.

At a 2005 meeting of the Pontifical Academy of Sciences at the Vatican Dr. Byrne testified that, “when organs are removed from a ‘brain dead’ donor, all the vital signs of the ‘donors’ are still present prior to the harvesting of organs, such as normal body temperature and blood pressure; the heart is beating, vital organs, like the liver and kidneys are functioning; and the donor is breathing with the help of a ventilator.” (http://www.chninternational.com,brain_death_is_not_brne_paul_md.html) Retrieved 9/19/2015.

He went on to say that: Vital organs deteriorate very quickly after a patient is actually dead. After death, unpaired vital organs (specifically the heart and the whole liver) cannot be transplanted. (Byrne, Defend Life, 2005, pp1-2)

“Ideally, the donor and recipient must have similar blood and tissue type. But the transplant is still possible, even if this is not the case. However, the recipient must be given special treatments to ensure that the body will not reject the new organ.” (<http://connectusfund.org>, Blog. Retrieved 12/11/17).

“Time is often of the essence to preserve an organ so that it can be donated to someone else, so that their life may be saved, which is why so many people choose to donate their organs. Some people may have health issues that prevent organ donation, while others may have ethical issues. (<http://healthresearchfunding.org>, retrieved 12/28/17)

“Harvesting human body parts is a billion-dollar industry. Based on 2011 federal filings and tax documents of the nation’s 51 independent org. The “nonprofit” OPO’s post hefty surpluses each year. LifeNet Health of Virginia Beach lead the OPO’s with a reserve of over \$95 million. Six-figure salaries: top executives averaged \$320,000 in total compensation.

Nepotism and board members paying themselves: Tampa based LifeLink Foundation paid its two executives a combined \$1.1 million and four relatives \$500,000 more.”(Byrne, Defend Life, 2005, pg. 2) Also (http://triblive.com/news/allegheeny/440891-74/organ_organizations_procurement)

“Though it is illegal in many countries, the unethical trade of human organs is widely spread globally with hugh amounts of money involved. Many of these rackets have been busted but many are still operating. The unbalanced ration of required verses available organs is responsible for the illegal trade. It is indeed a pity that the big money that is involved in the trade, that many such individuals such as prison inmates and children (who are kidnapped for organ trade) are forced to donate their vital organs.” (www.newhealthadvisor.com, retrieved 12/11/17).

The Uniform Death Act was proposed in August, 1978 by the National Conference of Commissioners on Uniform State Laws. “The ABA’s definition of death and, indeed, all 19 or so state statutes that have been undertaken to define and establish at law “brain-related” criteria of death are based on scientifically invalid assumptions.” (Byrne, JAMA, Nov 2, 1979, No 18, pg.185)

“The new criteria are intended not only to decide as soon as possible, when someone is dead, but among other options, to clear the way for excision of his vital organs – actions which, if a mistake has been made is certain to kill the still-living patient. (Byrne, JAMA, Nov.2, 1979, No 18, pg. 186.)

“Bodies are often kept on artificial life support to keep the organs alive, meaning that a heartbeat and other body functions may still appear to be functioning. Organs are never medically taken unless there is no brain activity whatsoever.” (healthresearchfunding.org. supra)

Human beings have a God given right to experience every moment possible. “Destruction of the entire brain can occur, but that criteria to determine this state reliably have not been established. Cessation of brain function is not the same as destruction.” (http://www.olvre.com/medical/Brain_Death.html).

In the present state of the art of medicine, a patient with destruction of the entire brain is, at the most, mortally wounded, but not yet dead. Death ought not be declared unless and until there is destruction of the entire brain, and the respiratory and circulatory systems as well.”(SIRS: “Brain Death-Still A

Controversy”, Fall 1990, pg. 12.); Also (<http://www.all.org/learn/organ-donation/life-support-and-death>. Retrieved 9/19/2015) Also ([http://www. Chninternational.com/chninfo2.htm](http://www.Chninternational.com/chninfo2.htm) {Supra})

“Critizers have argued that NHBD (nonheart-beating organ donation) may be a violation of the ‘dead donor’ rule, which stipulates that persons may not be killed for their organs or by the removal of their organs”

“In the USA, the Uniform Determination of Death Act specifies that death may be declared after appropriate diagnostic tests establish either ‘irreversible cessation of circulatory or respiratory functions’ or ‘irreversible cessation of all functions of the entire brain, including the brain stem’.”

Although the majority of organ donors are classified as ‘heart beating’ (brain dead) by the second criterion, donors classified as ‘nonheart beating’ fall under the first criterion. Naturally, there is a sense of urgency in NHBD that is not present in the case of heart-beating donors. The haste required to recover viable organs begs the question of whether the patient is truly ‘dead’ yet. Can it be said that circulation and respiratory functions have been irreversibly lost in the patient?”

“To obey the dead donor rule, NHBD protocols typically include a waiting time after the declaration of death to begin organ recovery”. Although the total brain failure is not the criterion used to declare death in NHBD, data support the fact that neurologic function rapidly ceases within seconds of circulatory collapse, rendering this criterion moot as well.”

The nuts and bolts of NHBD protocols vary widely throughout American medical centers. This variability is ethically dubious and should be standardized to assure uniformity. Toward this end, in the USA, the Institute of Medicine published a report in 1997 offering recommendations and practical guidelines regarding NHBD. The Institute of Medicine recommends seven key points for model NHBD protocols, including that the protocols be locally drafted and approved, that they have safeguards against conflicts of interest, and that they contain a waiting period of 5 minutes after death before organ recovery, as verified by electrocardiographic and arterial pressure monitoring.

The precise moment of death eludes detection by current medical and philosophical analysis.” (Leslie Whatstein, online, BioMed Central Ltd., April 26, 2002)

Interestingly enough, a writer for the same publication came up with another, very similar, argument on the same day. It goes on to say:

“Perhaps the greatest ethical question with NHBD is what is the period of suspension between life and death? Many people and cultures do not accept the concept of brain death and in Western cultures the duration of the absence of circulation before the person is dead is not well defined. As these matters now stand, an impression can easily arise that a patient on whom NHBD is performed is not really dead or that patient has been prematurely withdrawn from ventilators so that the organs can be extracted. NHBD in general, require greater public discourse and social and ethical exploration. (Kerry Bowman, online, BioMed Central Ltd. April 26, 2002)

2. SUMMARY

The bottom line is one in which we will each need to make a personal choice and provide a definition of life and death, apart from what the medical society and experts provide. Clearly, this has moral, medical and ethical concerns.

Fully 65 percent of individuals living in the United States, who may otherwise be eligible as organ donors, are not yet registered to do so. Apparently, there is an underlying reason, which needs to be identified.

“If a person has agreed to donate their organs, then their body is usually kept on life support, even if there is no chance of true resuscitation. The body remains hooked up to a ventilator, so that the organs are in prime condition when they are removed. This also decreases the chance that the new organs could attack the body of the host.” (Occupytheory.org, 1/23/15)

Certainly, my intention here is not to create controversy, although that may be inevitable. How can one be considered a corpse if there is blood circulation appropriate body temperature and breathing,

even if mechanically assisted? Is it not the taking of a “life” if the organs are then removed from the donor body? Hopefully, we may begin a discussion that achieves a compromise not about definition, but commonly stated to be about definition of death, so as to respect human life as something that should not be taken away according to some medical definition.

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