

Utilitarian ethics in organ transplants



Introduction

In the contemporary medical bioethical practices, there is an observable increase in the emergence of sensational perspectives regarding appropriateness of transplantable organisms in reference to utilitarian ethical provisions. Utilitarianism is essentially based on the ethical standpoint that the basic aim of utility is to enhance human happiness in due consideration of moral appropriate actions. Utilitarianism can be discussed in pursuance of two basic approved concepts, which are act-utilitarianism and hedonistic utilitarianism in establishing fundamentals regarding the transplant of organs and small transitory supply.

The Need for Transplantable Organs & Small Transitory Supply

Act-Utilitarianism

This basically refers to the correctness of an action on due consideration of the impending medical transplantation of organ services. The need for society members to donate these critical organs is usually done with an aim of saving life. However, from experience community members usually tend to ignore the significance with which they could potential be exposed to harmful effects, most of which are long-term. “ Frequently utilitarianism is the basis for deciding how health care dollars should be spent... A difficult of this approach is that the appeal is made to the happiness of the majority, the interest of the individual or minority, who also deserves help may be overlooked” (Chitty, 2005).

In recent times, the debate over the correctness of transplantable organs on humans has shifted towards the emancipation of individual choice. This therefore implies that an individual has the right to significantly choose on whether to participate or not. The implications of such kind of actions lead to the development of significant level of doubt regarding the successful accomplishment of such actions. For instance, under individual circumstances one needs to weigh the guiding principles or such actions, whether it is for monetary gain or an act of human pity especially in the case of organs transplanted between members of an extended families. “ There is a profound difference between freely donating one’s organ in order to save a life and selling it for financial gain. Donating one’s organ without reward is an act of profound nobility, a gesture motivated by love” (Chia, 2009).

Hedonistic Utilitarianism

This refers to the extent to which an action leads to the inducement of pleasure or pain associated with an action (Fieser, 2009). The performance of certain medical procedures is indeed based on the whether the intended surgical procedure, in this case, we consider the replacement of faulty small transitory supply in older people. Traditionally it is known that older people take relatively long clinical periods to recover from such procedures. Furthermore, the duration of healing of such delicate tissues such as blood component tissues takes relatively a longer time due to the senior people’s reduced ability in terms of nutritional support. Furthermore, the effect of transfer of costs to the people who will essentially be taking care of the recovering patient cannot be fundamentally overemphasised. “ Every dollar of resources, every transplantable organ, going to an old person comes at

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the expense of a young person” (Kuhse & Singer, 2006). In regard to hedonistic utilitarianism principles this act therefore seems to inflict significant pressure among the care givers, and the subsequent pain levels inflicted on the recovering old person. In this case, such a procedure would entirely be based on individual decision.

The implications of the transplantable organs and small transitory supply on the medical institutional framework in terms of prioritising health care have always proved to be a challenge. Going by the existing medical guidelines cases need to be attended according to urgency, however, for organ transplant this issue cannot be treated similar to other medical conditions and therefore brings in an ethical perspective into the whole issue. According to the Council on Ethical and Judicial Affairs of the American Medical Association, “ The Council recognizes the potential relevance of several criteria for scarce IC (urgency of need, likelihood of benefit, and in some cases the amount of resources required for successful treatment), but ‘ only when the differences among patients are very substantial... where no relevant ethical distinctions can be among patients, priority should be give according to the order in which patients present to the ICY” (Childress, 1997). This therefore suggests that subjecting a patient unfairly to an organ transplant waiting list indefinitely could potentially affect the efficacy of health status of an individual as his or her health status continues to deteriorate.

There is also an issue regarding the potential of occurrence of organ rejection in individuals who have successfully undergone a surgical transplant procedure. “ This account goes a long way toward overcoming the

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problems not only with utilitarian-based rationing by age but also those growing out of a notion of a natural lifespan” (Veatch, 2000). Issues arising in such instances are usually in regard to the appropriateness of undertaking such a procedure without anticipating the occurrence of such events. If a medical transplant was therefore give a go ahead by the concerned medical personnel in an area where there has been a significant number of rejections then this would subjecting the individual to significant harm.

Conclusion

In pursuance of Utilitarianism goals based on the concepts of act-utilitarianism and hedonistic utilitarianism shows that the emerging issues deserve prompt action in order to justify the correctness of such actions. Furthermore, the aspect of whether transplantable organs and small transitory supplies lead to the development of individual happiness and satisfaction still proves to be a major issue especially in consideration of the resultant effects.