

# Ethical aspects of organ allocation



There are two ways of receiving an organ transplant: from a living human or an organ from a cadaver. Typically when receiving an organ from a living person; relatives are the first line of contact; but, that is not always the case. Spouses or close friends frequently donate organs to ailing loved ones. If a person does not have an available living donor or is ineligible for a living donation because of their predicted outcome, they are placed into a waiting pool for an organ from a cadaver by their transplant center.

The United Network for Organ Sharing, which is always called UNOS, is a private, non-profit institute that oversees the country's organ transplant system under the agreement with the Federal Government" (UNOS, 2013). "In the United States there are 123, 771 people waiting for a transplant" (UNOS, 2013), currently in 2014 that number could be higher. UNOS has an organ allocation process, which includes justice, and how organs are dispersed to their recipients. It does not mean giving all patients the equivalent or saving only the sickest patient, but, instead, offers that inform respect and apprehension be assumed to all patients.

Medical utility means accomplishing the greatest net medical good overall and making the finest use of limited resources to be allocated. For example, there are several questions which ask about the patient, which are, is the child medically ready for transplant? Is the child too well, too sick, or have a serious or life-threatening co-morbidity's? Also, are there other options to explore before being medically listing them as needing organ transplantation? Such options would include palliative care, surgery, or optimizing medication regimen.

There are several laws that surround this process so many it is hard to include everyone. As of “ February 201 1, NUNS released a policy proposition to modify how departed donor kidneys are allocated to adults in the country// (Reese & Kaplan, 2011).

“ The latest policy was used to make distribution more effective by attaining a larger existence for kidney transplantation recipients” (Reese & Kaplan, 2011). The goal was that the organs be paired by age matching of receivers to contributors and by distributing the maximum quality of kidneys to receivers with the lengthiest estimated survival. “ The

Uniform Anatomical Gift Act of 1 968 (GAGA), was put into place many years ago, and the Act consisted of a person who can create his or her own decision to be an organ donor regarding death, which does not necessitate the agreement Of the next of kin” (Vetch, 2009). A donor symbol on a driver’s license however, has not been considered adequate confirmation of the deceased intent to give to and continue without permission from the next of The decision for an organ transplant is ultimately up to the patient and the family; however, with such an important decision to make, there is review of he moral and ethical principles that surround this.

These principles include autonomy, malefaction, beneficence, and justice.

“ The primary ethical dilemma surrounding organ transplantation arises from the shortage of available organs” (Vetch, 2009). Not everyone that needs a transplant gets one and in fact the scales tip quite heavily in the opposite direction. NUNS maintains a comprehensive, up-to date website that gives the status of people waiting for organ transplants. As of today, October 5, <https://assignbuster.com/ethical-aspects-of-organ-allocation/>

2014, 123, 771 people in the Ignited States are waiting for an organ transplant, 14, 326 rampant have been performed this year, and there are a recorded number of 7, 021 donors” (NUNS, 2014).

Autonomy is defined as self-determination and freedom from the control of others and making your life choices” (Morrison, 2011). The principle of autonomy holds that actions or practices tend to be right thus far as they respect or reflect the exercise of self- determination. “ Persons and their actions are never fully autonomous, but nevertheless it is possible to recognize certain individuals and their decisions as more or less substantially autonomous” (Organ Procurement & Transplant

Network, 2010). With the presentation of the principle of autonomy there are a few considerations such as, refusal of an organ and the right to do so, directed donation allocation, the processes of organ donation, and allocation rules that enable patients to make informed decisions.

“ The principle of malefaction states that we should act in ways that do not inflict evil or cause harm to others” (Morrison, 201 1). Specifically, we should not cause preventable or intentional harm.

The principle of malefaction can be applied to transplant allocation because the modern array of medical interventions has the capacity to do good or harm, or both, thereby involving principles of malefaction. An example of this would be the procurement of an organ though exploitation of payment to the donor or next of kin of the deceased donor.

Another example is keeping in mind that minors are legally incompetent people meaning that measures should be in place to protect them, and their consent should be given prior to any donation process. Beneficence is another principle of ethics that is expected to be given in a healthcare setting.

Patients assume that you are there for their benefit and will act with charity and kindness towards them. When it comes to transplants, there is a task force that recommends which patients go on the waiting list, and the distribution of patient's organs be nondiscriminatory, and NUNS has continued to express apprehension for fairness in the organ allocation process. There are several factors to be taken into consideration in the presentation Of the principle Of justice.

The factors include, medical importance, probability of finding an appropriate organ in he future, time waiting for the organ, a patient's first transplant vs.. Peat transplants and age. Justice refers to the fairness in distribution of the benefits and problems of an organ procurement and allocation program. All associates of the public are morally permitted to impartial admittance to all benefits.

Thus, meaning that even if the program could not determine exact methods of medical benefits such as projected quality-adjusted years to life added, it may not continuously be the case that allocation would be the ethically right choice to be made.

When it comes to the idea of transplants many people feel very indecisive. There for this indecisiveness; one is that transplants can, in fact, save and  
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transform lives, however for that to happen someone must die. Due to this organ transplants have quite a distinctive set of moral and practical problems. Some ethical dilemmas that many face are quality of life, resource allocation, patient autonomy/decision making, access to health care and resources, informed consent, confidentiality, end of life decision-making, refusal or services, and pain and suffering.