

# [Become an organ donor](https://assignbuster.com/become-an-organ-donor/)

Research show that up to seven lives are accumulated (two lungs; one heart, pancreas, and liver; and two kidneys) for every individual who decides to donate an organ after death. Consequently, nine patients die each day due to organ shortage. If every healthy and competent individual is willing to donate an organ before or after death, then it is most likely to save an immense number of sick or dying patients and much more offer their respective families a sturdy relief for that so-called “ gift of life.

” (Lauritzen, McClure, Smith, & Trew, 2001) Organ donation has always been a controversial issue in the society especially among families who are against such perception. Healthorganizations such as the Center for Organ Recovery andEducationand other Organ Procurement Organizations came up with the idea that the discretion with regard to organ donation apparently flows on the donor’s decision, thus making thefamilyonly get informed with the “ documented wish” of the donor (May, Aulisio, & DeVita, 2000).

Surveysstressthe idea that there are numerous accidents that occur per day and normally, these individuals would need organs to replace whatever it is that has been damaged (Joralemon & Cox, 2003). It may then be taken to assumption that out of the 37, 000 Americans waiting to receive the “ gift of life” (DeJong, 1995)—to restore their good health per se—it would be more efficient if there will be many who would voluntarily donate some of their organs even when they are still alive compared to that when they are already dead.

As a matter of fact, there occurred Congress legislative proposals which are coherently adopted by the American Medical Association, the United Network for Organ Sharing and the American Society for Transplant Surgeons. In essence, through these laws, the families of the donors are to be given the assurance that “ the body is dissociable from the self and can be treated like property…these are proposals to compensate families for transplantable organs which are gathering momentum. ” (Joralemon & Cox, 2003)

It has also been observed that the number of organ donors surprisingly increased given the fact that the Congressional bill comprises to tax credits for cadaveric donations (Joralemon & Cox, 2003). Further, it would grant moderate incentives—funeral assistances—according to donor rate. The “ pure altruism” consent of the organ donation system—meaning that it will be under the consent of the donor’s family—or that on the basis of “ express consent”—where the deceased’s documented wish where the next of kith and kin would not be able to supersede with the donor’s decision.

In these kinds of system, the system would help save lives and one point or another; financially help those who are still living in a manner of “ assurance-foundation. ” (May et al. , 2000) There exists several risks on organ donation, like plastic surgery, the addressee is talked to decide over his or her own risk—though insurance policies are there to collide in form—thus it must be kept in mind that there will always be unexpected circumstances to surface (DeJong, 1995).

With this, organ transplant schema would be assessed to be of mutual benefit over that of the recipient and the donor. Examples of organ and tissue donation include cornea, bone marrow, hearts, livers, lungs, pancreases, and spleens; and many more dependent on what is needed by the surgeon (Lauritzen et al. , 2001). The donations made are explicitly beneficial and helpful in all of humanity. However, like other occurrences, there are always these instances where the donation process takes a glitch on the procedure.

Like what doctors say, not all surgeries are successful inasmuch as there is no total assurance that a cancer patient will not be saved. Hence these kinds of issues only take place when there are anticipated circumstances like the donor is suffering from heart disease or other illnesses which could gravely affect the procedure—but that is impossible to happen since the medical team are to make several tests and diagnoses first to be able to distinguish if a donor is capable to indeed “ save another life. ” (Lamb, 1980)

Voluntarism may be perceived to be a form of a heroic act by any individual. Even if others may regard it for a stake of financial stakes, still the mere fact that the idea is to accumulate a life is far more important than placing a pedestal of clannish catastrophes. In a larger perspective, in the case of those who are brain-dead, there are families who prefer seeing their loved one help another person’s life, than to live in a life full of agony. Most likely, the “ living donors” are not after formoneyalone, it is too rare that they ask for something in return after donating an organ.

Basically, cornea and kidney donors honor their benevolence to see a person close to them live a little longer, or make one see through the nightfall—to make someone feel complete—dramatic but happening in a real-life scenario (Lauritzen et al. , 2001). Donating an organ in the contemporary society is no longer a hook-on-a-leash issue compared to that when the kidney transplant was first performed in 1954 for the sake of two identical twins. In the modern era, technologyhas paved a long way in the art of saving lives—or getting a new life out of somebody’s end of life.

There may be othercultureor religion who are still against the idea of “ taking something” from a person’s body, but if they are to be educated and have them informed of the beauty that waits the recipient, they too would conceivably try donating their organ—whether they are still living or after death (Lauritzen et al. , 2001). In a future marker of this argument, it may be stressed that marketing is no longer limited to goods made by humans, even humans, whose only initial investment is their body, could give a better pay-off with the right people to attend to and seek for guidance (Joralemon & Cox, 2003).

It is amazing to realize that healthcare has created this system, where normal people could be heroes, even if they couldn’t fly or read minds or make objects move. A driving force to live life through helping others, and gaining income by donating an organ—the feeling of fulfillment is imaginable. References DeJong, W. (1995). Options for Increasing Organ Donation: The Potential Role of Financial Incentives, Standardized Hospital Procedures, and Public Education to Promote Family Discussion. The Milbank Quarterly, 73(3), 10. Joralemon, D. , & Cox, P.

(2003). Body Values: The Case against Compensating for Transplant Organs. The Hastings Center Report, 33(1), 13. Lamb, J. (1980). Organ Transplantation: Recognizing the Donor. The American Journal ofNursing, 80(9), 2. Lauritzen, P. , McClure, M. , Smith, M. L. , & Trew, A. (2001). The Gift of Life and the Common Good: The Need for a Communal Approach to Organ Procurement. The Hastings Center Report, 31(1), 6. May, T. , Aulisio, M. P. , & DeVita, M. A. (2000). Patients, Families, and Organ Donation: Who Should Decide? The Milbank Quarterly, 78(2), 4.