

Miltiadis Vantsos*

Is the living donor harmed or benefited? A key question for the ethical consideration of organ transplantation

Abstract

The ethical question of whether the living donor is harmed or benefited lies at the heart of the moral evaluation of organ transplantation. Living organ donation, limited mainly to kidneys and parts of the liver, poses a moral dilemma, since it involves an act that may endanger the donor's health for the sake of another's survival. Two main perspectives emerge. The first argues that the living donor is harmed, as organ removal contradicts the principles of medical ethics and justice, turning the donor into the only person who suffers within the transplant process. Financial compensation has been proposed to address this injustice; however, such measures risk commodifying the human body and violating human dignity. The opposing view claims that the donor benefits, not only when acting freely and autonomously but also when benefit is conceived in psychosocial and spiritual terms. Emotional satisfaction, social recognition, and the strengthened human relationships can outweigh physical harm. From the standpoint of Christian bioethics, the benefit is primarily spiritual: organ donation is an act of selfless love that fulfills Christ's commandment to love one's neighbor as oneself, granting the donor a higher moral and spiritual reward. Thus, while organ donation entails bodily risk, it simultaneously offers the opportunity for moral and spiritual growth, transforming personal sacrifice into a manifestation of divine love and solidarity to the fellow human beings.

Keywords: Organ transplantation, living donor, medical ethics, Christian bioethics, selfless love

* Professor of Christian Ethics and Bioethics, Aristotle University of Thessaloniki. E-mail: mvantsos@past.auth.gr • ORCID ID: <https://orcid.org/0000-0003-1630-5071>.

The significance of organ donation from a living donor

Organ donation for transplantation from a living donor is a limited form of donation, as it involves donating either one kidney or a part of the liver. While a deceased donor can donate all their organs without being deprived of anything they need, a living donor can only offer one organ, which puts their own health at risk. Therefore, in previous decades, medicine and society rightly focused on promoting post-mortem organ donation, assigning a secondary and complementary role to living organ donation. However, this approach has been revised over the last decade for two main reasons. Firstly, there is a severe shortage of organs for transplantation as post-mortem donation does not meet demand. Secondly, it has been found that the greatest need is for kidneys, which can also be provided by living donors. This shift in focus is reflected in bioethics engaging more systematically with this specific form of donation, and in changes to transplant policy and legislation in most Western countries. While the issue of brain death previously dominated bioethical debate, today, all forms of transplantation and their implications are systematically examined. Relevant legislation is also being updated to favour an increase in organ donation from living donors. This allows donation to blood relatives up to the fourth degree and to individuals with a personal relationship and emotional connection to the prospective recipient. It also enables new forms of organ donation to be implemented, such as crossover donation¹.

These legislative provisions aim to help modern societies address the urgent problem of organ shortages, which result in patients' health deteriorating and ultimately causing their death. At the same time, they protect potential donors from undue and unethical pressure, ensuring that the transplant process is not subject to the instrumentalisation or commercialisation of human life. While this issue is important, this study does not seek to evaluate

¹ These provisions are also included in Greek Law 3984/2011 on organ donation and transplantation (available at: <https://www.e-nomothesia.gr/kat-ygeia/n-3984-2011.html>). For an analysis, see A. Varka-Adam, (2014). Innovations of Law 3984/2011 on organ donation and subsequent reversals. In M. Kanellopoulou-Boti and F. Panagopoulou-Koutnatzi (Eds.), *Bioethical considerations* (pp. 271–301, especially pp. 274–278). Athens: [Papazisis]. See also M. Anastasiadou, (2012). Transplantation from a living donor. In M. Kaiafa-Gbandi, H. Sourti, K. Fountedaki, & K. Hatzikosta (Eds.), *Current issues in medical law* (pp. 88–89).

the changes that have taken place, nor to investigate their ethical correctness or effectiveness. Our focus is on answering the question posed in the title, namely whether the living donor is harmed or benefited. The answer to this question is crucial for the ethical evaluation of organ donation. If we consider that the living donor is benefited, then donation is not only morally acceptable, but also a commendable act that society should promote and encourage. Conversely, if we conclude that the donor is harmed by the donation, we must reflect on and potentially reconsider the ethical dimension, since one person's health benefit is based on harm to another person. We will now examine the two opposing views before concluding with the Christian bioethical approach.

The view that the living donor is harmed

According to this view, organ donation harms living donors and is therefore not morally acceptable in all circumstances. Two main arguments are put forward in support of this view. First, organ donation violates medical ethics. Second, it raises questions of fairness for those involved in the transplant process.

The first argument questions the morality of donation from a living donor because it appears to contradict the fundamental principle of medical ethics, according to which every medical act must aim to heal, improve health, or relieve the patient's pain. Not only does organ removal fail to cure any disease or improve the donor's condition, it also violates their physical integrity and endangers their health (Glannon, 2008). While the intention of those involved is undoubtedly good — the organ is removed for the purpose of transplanting it to someone else who is suffering — the deliberate deterioration of the donor's health is not in line with medical ethics. After all, the donor arrives at the doctor's office healthy, but leaves in a worse condition due to the successful medical procedure. They do not literally become ill, but their body now has only one kidney and is therefore more vulnerable to related diseases. According to Norman Levinsky, even if the operation is beneficial to society, the doctor must act with the sole criterion of the patient's benefit, in the same way that a lawyer acts in the interest of their client (Levinsky, 1984).

The second argument highlights that everyone involved in the organ transplant process benefits except the donor, who is harmed despite making the transplant possible. The recipient benefits greatly from the donation because they receive the organ, which relieves them of painful dialysis, reduces their risk of death, and dramatically improves their quality of life. Doctors who perform the surgical procedures to remove and transplant the organ benefit because they are paid for these procedures, as are nursing and paramedical staff. The health system and insurance funds benefit significantly from the financial perspective, as the cost of transplantation is much lower than the cost of dialysis. The same applies to society in general, as the transplant recipient can quickly return to work and continue contributing to it. Therefore, while everyone involved in the transplant process benefits greatly, the donor bears a physical burden: undergoing surgery, losing a kidney and facing health risks. According to proponents of this view, this is considered a clear injustice to the donor and undermines the moral justification of donation because it appears to contradict the principle of justice, one of the four widely accepted principles of bioethics. However, it also deters people from donating organs and consequently fails to address the problem of transplant shortages. Potential donors are discouraged when they suffer personal loss while everyone else benefits (Erin & Harris, 2003).

The first argument highlights the moral dilemma of the doctor's responsibility towards the healthy donor. The counterargument to this is that in the case of organ transplantation, there is no normal doctor-patient relationship. Instead, there is a special relationship between three people, including the donor, who freely decides to donate their organ for the treatment of the patient after being fully informed. The second argument highlights society's responsibility towards the donor. It is not the morality of donation that is questioned, but the fairness of the transplant process, since the donor is presented as the only person who suffers as a result. However, the above approach does not aim to abolish it, a prospect that would dramatically worsen the already un-favourable reality of organ shortage, but to revise it in a way that also benefits the do-

nor. To this end, it is suggested that the donor be granted financial compensation in recognition of the inconvenience suffered, the risk to his health and his contribution to the patient's treatment. The amount is not precisely determined, but it is considered that it should not be limited to compensation for the costs incurred for preoperative examinations, care, medication and post-operative checks, but should exceed these costs so as to constitute a sufficient financial benefit. The significance of this remuneration is manifold, as it is an expression of gratitude and appreciation for the recipient, recognition of the donor's contribution, a motivation for the prospective donor that will reinforce their desire to help their fellow human beings, while for the ethics of transplantation it constitutes an act of justice, which removes the injustice against the donor (Hippen, 2009; Christen et al., 2010).

Regardless of how one evaluates donation from a living donor, we believe that the above proposal is highly problematic. It is practically very difficult, if not impossible, to distinguish between financial remuneration that motivates the prospective donor and the trafficking of human organs. When a donor is offered money for donating a kidney for transplantation, it constitutes the sale of the organ, as the donor is doing so in order to receive the promised sum (Riedel, 2006; Achilles, 2004). Covering the donor's expenses is unreservedly morally acceptable, as it merely mitigates negative consequences without creating an incentive to donate. However, when financial compensation is provided to motivate someone to donate an organ, selflessness, charity, and solidarity are set aside. This inevitably turns the donation into a financial transaction, turning the donor into a seller, the recipient into a buyer, the organ into a commodity, and the personal relationship into a commercial agreement. The commercialisation of human organs is not morally acceptable because it undermines the dignity of human beings, who should be treated as ends in themselves, not as means to an end. Furthermore, it encourages injustice and exploitation at the expense of the poor, which is why it is prohibited by law worldwide, with Iran being the sole exception. Moreover, it is doubtful that it would lead to an increase in transplants, as any commercialisation

of the organ supply is estimated to lead to a significant reduction in donations. Nevertheless, the potential impact of accepting organ sales on the number of organs available for transplantation is secondary when the human body is treated as a commodity subject to market forces. For this reason, we believe that financial compensation for donors should be rejected, and the almost universal consensus against organ trading should be preserved (Vantsos & Nikolousis, 2016).

The view that the living donor benefits

The view that donation is beneficial to the living donor is supported by two main arguments, which also differ from each other, as they are based on different ethical principles. According to the first argument, organ donation benefits the donor when it is an expression of their free will and autonomy. According to the second, the donor benefits when the benefit is not understood exclusively in its medical dimension, but also includes social and spiritual dimensions.

The first argument is based on the principles of autonomy and beneficence, which are two fundamental principles of bioethics. The donor benefits from the donation when they freely and responsibly decide to go ahead with it, even if it is detrimental to their health from a medical point of view, after being informed of all the facts. More generally, two adults reach an agreement to perform an act in full freedom and with full knowledge of the procedure and its possible consequences when they both assess it as beneficial. As perceptions of what is beneficial and what is harmful often differ, it is necessary for these to be defined by the person concerned and not by the doctor or society (Munson, 2007). Just as it is considered ethically correct for a doctor not to perform surgery on a patient without their consent, even when it is known that not doing so will harm their health, so too is it considered correct to perform the surgery that the patient desires, even when it harms their health (Harris, 1992). Furthermore, if patient autonomy is undervalued and the view that avoiding any harm to health takes precedence prevails, we must reject not only organ donation from living donors, but also

two widely accepted medical practices, such as blood donation and voluntary participation in medical experiments, because both of these practices may result in some health risks (Ach et al., 2000).

In our opinion, this argument is not convincing; the autonomy of the patient is undoubtedly a necessary condition for the acceptance of organ donation, but it is not sufficient for a medical procedure to be considered legitimate and beneficial in the absence of other criteria. Moreover, if free will alone were sufficient, doctors would be obliged to accept any wish to donate, for example, not only a kidney, but also one's heart, to a loved one, which would result in the death of the willing donor. Furthermore, such a view would lead to the acceptance of organ trafficking for transplantation. The fact that modern medicine requires patient consent for treatment does not mean that doctors must do whatever their patients ask. Doctors are people with moral consciences who bear responsibility for their profession. Modern bioethics applies not only the principle of autonomy but also the principle of non-maleficence, which is emphasised in the Hippocratic Oath and has remained a powerful force in medical ethics throughout the ages. This principle applies to both blood donation and to participation in medical experiments, which are only carried out on persons who meet specific criteria in a manner that ensures their health (Vantsos & Nikolousis, 2016).

The second argument states that organ donation does not conflict with medical ethics if the benefits to the donor outweigh the potential harm to their health. From a purely medical point of view, the donor obviously experiences only harm from organ donation. However, the benefits to the individual are not limited to physical well-being, as they are a person with a social and spiritual life too (Spital, 2004). Curing a person of a painful disease and improving their quality of life fills their loved ones with joy and makes living with them more pleasant. Therefore, the strong emotional bond and social relationship allow the experience of another's treatment to be perceived as a personal benefit. When the treatment involves donating an organ to a loved one, the donor's joy can be indescribable, and the benefit immeasurable. A parent who donates a kidney to their child, freeing them from the dangers of illness and enabling

them to enjoy a better quality of life, will usually consider themselves to have benefited from the donation, identifying their child's benefit with their own. Organ donation is also important from a psychological point of view, as it strengthens the donor's self-esteem. Believing that they have done the right thing and helped their loved one at a critical time in their life can create feelings of moral satisfaction, euphoria and elation. These feelings are reinforced by the recipient's gratitude and social recognition of the donation (Vantsos & Nikolousis, 2016).

The assessment that the donor benefits emotionally and socially is supported by survey results from living donors. More than 90% of these donors state that they do not regret their donation and would gladly do it again (Fehrman-Ekholm, 2000; Lorentzen & Paterson, 1994; Valapour et al., 2011). Even when the transplant does not go well due to the recipient's body rejecting the donated organ, the donation is not viewed negatively as donors derive moral satisfaction from knowing they did everything possible to help their loved one. Donors express a similar attitude even when they themselves face health problems that could probably have been avoided if they had not donated. This positive attitude strongly indicates that donors experience organ donation as an act that benefits them emotionally and socially (Ingelfinger, 2005).

The view that the benefits to the donor outweigh the damage to their health was also the basis for the acceptance of organ donation in a 1957 court ruling in Boston, at a time when transplantation was still in its infancy. Seventeen-year-old Leonard Marsden was eager to donate a kidney to his twin brother Leon, whose life was in danger. However, doctors were reluctant to perform the operation as it would harm Leonard's health. The twins' parents took the case to court, requesting that the donation be permitted. The court accepted the request, ruling that Leon's death would cause his brother great distress and harm his well-being. Conversely, the treatment would benefit Leonard more than the loss of a kidney (Munson, 2007; Vantsos & Nikolousis, 2016). We find this argument personally convincing since human beings are not limited to their bodies, but are psychosomatic entities and social beings by

nature. For this reason, the assessment of the donor's benefit or harm should not be based solely on biological and medical criteria, but should also take into account their interpersonal relationships, emotions, and social life. In conclusion, we present the Christian bioethical perspective, which further reinforces this argument by highlighting the importance of donation for spiritual life.

The Christian bioethical perspective

In Christian ethics, human benefit is primarily spiritual. While physical health, emotional balance, psychological well-being and social recognition are valuable aspects of life, the primary focus is on the spiritual life of humanity, which transcends this life and extends into eternity. In this context, organ donation is a praiseworthy and pious act if it is carried out with selfless love for one's fellow human beings. By undergoing the hardship of organ removal and putting their health at risk, donors fulfil Christ's commandment to love their neighbour as themselves (Matthew 22:39). When the donor loves his neighbour as himself, he does not distinguish between his own benefit and that of his neighbour, since his own benefit consists in loving and caring for his neighbour. As St John Chrysostom observes, 'For thus you will find your own interest if you seek that of your neighbour'. Therefore, when you are reluctant to care for your brother, put yourself in his place and consider his circumstances. For it is enough to be persuaded by what has been said, that otherwise it is not in our interest to find it' (John Chrysostom, PG 61, 210). According to the Father, the connection between personal benefit and the benefit of one's neighbour is a measure of God's wisdom in strengthening the loving relationship between people (Vantsos & Nikolousis, 2016)¹.

The selflessness of organ donation as an act of love is not incompatible with the emotional, psychological and social benefits to the donor. It is only natural for a donor to feel joy and satis-

¹"For otherwise people would not seek the things of their neighbour, unless they were compelled to do so by necessity, God has thus joined them together, and does not allow them to come to their own interests first, lest they be led astray by the interests of others." John Chrysostom, *Commentary on 1 Corinthians* (Discourse 5), in *Patrologia Graeca*, vol. 61, col. 211 (J.-P. Migne, Ed.).

faction when helping to restore the health of a loved one, thereby strengthening their relationship. It is also only human to expect gratitude from the person they have helped. When Christ healed ten lepers and only one returned to thank him, he asked where the other nine were (Luke 17:17–18), as gratitude would naturally follow their healing. Expecting gratitude is reasonable and natural, but it does not negate the selfless nature of the act when the motive of the giver is love rather than reciprocity on the part of the recipient. As a rule, this love is met with gratitude by the beneficiary, but in any case, it attracts God's favour and grace. As St. John Chrysostom observes, when the reward does not come from the beneficiary, God Himself becomes the debtor (John Chrysostom, *PG* 62, 304).

However, the spiritual benefits of organ donation extend beyond the donor to include the recipient and society as a whole. The bioethical considerations examined in the context of this study concern the donor exclusively, since it is obvious that the recipient benefits in health terms, the doctor in financial terms, and society in financial terms. As the Church of Greece's position on transplants aptly points out, the recipient benefits not only biologically, but also spiritually, as he or she becomes the blessed recipient of the love of fellow human beings and the grace of God (Holy Synod of the Church of Greece, 2007). Society also benefits spiritually since, as a means of transmitting life, organ donation provides an 'opportunity to transfer spiritual values' (Holy Synod of the Church of Greece, 2007). In a society dominated by selfishness and the pursuit of individual interests in material and economic terms, the selflessness of organ donation to someone in need sends a message that re-evaluates the value of life and highlights the importance of a moral and spiritual existence for modern humans.

From the above, it is clear that, from the perspective of Christian ethics, the answer to the question posed in the title is that the donor benefits spiritually when they offer to their fellow man with love and selflessness. In fact, the donor's benefit is greater than that of the recipient and society, since according to the Church of Greece text, "The recipient receives parts from a mortal body; the donor gives from his/her immortal soul. The spiritual benefit of the

donor is greater than the biological gain of the recipient to the same extent as the soul is superior to the body. 'It is more blessed to give than to receive' (Acts 20:35)" (Holy Synod of the Church of Greece, 2007).

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