

ORGAN DONATION AWARENESS FOR AFRICANS & ETHNIC MINORITY.

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Delivered at

ESSEX BLACK & ETHNIC MINORITY RESEARCH CENTRE ORGAN DONATION AWARENESS WORKSHOP

BRENTWOOD, ESSEX.

UNITED KINGDOM.

The Convenor,

The Co-ordinator Essex Black & Ethnic minority

Fellow Speakers

Invited Guests

Participants,

Ladies and Gentlemen.

Introduction

I am honoured to be invited to deliver this very important lecture on this very important health issue of organ donation and transplantation especially amongst Africans and other ethnic minority in the United Kingdom. Although I do not work with organ donation I support good health, longevity and high quality of life. What I am going to say today affects all Africans where ever they may live on the globe and in fact all of mankind. This is a story of love and support for each other whenever possible.

You must forgive me as I am going to use the word African rather than the word Black or Black African as advertised because I do not believe in colour coding of any race.

There is no doubt there is increased need for organ donation and transplantation in the world today due to sophistication of science and medical treatment. To use stem cell for everyday treatment of diseased organs will take many more decades so organ donation and transplantations will continue to hold the pride of place for a long time.

Organ transplantation is the surgical removal of a tissue or organ from one individual (dead or alive) and the placement of that organ in another individual for the purpose of improving the health of the recipient. Most transplant programme depends on either cadaveric or living

organ donation. There is scarcity of human organs for transplantation so many patients face imminent death or long suffering.

Organ donation and transplantation creates a culture of life and love. Many religious and secular approaches justify organ donation and transplantation because it promotes life. The Catholic Church for example favours it, especially in the encyclical *Evangelium Vitae*, which states that 'organ donation is an act of the virtue of charity' My speech will dwell on the promotion of organ donation and transplantation. We shall look at the scale of the problem amongst Africans, religious, social, cultural, legal and ethical aspects of organ donation and inform on how Nigerians especially the Benin (Edo speaking people) of Southern Nigeria believe, and the final section is on the promotion of organ donation and transplantation.

SCALE OF PROBLEMS

10,000 people in UK are in need of organ transplant to save or enhance their lives.

Organ donation rates are relatively low amongst Africans and African-Caribbean's.

The African is 3 times more likely to need a kidney transplant than the Caucasians population.

A total of 23% of the people who are waiting for an organ transplant are Africans & Afro-Caribbean and South Asian ethnic minority groups.

Only 3% of organ donors come from African background. The huge disparity between need and organ donation is very apparent.

Africans do badly in all health Indices.

Mothers of African ethnic origin are 2.3 times more likely to have a stillbirth at parturition.

They are 2.3 times more likely to have a neonatal death than mothers of Caucasian origin.

Research has shown that non-Caucasians women are one and half times more at risk of experiencing severe pregnancy-related complications than Caucasian women.

This risk doubles for African women especially African-Caribbean women.

The overall estimated risk of severe complications is 89 cases per 100,000 maternities in the UK.

For Caucasian women this risk is around 80 cases per 100,000 maternities,

It is 126 cases for non-Caucasian women as a whole,

But it is 188 cases of severe complication per 100,000 maternities for African women.

Worse still it is 196/100,000 maternities for African Caribbean women.

You can see that the African do badly in all health indices which is a cause for serious concern and should be a cause for serious concern in the African community.

The way forward is Education, education and education, interaction, change of attitude and participation.

The History of Organ Transplant.

Scientists have long thought about the idea of replacing a diseased organ with a healthy one from a donor. The problem at first was that the human body is not particularly receptive to foreign tissue. The immune system is like an army, constantly on guard against any invasion of bacteria viruses or other potentially dangerous substances. When tissue from a donor is placed inside the body of a recipient, this immune army sees it as a foreign invader and goes into battle mode. White blood cells attack and destroy the unknown tissue in a process known as rejection.

Scientists subsequently realized that the problem of rejection didn't occur when the organ donor and recipient were identical twins. The genetic similarity appeared to prevent the immune response. Massachusetts surgeon Joseph E. Murray used this concept to his advantage in 1954, when he accomplished the first successful kidney transplant between identical twins at Brigham and Women's Hospital in Boston USA.

Dr. Murray's surgery was a major breakthrough, but it wasn't a solution. After all, very few people have an identical twin they can rely on for organ transplantation. In the late 1960s, doctors figured out a way to perform transplants between non relatives by suppressing the recipient's immune response with drugs like cyclosporine. The trouble was that the drugs themselves were highly toxic. Due to the risks of infection and those of the immunosuppressant drugs, most transplant patients didn't live long after their operation.

By the 1980s, anti-rejection drugs had improved to the point where transplantation surgery became pretty routine and far less risky than it had been a few decades earlier. Survival rates rose. Once surgeons had streamlined the process of transplanting essential organs like hearts, kidneys, liver and lungs -- they turned their focus to "nonessential" parts of the body. In the late 1990s, surgeons in Lyon, France and New Zealand performed the first successful hand transplants. The next step was to attempt a face transplant.

Religious aspects of Organ Transplant:

All the major religions of the UK support the principles of organ donation and transplantation. However, within each religion there are different schools of thought, which mean that views may differ. All the major religions accept that organ donation is an individual choice.

The following information comes from the NHS leaflet which offers a brief guide to religious viewpoints regarding organ donation. If you have any doubts, you should discuss them with your spiritual or religious leader.

Buddhism & Organ Donation:



There are no injunctions in Buddhism for or against organ donation.

. The needs and wishes of the dying person must not be compromised by the wish to save a life. Each decision will depend on individual circumstances.

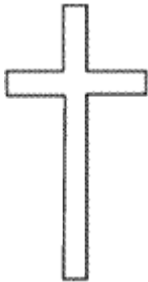
Central to Buddhism is a wish to relieve suffering and there may be circumstances where organ donation may be seen as an act of generosity. Where it is truly the wish of the dying person, it would be seen in that light.

If there is doubt as to the teachings within the particular tradition to which a person belongs, expert guidance should be sought from a senior teacher within the tradition concerned.

When he discovered a monk sick and uncared for, the Buddha said to the other monks,

"Whoever would care for me, let him care for those who are sick".

Christianity & Organ Donation



The Christian faith is based upon the revelation of God in the life of Jesus Christ. Throughout his life Jesus taught people to love one another and he proved his love for the world upon the cross. It seems in keeping with this that Christians consider organ donation as a genuine act of love and a way of following Jesus' example. This act of love then becomes part of a Christian discipleship or faith journey that is motivated by compassion to help someone else and demonstrates a sense of social responsibility.

Sacrifice and helping others are consistent themes in Christianity, which teaches the principle of seeking for others what you hope others would do for you. Enabling life to be lived as fully as possible is consistent with the teaching of the Son of God, Jesus Christ:

"...freely you have received, freely give"

Matthew, chapter 10:8

Christians should be encouraged to help others in need. Discussing organ donation with family and friends is a responsible and thoughtful act.

Hindu & Organ Donation

There are many references that support the concept of organ donation in Hindu scriptures. Daan is the original word in Sanskrit for donation meaning selfless giving. In the list of the ten Niyamas (virtuous acts) Daan comes third.



Life after death is a strong belief of Hindus and is an ongoing process of rebirth. The law of karma decides which way the soul will go in the next life.

Organ donation is an integral part of the Hindu way of life, as guided by the Vedas. That which sustains is accepted and promoted as Dharma (righteous living). Scientific treatises form an important part of the Vedas – Sage Charaka deals with internal medicine while Sage Sushruta includes features of organ and limb transplants.

“...it is said that the soul is invisible...knowing this you should not grieve for the body.”

Bhagavad Gita, chapter 2:25

Islam & Organ Donation.

In 1996 the Muslim Law (Shariah) Council UK issued a fatwa (religious opinion) on organ donation. The council resolved that:

- the council supports organ transplantation as a means of alleviating pain or saving life on the basis of the rules of the Shariah
- Muslims may carry donor cards
- the next of kin of a dead person, in the absence of a card or an expressed wish to donate their organs, may give permission to obtain organs from the body to save other people's lives.



The fatwa is based on the Islamic principle of necessities overrule prohibition. Normally, violating the human body, whether living or dead, is forbidden in Islam – but the Shariah believes this can be overruled when saving another person's life.

However there are also a significant number of Muslim scholars who believe that organ donation is not permissible and hold the view that this does not fall under the criteria of the Islamic principle of necessities overrule prohibition due to other overriding Islamic principles.

Both viewpoints take their evidence from the Qur'an and the Ahaadith and therefore individual Muslims should make a decision according to their understanding of the Shariah or seek advice from their local Imam or scholar.

The Muslim Law Council UK fatwa draws on one of the basic aims of the Muslim faith: saving life.

“Whosoever saves the life of one person it would be as if he saved the life of all mankind.”

Holy Qur'an, chapter 5:32

Judaism & Organ Donation

In principle, Judaism supports and encourages organ donation in order to save lives (pikuach nefesh).

This principle can sometimes override the strong objections to any unnecessary interference with the body after death, and the requirement for immediate burial of the complete body.

As all cases are different, Jewish law requires consultation with a competent Rabbinic authority before consent is granted.

For more information please contact the Office of the Chief Rabbi, or another competent Halachic authority.

“One who saves a single life – it is as if he has saved an entire world.”

Pirke D'Rav Eliezer, chapter 48

Sikh & Organ Donation

Sikh philosophy and teachings place great emphasis on the importance of giving and putting others before oneself.

It also stresses the importance of performing noble deeds and there are many examples of selfless giving and sacrifice in Sikh teachings by the ten Gurus and other Sikhs.

Sikhs believe life after death is a continuous cycle of rebirth but the physical body is not needed in this cycle – a person's soul is their real essence.

“The dead sustain their bond with the living through virtuous deed.”

The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of prospective donor must be respected, and economic advantage should not accrue to the donor

No religion formally forbids donation or receipt of organs or is against transplantation from living or deceased donors. Only some orthodox jews may have religious objections to “opting in.” However, transplantation from deceased donors may be discouraged by Native Americans, Roma Gypsies, Confucians, Shintoists, and some Orthodox rabbis.

No religion formally obliges one to donate or refuse organs.

No religion formally obliges one to consider cadaveric organs “a societal resource” or considers organ donation “a religious duty” (except some rabbis and isolated Muslim and Christian scholars)

No religion has a formal position on “bonus points,” which is priority on the waiting list. Living organ donation is strongly encouraged only between jesus christians (15 of 28 jesus christians worldwide have donated a kidney). No religion forbids this practice.



No religion prefers cadaveric over living donation.

No religion formally forbids non–heart-beating donors (nhbd) cadaveric donation or cross-over donation. Due to the sacred of human life, the Catholic Church is against donation from anencephalic donors or after active euthanasia.

No religion formally forbids xenotransplantation. Addressing the participants of the First International Congress of the Society for Organ Sharing in 1991, Pope John Paul II said “There are many questions of an ethical, legal and social nature which need to be more deeply investigated. There are even shameful abuses which call for determined action on the part of medical association and donor societies, and especially of competent legislative bodies” and later on “In effect, the human body is always a personal body, the body of a person. The body cannot be treated as a merely physical or biological entity, nor can its organs and tissues ever be used as item for sale or exchange”.

Addressing the participants at the XVIII International Congress of the Transplantation Society in 2000, Pope John Paul II said “Accordingly, any procedure which tends to commercialize human organs or to consider them as items of exchange or trade must be considered morally unacceptable, because to use the body as an object is to violate the dignity of the human person” and later on added “The criteria for assigning donated organs should in no way be discriminatory (i.e. based on age, sex, race, religion, social standing, etc.) or utilitarian (i.e. based on work capacity, social usefulness, etc.)” To conclude, according to the Catechism of the Catholic Church Compendium signed by Pope Benedict XVI on June 28, 2005, 476.

Organ transplantation is morally acceptable with the consent of the donor and without excessive risks for him/her. For the noble act of organ donation after death, the real death of the donor must be fully ascertained.

Social and cultural aspects of organ donation

In Asian countries, it is more difficult to obtain cadaver kidneys for renal transplantation because of certain socio-cultural beliefs and customs. The issues affecting living related kidney donation are more social than cultural.

This is due to the web of family pressures and personal conflicts for both donor and recipient surrounding the donation. Important misconceptions and fears are:

fear of death,

the belief that removal of organ violates sanctity of deceased,

concern about being cut up after death,

desire to be buried whole,

dislike of idea of kidneys inside another person,

wrong concept of brain death, and

the idea of donation being against religious conviction.

In Singapore, with the introduction of the Human Organ Transplant Act (HOTA) in 1988, the number of cadaveric transplants have increased, including those from the Medical Therapy Act (MTA). HOTA and

education have played pivotal roles in bringing about an increased yield of cadaveric kidneys. With the availability of living unrelated donor (LUD) transplants in India, our living related donor (LRD) transplant programme has suffered, because patients would rather buy a kidney from overseas than get a relative to donate one. Patients are also going to China for overseas cadaveric transplants where the kidneys come from executed convicts. People in countries like Hong Kong, Japan and the Philippines share the same Asian tradition of not parting with their organs after death. Muslim countries like Malaysia require the deceased to have earlier pledged his kidneys for donation prior to death before they can be harvested for transplantation at death.

Benin (Edo Speaking) People of Southern Nigeria.

The Benin or Edo speaking people of Southern Nigeria, see the body as sacred and not to be dismembered or violated. Liken that to the biblical teaching which says the body is the temple of the Lord and should not be dishonoured by dismembering it at donation. The Benin people believe in reincarnation that the body is only a vehicle for the soul or human spirit. Hence they comfort the relatives of the deceased that the deceased is not dead but has only transcended this life as his/her soul has gone beyond human perception. '*wa ghe vie ba mwen no wu*' That transcended soul reincarnates 14 times to atone for perceived sins before going into sublimation or eternity. It is believed that a dismembered part may be missing in subsequent reincarnation which how the people explain birth defects. These ancient and traditional beliefs are gradually giving way to modern thinking that organ donation saves and prolong the lives of the recipient and as such should be encouraged. However the fear of the unknown keeps holding people back from doing the needful in organ donation.

Medical Aspects of Organ Donation and Transplantation

Living organ donation has advantages from an immunological point of view because there is often a large degree of similarity between the tissue types of the donor and the recipient.¹ However, we cannot fully avoid the risks to donors and recipients.²

Many of the studies report only minor risk to the donors, but earlier there was anxiety concerning risks to the donors. Today one can find a much more positive attitude towards living organ donation. It is noted that in the case of a living donor, mortality after surgery is extremely low. For instance, a survey of U. S. kidney transplants shows that there are only 5 donor deaths in 19,368 live kidney transplants.³ Patients who decide to undergo transplantation are subject to normal surgical risks. There are also complications of urological and vascular problems, especially with regard to kidney transplantation.⁴ Besides, transplantation affects the recipient body's structure. The main benefit to the recipient is that he/she gets a new lease on life or even a better quality of life.

Legal Aspects of Organ Donation and Transplantation

Due to the illegal medical practice in transplantation, commercialization of human organs and so on, many countries formulated transplantation laws. The status of transplantation law can be divided into three groups: opting-out, opting-in, and required request.

- According to the opting-out system, every human being is considered a possible donor after death unless he/she has officially expressed a contrary option. It is also known as presumed consent.
- By opting-in we mean a process by which people voluntarily sign and submit a will saying that they want to become donors once they are dead. If they do not do this, they will not be legally considered donors.
- Required request law requires hospitals to ask the family of a deceased patient for a donation of organs and tissue if the deceased is a suitable candidate for organ donation.²

Many countries have either enacted or are in the process of drafting legislation to control the area of living donor transplantation. Although the general field of transplantation is still in a state of change and growth, the fundamental legal issues that must be confronted remain unchanged. There have been recent developments in legislation, especially giving priority to the genuine consent of the donor. Although the majority of legislation has been written for cadaver organ donation, slowly, regulation is developing for living organ donation as well. The clauses of the laws are made on the basis of medical, ethical, religious, social and cultural considerations.

In most countries, the law prohibits trade in human organs and address the donor's right, the adequate supply of organs to the needy, the optimization of transplantation costs and the promotion of transplantation procedures.

Ethical Issues in Organ Donation and Transplantation

The practices of organ donation and transplantation raise many ethical questions. How can we morally justify organ donation and transplantation? What are the ethical issues connected with the donor, with the recipient, and xenotransplantation?

Catholic Church holds that the virtue of charity is the norm for the justification of the cadaveric, and living organ donation and transplantation. Pius XII in his address to ophthalmologists in 1956 argues that acts of donation cannot be viewed as a duty or as obligatory. Such acts are supererogatory and not obligatory.

Moreover, John Paul II justifies organ donation and transplantation based on charity in general. In the address on blood and organ donations of August 1984, John Paul II commended the National Association of Italian volunteer blood and organ donors for their spirit and initiative. He urged them "to promote and encourage such a noble and meritorious act as donating your own blood or an organ to those of your brothers and sisters who have need of it."

In addition, in an address to a Congress on Renal Illness and Transplants (April 30, 1990), he speaks about the Church's main concern for renal illness and donations. The Pope asks the directors of Catholic institutions to encourage this generous act of organ donations: "Those

who believe in our Lord Jesus Christ, who gave his life for the salvation of all, should recognize in the urgent need for a ready availability of organs for renal transplants a challenge to their generosity and fraternal love.” Further, in his address to the participants of the first International Congress of the Society for Organ Sharing (June 20, 1992), the Pope considered organ transplantation as a new way of serving the human family. In organ transplantation man/woman has found a way to give himself/herself, in blood and body. This gesture allows others to continue to live.

This gift is actually an authentic form of human and Christian solidarity. Similarly, John Paul II writes in *Evangelium Vitae* no. 86 that organ donation is an act of love when it is done in an ethical manner. The death and resurrection of Jesus Christ establishes the supreme act of love. This extends a deep meaning to the donor's offering, which is saving the life of another person. Love (charity) constitutes the main element in organ donation and transplantation, especially in the case of the organ donor.

Moreover, other religions also support organ donation and transplantation even if their point of emphasis is slightly different.

- In Judaism, Rabbi R. P. Bulka observes: "One may laud the donor who makes ... a heroic sacrifice, but it certainly would not be proper to place pressure on individuals to be so altruistic."
- Greek Orthodox Church, Stanley S. Harakas writes about the donation of a kidney. Organ donation rescues "the life of another person as a loving act of mercy. The donor is to be commended if he perceives his sacrifice not as a violation of his bodily integrity, but as a gracious and loving unselfish act."
- Quoran and Hadith (the Prophet Mohammed's sayings and examples), the Islamic Code of Medical Ethics (1981) upholds: "If the living are able to donate, then the dead are even more so; no harm will afflict the cadaver if the heart, kidneys, eyes or arteries are taken to be put to good use in a living person. This is indeed charity."
- In the Buddhist tradition, organ donation is an act of helping another person in his/her extreme need. It is an act of generosity and compassion. Organ donation and transplantation is acceptable also in the Hindu tradition.

Care for the other and altruism are the secular terms that we can find in the literature on organ donation and transplantation. Even if many use these terms, the basic idea behind them is charity. Here, care for the other or altruism in organ donation is not self-sacrifice alone, but there is sufficient self-concern for one's own self. Many scholars justify organ donation on the basis of altruism, charity, love or care for the other. From what has been stated there is no moral obligation for organ donation. The virtue of charity is the main motive for it.

According to the Catholic perspective, donors can donate organs except brain and reproductive organs. The brain is significantly determinative of personal identity. The reproductive organs are associated with reproductive identity. Neither the brain nor the reproductive organs may be procured from human beings or animals for transplant to a human person (*Evangelium Vitae* no. 63).

Church also holds that "to take tissue from a live foetus for transplantation is unethical" (*Evangelium Vitae* no. 63). Great concern must be given to ensure that all cadaveric foetal tissue to be used for transplantation is derived from natural miscarriages or from ethically obtained cell lines.

Commercialisation has a serious negative impact on many of the medical and ethical values intimately connected with organ transplantation. The Catholic Church is against paid organ donation. Parts of the human body are not to be treated as commodities. Trade in human body parts is unacceptable, as in any other disrespectful use of the organs or tissues of a living or deceased person. At the World Congress of the Transplantation Society (Rome-2000), John Paul II said "any procedure which tends to commercialize human organs or to consider them as items of exchange or trade must be considered morally unacceptable, **because to use the body as an "object" is to violate the dignity of the human person.**" Paid organ donation spoils the spirit of altruism. In paid organ donation, one does not fully respect the other.

Ethical Issues Connected With Donor

The main ethical concerns related to living organ donation include functional integrity, and the consent of the donor.

Catholic Church has used the principle of totality for the justification of living organ donation and transplantation. A simple expression of the principle of totality means, "the parts of the physical entity, as parts, are ordained to the good of the physical whole." **From the medical perspective, the principle of totality would mean "all the parts of the human body, as parts, are meant to exist and function for the good of the whole body, and are thus naturally subordinated to the good of the whole body."** The term "totality" points to the duty to preserve intact the physical component of that integrated whole. The official statement of the Church regarding the application of the principle of totality to medical problems can be seen mainly in the period of Pius XII. He reaffirmed, clarified, and applied the principle of totality to medico-moral questions in many addresses delivered from 1944-1958. According to him, "a part of the body has no meaning outside its reference to the whole that as a part is to be thought of only in relation to the whole."

Understand the difference between functional integrity and anatomical integrity. One must distinguish between the good of the adequately functioning body and the good of the full integrity of the anatomical whole." The principle of totality is concerned with the former and not the latter.

Ashley & K. D. O'Rourke presents their own formulation of the principle of totality and calls it the principle of 'Totality and Integrity.' It reads as follows:

"Except to save life itself, the fundamental functional capacities which constitute the human person should not be destroyed, but preserved, developed, and used for the good of the whole person and of the community." On the one side this principle grants priority for some human values over others. On the other side, it breaks the "fundamental integrity" of human person for certain kind of worth, "except in the most extreme choice between life and death."

For Benedict M. Ashley and Kevin D. O'Rourke, organ transplants are justified when the functional integrity of the donor is maintained. They give a summary of moral reflections on living organ donation and they present certain principles for living organ donation and transplantation:

- There should be a serious need faced by the patient, which can only be satisfied by organ donation.

- Even if donation reduces "anatomical integrity, it should not diminish the "functional integrity" of the person.
- The risk in donation as "an act of charity is [to be] proportionate to the good resulting for the recipient."^s
- There should be "free and informed consent" by the donor. All these norms can be seen in the principle of totality.

The 1975 Ethical and Religious Directives for Catholic Health Care Facilities states "[T]he transplantation of organs from living donors is morally permissible when the anticipated benefit to the recipient is proportionate to the harm done to the donor." The Directives also mention that the donations of organ should not reduce the "functional integrity" of one's body. Moreover, the 1994 Directives, section no. 30 directly deals with the need of safeguarding functional integrity in living organ donation and transplantation. It reads as follows:

The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of prospective donor must be respected, and economic advantage should not accrue to the donor.

Informed Consent of the Donor

The informed consent of the donor is another key requirement in living organ and transplantation. If donor's decision is not autonomous or self-determined this leads to treating a person without respect. Respect for autonomy requires that the donor must be able to exercise the power of free choice.

In the case of living organ donation, no physiological benefit is to be expected by the donor. It is clear that the first matter of critical importance is how far the amount of risk, pain, and length of incapacity is communicated to the donor so that an informed decision can be made.

. Art. 3 of the WHO Declaration states that "the donor should not be influenced or abused." Organ donation, says John Paul II, is a free and conscious decision either on the part of the donor, or of someone who legitimately represents the donor. It is also a decision of giving without any remuneration. Really, donation concerns the well being of another person. It is very difficult to make an assessment of fully informed consent of the potential donors, especially in the case of prisoners, mentally challenged persons, and minors.

Cadaveric Organ Donation

The donation of organs and tissues after death is a generous act. With regard to the cadaveric organ donation and transplantation, the main ethical issues include the concept of brain death, and consent.

Ethical Issues Connected with the Recipient

There should be a proportionate relation between physical risk to the donor and good for the recipient. The risk in donation as "an act of charity is [to be] proportionate to the good resulting for the recipient." CCC no. 2296 states:

Organ transplants confirm with the moral law and can be meritorious if the physical or psychological dangers and risks incurred by the donor are proportionate to the good sought for the recipient. It is morally inadmissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons.

The general principle that surgery cannot be carried out without the consent of the person to be operated upon is equally applicable to organ transplantation as well. Recipients also should give their consent for the operation. The physician should inform the donor and the recipient in an honest, appropriate and comprehensible manner of the possible risks of organ donation and transplantation.

According to Catholic perspective "patients should be treated equally when being admitted to transplant programmes. There should be no unjust discrimination on the basis of social factors such as inability to pay, mental illness, past misuse of substances, lack of family support, lack of education, advanced age, remoteness or ethnicity. Only clinical factors such as urgency, need and ability to benefit should be taken into account."

Xenotransplantation

Transplantation of animal organs to human being is permissible provided the procedure will not impair the integrity of the recipient nor impose inordinate risks on the recipient or others. With regard to the animal-human hybridisation, Church says that "the introduction of parts of the human genome into animal tissue or vice versa must not involve extensive animal-human hybridisation, inheritable changes to a human being, or the formation of an organism possessing some human and some animal material which may be capable of further development as an embryo."²¹

Promotion of Organ Donation and Transplantation

The present state of organ donation and transplantation includes different types of transplantation, different types of donations and one should consider also the medical, moral, and legal problems connected with the practice of organ donation and transplantation.

Types of Transplantation

Auto grafts, isografts, homografts, and heterografts.

Auto graft (syngenic) is the transplanting of an organ or tissue within the same individual from one part of the body to another.

Isograft (Isogenic) is the transplantation of organs or tissues between two genetically identical individuals, such as identical twins.

Homograft (allogenic graft) is the transplantation of an organ from one individual to another within the same species.

Heterograft (Xenogenic graft) is the transfer of organs between individuals of different species, usually from animals to human beings.

Types of Donations

Cadaveric and living organs are the two main sources for transplantation.

The cadaveric donation includes related and unrelated donations.

There are five types of living organ donations:

- Living Related Donation: donation between genetically related persons,
- Living Unrelated Donation: donation between non-genetic or non-emotional persons. There may be also emotionally related transplantations.
- Crossover Transplantation: In renal transplantation certain donors cannot donate their organs to a particular recipient because of the ABO incompatibility and other problems with histocompatibility (e.g. positive T-cell cross matches) but without any ABO problem with other recipients (crossover transplantation). For instance, donor A cannot give a kidney to recipient A but he/she can give it to recipient B. Similarly donor B cannot give a kidney to recipient B; but he/she can donate to recipient A.
- Domino: in this programme an organ may be transplanted to a patient whose own organ then still can help another patient on the waiting list.
- Indirect Living Organ Donation: close relative of a recipient wants to donate his/her kidney to the donor. But this living related transplantation is not possible due to blood group incompatibility. The recipient is then placed higher on the waiting list, while the organ from the donor is added to the organ pool.

We have seen in the last section the ethical issues related to organ donation and transplantation. The virtue of charity will be an important element in increasing organ donation. This kind of value education can be promoted both by religious groups and by secular agencies.

This inter-human relationship is very clear in the case of organ donation and transplantation, which expressed in the relation between donor and the recipient. It is not an "I-It" relationship, but an I-Thou relationship. This means the donor is moved by the face of the other (recipient) who is in a critical stage, which is helpless. The deep relationship shows the empathy with the other. For instance, the French philosopher Merleau-Ponty writes: "

- There is an essential relationship between body and consciousness such that the body is never - even throughout transplant surgery - just a body, but rather a perceiving entity, that is to say animate.
- Every body receives its specificity and becomes animate through the perception of another.'"

Organ donation also highlights the value of solidarity in society, especially in medicine. Organ donation points to a social dimension where donors and the recipients are part of the society. The social aspect is also one of the elements that assist in making decisions in organ donation and transplantation. The value of solidarity encourages the donors and recipients, and others who participate in transplantation, to make responsible decisions. We also argue that from a moral point of view, commercialisation of organs does not promote organ donation and transplantation. Selling body parts for money reduces the value of the person. There should be no material profit in charitable or altruistic organ donation. In the present

situation where we are facing a crisis of organ shortage, helping patients who are in a critical stage, really shows the social character of the human person.

Conclusion

There is a real scarcity of human organs even though organ transplantation facilities are widely available. In this context, both living and cadaveric organ donation and transplantation should be promoted.

- African and ethnic minority should be encouraged to be involved in organ donation to ease the waiting list of their kin men and women on the organ donation programme.
- Africans should do their best to be exposed to all available resources in the environment in which they live so that they can utilise these resources to their fullest advantage as well as contribute to it to make successful it for mutual benefit.
- Africans and other ethnic minority should not socially exclude themselves from community activities like organ donation because when they do so it is to their detriment because if you do not give, you will not receive and when you freely give, you also freely receive.
- The bible says that for lack of knowledge our people perish, Africans must do everything possible to acquire knowledge and good education because there is power in knowledge and education.
- In order to prevent commercialization, transplantation law should be promulgated effectively and purposeful programme to eliminating poverty is another step towards decreasing the commercialization of human organs.
- Governments should control agencies and hospitals engaged in transplantation with respect to their profit motives.
- International co-operation should be promoted in organ donation and transplantation. Developed countries can help developing countries in promoting research in transplantation technology. A global vision associated with a local vision can facilitate the promotion of organ donation and transplantation.
- One of the efficient means to promote organ donation is to educate people about the scarcity of human organs for transplantation and Africans should be in the forefront of this campaign as presently they are the most disadvantaged.

Evangelium Vitae (no. 101) speaks about the proclamation and promotion of life: "The Gospel of life is given to us as a good to be shared with all people including Africans: so that all men and women may have fellowship with us and with the Trinity." Organ donation and transplantation highlights the relational and social dimensions of human life. Through organ donation and transplantation also one can proclaim and promote the gospel of life. More clearly, patients in a critical stage of kidney or other organ failure have to either undergo transplantation or face death. In these people one has to see the real face of the other.' We have to promote basic ethical care for the other. We cannot force anyone to donate, but people should be motivated to make free and voluntary donations. In this condition, a spirit of charity, relevant both from religious and secular points of view can work properly with regard to the promotion of organ.

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