

David Steinberg, “Reply to Valapour, ‘Living Donor Transplantation: The Perfect Balance of Public Oversight and Medical Responsibility,’” *The Journal of Clinical Ethics* 18, no. 1 (Spring 2007): 21-22.

Reply to Valapour, “Living Donor Transplantation: The Perfect Balance of Public Oversight and Medical Responsibility”

David Steinberg

David Steinberg, MD, is Chief, Section of Medical Ethics at the Lahey Clinic Medical Center in Burlington, Massachusetts, and Assistant Clinical Professor of Medicine in the Harvard Medical School, david.steinberg@lahey.org. © 2007 by *The Journal of Clinical Ethics*. All rights reserved.

Maryam Valapour, in her commentary on my article, “How Much Risk Can Medicine Allow a Willing Altruist?” in this issue of *The Journal of Clinical Ethics*, misinterprets the nature of my article as critical of the transplant community and as a call for direct public oversight.

I have great respect and admiration for the fairness and transparency of how transplants are performed in this country and do not criticize that system. In fact, much of my data was supplied by UNOS (the United Network for Organ Sharing).

What I examine is the theoretical question of how the level of permissible risk to altruists should be determined, including altruism in arenas other than transplantation. I agree with Valapour that it is important to evaluate donors’ outcomes. The difficult philosophical question I broach is, How do we judge the data? For example, if a hypothetical altruistic act is found to have a mortality of 0.8 percent, how do we decide whether that is too high a risk, too low a risk, or an acceptable risk?

I claim that medical professionals have no special expertise to make this type of value judgment. I disagree with the positions that acceptable risk should be related to the nominal nature of the donor-recipient relationship, and that the benefit to donors is an appropriate parameter to judge acceptable altruistic risk. I argue that ethics can provide, as a guideline, that the cumulative medical benefit of an altruistic act should overwhelmingly exceed its cumulative medical harm, and that there should be an absolute limit to permissible risk. I claim — as have several philosophers¹ — that ethics has limitations, and that to quantify acceptable risk a process (admittedly pragmatically difficult) should employ a segment of the general public who are positioned to make a fair judgment behind “a veil of ignorance.”

All of my positions on this issue should be subject to debate. Unfortunately, Valapour did not present any counter argument beyond the irrelevant statement that “further public oversight is not needed.”

NOTES

1. W. Glannon and L.F. Ross, “Do Genetic Relationships Create Moral Obligations in Organ Transplantation?” *Cambridge Quarterly of Healthcare Ethics* 11 (2002): 153-9; R.A. Crouch and C. Elliott, “Moral

David Steinberg, "Reply to Valapour, 'Living Donor Transplantation: The Perfect Balance of Public Oversight and Medical Responsibility,'" *The Journal of Clinical Ethics* 18, no. 1 (Spring 2007): 21-22.

Agency and the Family: The Case of Living Related Organ Transplantation," *Cambridge Quarterly of Healthcare Ethics* 8 (1999): 275-87; V.A. Sharpe, "To What Extent Should We Think of Our Intimates as "Persons"? Commentary on Conceiving A Child," *The Journal of Clinical Ethics* 1 (1990): 103-7; J. Dwyer and E. Vig, "Rethinking Transplantation Between Siblings," *Hastings Center Report* 25 (1995): 7-12; E.G. Howe, "Allowing Patients to Find Meaning Where They Can," *The Journal of Clinical Ethics* 13 (2003): 179-87; L.F. Ross, "Solid Organ Donation Between Strangers," *Journal of Law, Medicine and Ethics* 30 (2002): 440-5; L.F. Ross et al., "Should All Living Donors Be Treated Equally?" *Transplantation* 74, no. 3 (2002): 418-26; M. Powers, "Bioethics As Politics: The Limits of Moral Expertise," *Kennedy Institute of Ethics Journal* 15, no. 3 (2005): 305-22.