Macey Leigh Henderson, "Providing More Reasons for Individuals to Register as Organ Donors," *The Journal of Clinical Ethics* 23, no. 3 (Fall 2012): 288.

Letter

Providing More Reasons for Individuals to Register as Organ Donors

To the Editor:

Upon reading the summer 2012 issue of *The Journal of Clinical Ethics,* I was delighted to see two original contributions that invoke discussions regarding the ethics of living kidney donation.

Testa and colleagues wrote a piece, "Living Donation and Cosmetic Surgery: A Double Standard in Medical Ethics?"[1] and Friedman Ross and colleagues offered a contrasting piece entitled "Different Standards Are Not Double Standards: All Elective Surgical Patients Are Not Alike."[2] As a living kidney donor formally trained in law and bioethics, I work to promote organ and tissue donation, but often struggle to balance advocacy with the reality of living donation statistics and follow-up care. The ethics of all cases become entirely different when you, yourself are the subject.

Upon reading Testa and colleagues, I was distraught to learn that living kidney donation statistics and living liver donation statistics were grouped together in reference to the ethic of paternalism in living organ donation cases. Many U.S. transplant centers no longer perform living liver donation procedures due to the inherent dangers of the surgical procedure, the lack of physical therapeutic benefit to the donor, and likely because the centers are following (rightly) the paternalistic model for living donation. Furthermore, and as alluded to by Freidman Ross and colleagues, living kidney donation is not as safe or pleasant for donors as previously thought.

I would like to remind all readers of the recent deaths of living donors, as illustrated by the recent news. These complications and deaths were warned against in the literature, yet the medical community does not always to approach transplantation in the most reasonable and open light to the American public. Living kidney donors are classified as heroes by some, and lifesavers by others—but who are they to the U.S. transplant system?

OTPN policy dictates that living kidney donors who donate at a U.S. transplant center and can provide proof of such will automatically be given priority listing should they become in need of a kidney transplant.[3] I am suggesting that paternalism might be justified in cases where donation might pose more risk than potential donors realize. What if all donors, during their evaluation, were given the OPTN policy outlining this provision? Would it make them less likely to donate, or would it make them feel more informed about their decision? It is my opinion that a more informed public regarding the realities of living kidney donation would not decrease living donation. I believe that it would help to solve our nation's organ shortage by providing more reasons for individuals to register as organ donors. We will save so many more lives that way.

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NOTES

1. G. Testa et al., "Living Donation and Cosmetic Surgery: A Double Standard in Medical Ethics?" *The Journal of Clinical Ethics* 23, no. 2 (Summer 2012): 110-7.

2. L. Friedman Ross et al., "Different Standards Are Not Double Standards: All Elective Surgical Patients Are Not Alike," *The Journal of Clinical Ethics* 23, no. 2 (Summer 2012): 118-28.

3. U.S. DHHS (U.S. Department of Health and Human Services), HRSA (Health Resources and Services Administration), OPTN (Organ Procurement and Transplantation Network), "Policy Management: Policies: 12. Living Donation, 12.9.3, Priority on the Waitlist," revised 1 September 2012, *optn.transplant.hrsa.gov/PoliciesandBylaws2/policies/pdf/policy_172.pdf,* accessed 10 September 2012.