

The Ethics

Ethical issues raised by forced organ harvesting from prisoners of conscience

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At first glance, the ethical issues raised by forced organ harvesting are glaringly obvious: *forced organ harvesting is wrong*. Even though many people with failing organs may die without a transplant, it is wrong to provide them with new organs by killing other people.

Given how wrong it is to kill people for their organs, and given the context in China, it falls to the international community to take action. Here I describe 3 ethical duties that apply to ordinary citizens, to people concerned with the protection of human rights, and to anyone with connections to transplant medicine or to those who might travel to China for a transplant.

1. Responsibility to seek and share information

It is easy to feel overwhelmed and powerless about transplant abuse in China. Information is difficult to collect. Chinese doctors and hospitals are highly motivated to keep their activities secret. Organ harvesting from prisoners of conscience is strenuously denied by Chinese officials. Claims of reform are widely publicised. These denials of wrongdoing and claims of reform have been taken up by influential western voices, including the WHO and transplant organisations such as The Transplant Society, the Pontifical Academy of Sciences and the Declaration of Istanbul Custodian Group. It can be difficult to know what to believe about the situation. There is a temptation to “leave it to the experts” or to expect governments to act.

In my view, this is an ethically inadequate response. The victims, Chinese prisoners of conscience, are vulnerable and powerless. This means that responsibility for action falls to others. In this situation, the least anyone can do is to examine the available evidence and come to their own conclusions about what is happening in China. There is a lot of evidence freely available, most of it fully referenced from multiple sources. In contrast, the Chinese government provides no evidence, but only unverified claims about historic organ sources and current reforms.

At this point in time, it is wilful blindness to ignore what is going on in China.

Linked to this responsibility to be personally informed which is not at all demanding, we must each think about what further responsibility we might have to contribute to stopping organ harvesting. It is relatively easy to take further action by helping to spread information about what is going on in China. The resources on the End Transplant Abuse website are a good starting place, and there is lots of support available to anyone who wishes to donate their time and effort by reaching out to others with this information.

2. Ethical responsibilities regarding interactions with Chinese institutions and practitioners

China is keen to engage with western institutions in the transplant arena, especially western hospitals associated with prestigious universities. Engagement is linked to the offer of resources and the chance to build global partnerships. These initiatives raise questions about the ethics of co-operating with institutions known to have involved in organ harvesting, which can be identified from “The Update (published on the *End Transplant Abuse*). This list can alert western institutions to some of the most compromised hospitals. But given the current crackdown on human rights, and the unreliable claims of reform, it is not safe to assume that any hospital in China is sourcing its organs solely from volunteer donors. Matthew Roberston has detailed the lack of evidence of reform, which provides good reasons to be cautious. In addition, as Louisa mentioned, prisoners are allowed to “volunteer” to donate their organs and these are classified as voluntary citizen donations in the Chinese organ allocation system. Therefore, any donation classified as “voluntary” may have come from a prisoner rather than from a genuine volunteer.

Even if donors are dying of natural causes and the donor or their family agree to donation, the Chinese system involves payment of large sums of money to the families of donors. These payments are described in terms of “humanitarian assistance”, but can be up to 39 times the family’s annual income. Paying coercive amounts of money to the families of donors violates the widely accepted international ethical principle that organs should be donated freely, without any monetary payment or other reward of monetary value.¹

In these circumstances, any international institution that cooperates with Chinese hospitals or universities in the area of transplant medicine risks being complicit in organ harvesting. Those invited to cooperate have a duty to consider these matters and, in my view, reject the offer of partnership. Recently this kind of agreement was proposed to a North American medical team. The academic involved noted the difficulties of verifying any claims made by the Chinese about the source of organs: “will we get data to validate in near-real time, will we receive truly consecutive data or will it be ‘edited’ first, who can we rely on to externally validate it, etc?” He also sought

¹ http://www.who.int/transplantation/Guiding_PrinciplesTransplantation_WHA63.22en.pdf

advice from The Transplantation Society but was told that they could not provide a stringent independent policing role, and nor could the WHO or the Pontifical Academy. After due consideration, they rejected the partnership on the grounds that it was not possible to verify that any transplant materials were sourced ethically. Refusing to enter partnerships puts pressure on Chinese institutions and sends a strong message that the Chinese lack of transparency about the source of organs falls far short of international standards.

So far I've claimed that there is a duty to be informed, and a duty to reject partnerships with Chinese transplant teams and hospitals. The third matter concerns transplant tourism.

3. Duties regarding patients who might seek transplants in China

There is evidence that China is still supplying transplants for international patients. A recent Korean investigation estimates that many Koreans go each year. In my own country Australia, numbers are likely to be much smaller but this information is not collected. Patients who travel to China may not know that their transplanted organs come from executed prisoners of conscience. Transplant professionals who work with patients on waiting lists should warn their patients against buying a transplant in China. Accepting a Chinese transplant makes the recipient potentially complicit in murder, as it is likely that a prisoner of conscience is killed on demand to meet the schedule of the doctors and the recipient. Being desperate for a transplant does not give people with failing organs the right to participate in a system that kills people to supply transplanted organs.

Becoming informed and informing others, refusing partnerships and warning potential transplant tourists are not challenging ethical burdens. These are actions that are easy to take. I encourage you to consider what I have said, and to take these actions. The more of us that do so, the stronger the message we send to China, that organ harvesting must stop.