Comment on “Xeno’s paradox”

In a recent issue of *EMBO reports*, Philip Hunter evaluated the current status and future of xenotransplantation, which is driven largely by “a serious shortage of transplant organs for use in patients with critical organ failure as the result of accident or disease” (Hunter, 2009). But this shortage is largely artificial: it is caused by the unwillingness of most humans to donate their organs after they die. It could be addressed effectively if governments passed laws that allowed surgeons to harvest organs without the consent of the deceased or their relatives. An immediate reaction to such a proposal is that such laws would represent an extreme, even authoritarian, infringement on a person’s right to bodily integrity. However, this stance must be weighed against the state’s preeminent interest in the lives and well-being of its citizens.

The extraordinary unpalatability of such a proposal might be mitigated if it is presented as an analogue of the abortion debate, which is an equally difficult conflict of rights. Most citizens of developed nations do not actually take an extremist position; they neither regard any infringement of abortion rights as an intolerable effort to control women’s bodies, nor do they believe that, at the moment of fertilization, a zygote should have the same human rights that we accord to adult citizens. Most people understand that the issue is an irreconcilable conflict of rights—the fetus’ right to live and the woman’s right to do as she wishes with her own body and future life—and the only resolution is to allow one right to trump the other.

But although a child with a heart defect might not be able to survive without a transplant—just as a fetus cannot live without a uterus—few would feel that the state should have the right to take, without parental consent, the heart of one child who died in an accident to save the life of another. And yet, opponents of abortion believe that the state should have the right

to compel a woman to allow a fetus to live and grow inside her body for as long as is required to bring the pregnancy to term. To be sure, this analogy is not perfect: most pregnancies result from a volitional act so that, some might suggest, a woman bears some moral responsibility for the consequences, whereas the only moral claim that a patient awaiting a transplant can make on his fellow citizens is that we all, as members of society, have a positive interest in preserving the lives of our fellow citizens. Moreover, the termination of a pregnancy requires that decisions and actions be taken, whereas the death of an individual waiting for a transplant requires that we simply do nothing.

However, the weight of the arguments might justify stronger state intervention to make transplant organs available than to sustain an unwanted pregnancy. The state’s interest is to preserve the lives of its citizens, but most would probably feel that the right to live that should be accorded to a transplant recipient is of greater weight than that given to an embryo or fetus. The patient awaiting a transplant is, after all, an autonomous human being with friends, parents and loved ones. Furthermore,

removing organs from a deceased individual, who certainly has no further use for them, would seem to be less of an imposition than obliging a woman to carry an unwanted pregnancy to term.

It could be useful, therefore, to allow physicians to harvest organs and tissue from the deceased, even without explicit consent—probably with some exceptions only in cases in which this is explicitly denied or by responsible guardians in the case of minors. It is possible that such a position, if advocated with persistence, might become acceptable to significant fractions, even the majority, of citizens. It might also be useful in the ongoing debate on abortion: if strong opponents of abortion rejected a law that allows the harvesting of organs from the deceased, it would expose the hypocrisy of their position.

REFERENCE

Hunter P (2009) Xeno’s paradox. Why pig cells are better for tissue transplants than human cells. *EMBO Rep* 10: 554–557

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