Prisoner Transplants

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Consider these two people…

- “Anthony”, 35
  - Married, father of two
  - Businessman

- “Charlie”, 48
  - 16 years remaining on prison term
  - Two children in college
... Both need a transplant.

Both are needing a kidney transplant, and Charlie, the prisoner, is higher on the list.

Who “deserves” the transplant?
In 2003, more than 19,000 organ transplants were performed, but…
83,000 people remain on the waiting list, and the number continues to increase
- On average, 106 patients are added to the nation’s organ waiting list daily
- On average, 68 patients receive transplants daily
- On average, 17 patients die daily while awaiting an organ transplant
The Problem

- More people need organ transplants than are currently available.
- Prisoners are eligible for basic health care, which currently includes transplants.
- Scarcity of organs combined with increasing demand leads to difficult decisions about who receives transplants.
Overview

- Choosing who receives organs
  - Distributive justice
    - Equal access
    - Maximum benefit
    - Current policy
  - Social Worth
  - Ethical decision

- Prisoners
  - Death row prisoners
  - Benefits behind bars
  - Changing benefits?

- Scarcity of Resources
  - Possible remedies
Distributive justice

- Fair distribution of the available organ resources has become an issue because these resources are limited
- There is not one “right” way to distribute organs
- Possible criteria for distribution:
  - To each person an equal share
  - To each person according to need
  - To each person according to effort
  - To each person according to merit
  - To each person according to free-market exchanges
Distributive justice criteria: Equal Access

- **Equal access criteria**
  - Length of time waiting
  - Age
  - Free of biases based on race, sex, income level and geographic distance from the organ
  - Free of biases based on medical or social worthiness
    - Lifestyle choices (drinking and smoking)
    - Patient’s place in society (prisoners)
    - Potential societal contributions
Distributive justice criteria: Maximum Benefit

- Goal is to increase the number of *successful* transplants
- Maximum benefit criteria
  - Medical need (sickest first)
  - Probable success of transplant
  - Avoid wasting organs because they are scarce
The United Network for Organ Sharing encourages transplant centers to consider the following criteria:
- Medical need
- Probability of success
- Time on the waiting list

This policy employs facets of both the equal access and maximum benefit approaches.
Ways To Choose

Currently, use national list: first come, first serve

Two criterion to consider:

- Medical
  - Desperate need
  - Who will benefit most? Survive longest?

- Social
  - Who “deserves” it? Who benefits society, has most social worth?
Social Worth

- Should prisoners be ranked according to their social worth?
- If so, should their worth be ranked by the type of crime they committed?
- What about those haven't been punished by law for who they are/what they've done?
  - Smoking, drinking, dangerous lifestyle
  - Goodness or human decency
  - Personality
- Religious / moral implications: people judging people
Ethical Question

- Why should a society pay for a prisoner’s expensive organ transplant if they have harmed society?
- Do they deserve to receive top-notch health care and organs in high demand?
Death row inmate with failing kidneys
$120,000 per year for dialysis to keep him alive, possibly more than to receive the transplant.
Good chance he will receive kidney transplant to live.

Raises many questions:

1) Why give a death row inmate a kidney he will end up losing in a few years?
2) Should he be allowed to slowly die in prison of kidney failure?
3) Many unfortunate people outside of healthcare system who don’t have a chance at the kidney he might get, although they never committed any crimes.
4) An underlying question: does the healthcare system need major modifications and improvements to increase availability?
Someone on death row who is going to be executed in 6 months – does he/she get a heart transplant???
- Death row does not mean immediate execution
- Numerous instances of innocent people on death row who are released
- There are people on death row whose sentences are reduced
“deliberate indifference to a prison inmate’s health problems” was deemed a violation of the Eighth Amendment.

What exactly constitutes political indifference? Especially when we are considering organs which are very hard to come by.

Govt. should not be indifferent to those who don’t receive healthcare.
Some prisoners in jail for such heinous acts such as murder or rape are receiving heart transplants and bypass surgery
  - better healthcare than they would have received if not incarcerated

Others, such as fathers and mothers working hard to raise a family are forced to give up their life savings to receive these transplants.

25% of free Americans do not have health care and would not qualify for transplant services
  - So are we giving prisoners more rights than free citizens by allowing them to receive organ transplants
So what kind of care should Prisoners receive?

- Should prisoners receive only basic care (first aid, basic medications), all available treatments, or something else?
  - Prisoners forfeit many rights when convicted (voting, etc…), so why should they be afforded new healthcare rights for being incarcerated???
  - Prison is a means of protecting the public, so do we have an obligation to provide prisoners healthcare as a necessary cost of protecting society?
  - Should prisoners work to pay these costs?
  - Prisoners may be citizens, but have more rights than law-abiding citizens, in terms of health care—is that right?
Although denying any person a right to live by passing them for an organ transplant is wrong, it remains a fact that organs are very hard to come by.

A lot of ethical questions may have to be overlooked because the scarcity of organs is such a problem.
Would this be an issue if organs were unlimited?

- Still a financial issue
- Many people do not have access to our healthcare system
- Would allow us to ignore a lot of ethical questions we are facing right now
Possible Remedies

- **Organ donor consent**
  - Assumed donation, say “no” to remove self from list?
  - Family is able to overturn decision to donate organs upon death—question this right?

- **Other sources**
  - Tissue engineering
  - Xenotransplantation
  - Paid donors
  - Organ harvesting from dead prisoners (?)
In Conclusion: Issues to be Resolved

- Prisoners deserve rights, but at what cost to law-abiding citizens’ rights?
  - Transplantation
  - Healthcare
- Find way to increase supply of organs
- Modifications to healthcare system in need
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