

Response to "Do Genetic Relationships Create Moral Obligations in Organ Transplantation?"
by Walter Glannon and Lainie Friedman Ross
(CQ Vol 11, No 2)

**Intrafamilial Organ Donation
Is Often an Altruistic Act**

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In their recent article, Glannon and Ross remind us that family members have obligations to help each other that strangers do not have.¹ They argue, I believe correctly, that what creates moral obligations within families is not genetic relationship but rather a sharing of intimacy. For no one are these obligations stronger than they are for parents of young children. This observation leads the authors to the logical conclusion that organ donation by a parent to her child is not optional but rather a *prima facie* duty. However, Glannon and Ross go a step further by suggesting that because parent-to-child organ donation is a duty, it cannot be altruistic. They assert that "altruistic acts are optional, nonobligatory . . . supererogatory. . . . Given that altruism consists in purely optional actions presupposing no duty to aid others, any parental act that counts as meeting a child's needs cannot be altruistic."² Here I think the authors go too far.

I agree that parents have strong moral obligations to promote the welfare of their children, including a *prima facie* duty to donate organs when their children are in need. But I disagree

with the authors' conclusion that, because parents have these obligations, when they act in the interests of their children they cannot be motivated by altruism. Parent-to-child organ donation is a good example of how one can have a duty to act and yet be motivated by something else. I believe that duty and obligation have little to do with why a loving parent steps forward and offers to donate a part of herself to save the life of her beloved child with organ failure. What motivates caring parents to donate an organ, something many of them would do even in the face of great peril,^{3,4,5} is the deep love and concern they have for their children, not a sense of obligation.⁶ Consider the following reflections of a set of parents, each of whom had donated a kidney to their daughter: "In our case, with our daughter's life at stake, possible future risks to the donor were not a consideration. There was no question as to 'whether' Suzy needed, and that was all there was to it."⁷ This is not the description of an act arising out of duty but rather one emanating from love. The point is that the fact that parents *have* strong obligations to aid their children does not mean that it is always these obligations that *move* parents to act. And the observation that "family members who decide not to donate . . . are viewed with contempt"⁸ shows only

that many people agree that relatives are obliged to help each other, not that this obligation is always what leads them to help.

If my hypothesis is correct—that many parents choose to donate organs to their children not to discharge their duty (which I agree they have) but rather because of love and concern—this raises the possibility that such donations may in fact be altruistic. Whether or not they are then depends on how one defines altruism. In her “Presidential Address on Altruism and Sociology,” Roberta Simmons defined altruism as an act that “(1) seeks to increase another’s welfare, not one’s own; (2) is voluntary; (3) is intentional, meant to help someone else; and (4) expects no external reward.”⁹ Nothing in this definition excludes from the realm of altruism beneficent acts directed toward family members, even if they are entitled to the benefits provided. The initial definitions of altruism given by Glannon and Ross¹⁰ are similar and say nothing about the nature of the relationship between the actor and the receiver. In fact, according to these definitions, organ donation by loving parents would qualify as an altruistic act. However, later in their discussion the authors add (without sufficient justification) the stipulation that, because of moral obligations, when people act within close personal relationships they cannot be motivated by altruism. Yet at the same time they suggest that parent-to-child organ donation is still “deserving of moral praise.” I agree. But if such donations are not altruistic and done simply out of duty, why are they still laudable? In my view, parent-to-child organ donation is praiseworthy because it is in fact an altruistic act. Here, one human being chooses to risk her life to save another, not out of sense of a duty but rather because of love and concern and without any expectation of reward other than the hope of seeing her child

restored to health. Even the fact that parents often derive benefit from donating does not eliminate the possibility of altruism. As Glannon and Ross point out, “a derivative benefit is significantly different from the fundamental motivation for performing the action in the first place.”¹¹

In a technical sense, the question of what defines altruism is merely a semantic one. But what compelled me to write this response is my concern that couching altruism in the terms espoused by Glannon and Ross devalues (unintentionally, I suspect) the marvelous deed of parent-to-child organ donation. The suggestion that anonymous donors, but not parental donors, be given priority on the cadaveric waiting list¹² adds to this concern. At the same time, I recognize that there may be different levels of altruism. As Evans points out, “altruism receives its highest expression in the absence of personal relationships.”¹³ But although anonymous organ donation may be more altruistic than parental donation, the latter is still often an altruistic act worthy of great respect.

Whether or not a beneficent act is altruistic depends on what motivates it. I believe that one can have a duty to act but still act for other reasons, including altruism. Whereas anonymous organ donations are clearly altruistic acts, so too are many organ exchanges within families.

Notes

1. Glannon W, Ross LF. Do genetic relationships create moral obligations in organ transplantation? *Cambridge Quarterly of Healthcare Ethics* 2002;11:153–9.
2. See note 1, Glannon, Ross 2002.
3. Cotler SJ, McNutt R, Patil R, Banaad-Omiotek G, Morrissey M, Abrams R, et al. Adult living donor liver transplantation: preferences about donation outside the medical community. *Liver Transplantation* 2001;7: 335–40.

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4. Sauder R, Parker LS. Autonomy's limits: living donation and health-related harm. *Cambridge Quarterly of Healthcare Ethics* 2001; 10:399-407.
5. Spital A, Spital M. Living kidney donation: attitudes outside the transplant center. *Archives of Internal Medicine* 1988;148:1077-80.
6. Spital A. Ethical issues in living organ donation: donor autonomy and beyond. *American Journal of Kidney Diseases* 2001;38: 189-95.
7. Pierce EG, Pierce RA. The agony and the ecstasy. *Transplantation Proceedings* 1973; 5:1067-8.
8. See note 1, Glannon, Ross 2002.
9. Simmons RG. Presidential address on altruism and sociology. *The Sociological Quarterly* 1991;32:1-22.
10. See note 1, Glannon, Ross 2002:153.
11. See note 1, Glannon, Ross 2002.
12. See note 1, Glannon, Ross 2002.
13. Evans M. Organ donations should not be restricted to relatives. *Journal of Medical Ethics* 1989;15:17-20.