ISHLT Statement on Transplant Ethics

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Introduction

Transplantation is ethically complex, and Ethics Committees composed of panels of experts play a vital role in advancing the field to its fullest potential. The most urgent questions continue to evolve and attract the focus of Ethics Committees seeking to chart an ethically-drive course for the future of transplantation.[1-3]

Distinctive features of the International Society of Heart and Lung Transplantation (ISHLT) illuminate several domains to which the Ethics Committee of the ISHLT must devote special consideration. As an international society, the ISHLT must strive to advance the ethical practice of transplantation globally by identifying and upholding fundamental values common to the field while appreciating the vastly different social, cultural, religious, political, structural, and other influences that shape how the ethical practice of transplantation can develop and flourish around the world. As a society invested in the full spectrum of basic, translational, and clinical research, clinical practice, policy and governance, and public engagement, the ISHLT must elaborate ethical values applicable to all of these aspects of the transplant enterprise. As a society for the transplantation of vital thoracic organs, necessarily sourced predominantly from deceased organ donors, the ISHLT must commit special consideration to the moral status of deceased donors, and to procedures surrounding organ donation and procurement from deceased persons. As a society whose membership and mission extend beyond transplantation to also encompass other advanced therapies, mechanical circulatory support, and pulmonary vascular disease, the ISHLT must also explore the ethical dimensions of these fields at and beyond their intersections with transplantation.

With this Statement on Transplant Ethics, the Ethics Committee of the ISHLT elaborates the fundamental ethical values pertinent to transplantation that the ISHLT and its constituents should strive to uphold and offers procedural considerations to support the application of these principles. This Statement updates and expands upon previously published Ethics Statements of the ISHLT, in accordance with the commitment to regular review.[4,5] The ISHLT also continues to uphold precedent standards including The Declaration of Istanbul on Organ Trafficking and Transplant Tourism,[6] The Helsinki Declaration of the World Medical Association (WMA),[7] The WMA Statement on Organ and Tissue Donation,[8] the WMA Resolution on Organ Donation in Prisoners as amended and adopted in 2024,[9] and the Universal Declaration of Human Rights of the United Nations.[10]

Respect for Persons and Concern for Persons

All persons including deceased and living organ donors, donors' families, candidates, recipients, caregivers, and transplant professionals should be recognized as having inherent dignity, worthy of respect and concern. Respect includes recognition of agency and autonomy; concern includes care, compassion, and avoidance of harm.

Respect and concern for organ donors requires that organ donation be voluntary, free from coercion, and free from exploitation. Authorization for organ donation, whether active (opt-in) or presumed (opt-out), should be given by a donor with full awareness of and opportunity to exercise the right to refuse donation, or by a credible representative on behalf of the donor. There must be no reason to believe that a potential donor might have objected to donation. Importantly, respect for the agency of deceased organ donors also requires that a person's freely expressed wish to be an organ donor after their death should be fulfilled wherever it is possible to do so without significantly compromising other ethical requirements.

Organ donation from deceased donors must be separate from and subordinate to the pre-mortem clinical care of the patient and must occur only after death from another cause. Ethical transplantation is contingent upon jurisdictionally appropriate standardized definitions of death and procedures for establishing death. Organ procurement should not be the cause of death, and no person should be killed or have their death process accelerated solely for the purpose of organ procurement. Obtaining organs for transplantation from the bodies of executed prisoners contravenes the principles of voluntary donation.

The sale, purchase, or exchange of valuable consideration for human organs for transplantation, and the trafficking of organs or persons for the purpose of transplantation risk coercion or exploitation, undermine dignity, and contravene the Declaration of Istanbul.[6]

Respect and concern extend to organs procured from deceased persons. Transplant professionals should not transplant organs if there can be any doubt as to the ethical standards met in authorization for donation, pre-mortem treatment, or organ procurement, nor should investigators use such organs or tissues in research, even if they were not themselves responsible for the original infringement.

Whereas respect often entails presumption of agency, concern makes no such presumption and readily applies to non-human beings used in transplantation, including in animal research models and in animal to human xenotransplantation. The Ethics Committee of the ISHLT encourages the use of frameworks for the ethical use of animals in biomedicine, such as the 12R's framework.[11]

Collective Good and Net Utility

Organ transplantation seeks to promote collective good or net utility as a morally appropriate response to resource scarcity, with utility typically understood in terms of prioritized outcomes: patient survival, graft survival, and/or quality of life. This requires coordinated systems for organ allocation that are reasonable, pragmatic, and purpose-driven. These systems should be subject to quality assurance efforts involving both expert and public scrutiny. Metrics used to assess net utility from transplantation should be transplant-specific. Social value criteria such as social status, occupation, talent, ability, or productivity should not be considered as utility endpoints to be promoted through organ transplantation.

Justice

Evident in the above principles is the potential for organ transplantation to both impose burdens and deliver benefits. Justice requires that these burdens and benefits be distributed fairly. Fair distribution involves nuanced integration of multiple conceptions of justice including procedural justice for those with longer waiting times; reciprocal justice for those who have previously been living organ donors; and prioritarian justice for those who are worse off at the start. Candidates may be worse off in terms of medical urgency or the likelihood of finding a suitable match, including for reasons of geography or biology (age, sex, small size, blood type, or sensitization). Priority for younger candidates recognizes that the young are also worse off in terms of access to opportunities across the life stages.

Justice applies not only to organ allocation (i.e. the distribution of organs for transplantation) but to all aspects of transplantation where benefits or burdens are distributed, including access to transplantation, candidate selection, allocation, post-transplant care, organ donation, and transplant-related research. Benefits and burdens should be fairly distributed in all of these domains, free from discrimination on the basis of characteristics including but not limited to gender, sex, race, ethnicity, religion, immigration or citizenship status, socioeconomic status, sexuality, or disability.

Procedural Considerations

Procedural considerations describe the good conduct of individuals and groups applying these ethical principles, whether in everyday clinical decision-making, organizational policy-making, or the design and operation of organ transplant systems. Ethical systems of organ transplantation should be aligned with the principles of respect and concern for persons, net utility, and justice; such systems can only be created, maintained, and recognized through procedural commitments including representativeness, transparency, responsiveness, and humility. A procedural commitment to humility requires that we remain open-minded, knowledge-seeking, and self-reflective in the creation and evaluation of guidance that affects the ISHLT and transplantation communities. While this commitment includes humility about the limitations of a narrow cultural lens, cultural humility is not the same as cultural relativism in which there can be no universal, shared moral standard. This Statement seeks to define the core elements of such a standard, while recognizing that its precise application may be shaped by constraints particular to a culture, place, or time. This leaves open the path of moral progress both toward the fuller understanding of diverse perspectives and toward the fuller realization of our shared values everywhere.

Conclusion

This Statement on Transplant Ethics outlines fundamental values and considerations from the ISHLT. These should inform ISHLT policymaking, as well as the conduct of ISHLT members and collaborators. More broadly, the ISHLT presents these values and considerations as worthy aspirations for individuals, organizations, and governing bodies, all of whom contribute to the medically and morally ambitious project of organ transplantation.

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