

Dangers Of Being An Organ Donor by Zen Garcia



The Truth About Organ Donation

Health Care Warning To America by Zen Garcia

As America evolved into a capitalist society, health and long term care systems became for profit institutions which increasingly pit the quality of care of their consumers with the drive to further earnings. As hospitals, hospices, nursing homes, and HMO's try to find more areas from which to increase earnings, ethical questions such as - Should doctors be allowed to deny expensive medical procedures to the seriously ill and disabled in order to provide health coverage for the uninsured, should elderly patients be allowed to die to spare their families and communities the financial and emotional costs of expensive care, should doctors be allowed to kill and harvest the organs of people with cognitive and physical disabilities, or in permanent comas - are likely to come from an increasingly new field of scientists called bioethicists. Wesley J. Smith, a lawyer/author turned citizen, humanitarian advocate has followed closely the rise to prominence of the bioethics movement. He says, "[Bioethicists spend much of their time arguing with one another, beneath or, more accurately, above the public radar, in arcane academic journals, books, university symposia, and government-appointed commissions. This is no empty intellectual enterprise, but a project aimed at changing America. In the course of their arguments, bioethicists are arriving at a consensus about the course of our medical future, and they are slowly succeeding at transforming the laws of public health and the ethics of clinical medicine in their own image.](#)"

© Original Artist |
Reproduction rights obtainable from
www.CartoonStock.com



"THE GOOD NEWS IS, YOUR BODY DIDN'T REJECT THE ORGAN TRANSPLANT. THE BAD NEWS IS, THE BANK REJECTED YOUR CHECK."

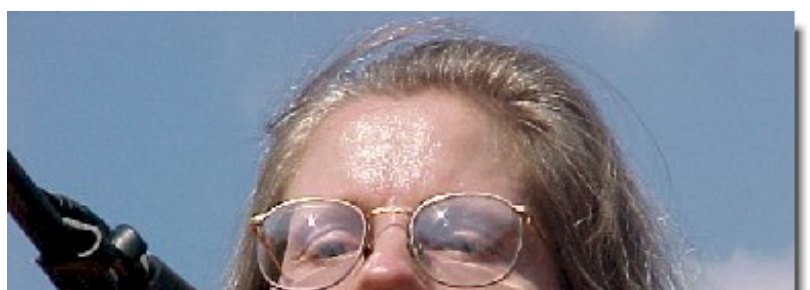
For being a relatively new and untested science, bioethicists have somehow firmly placed into their hands the collective fate of American medical and public policy. The obvious danger to the public from mainstream bioethicist is that unlike lawyers, physicians, or even hairdressers, there are no regulations, formal education or trainings conducting the field. One does not have to have a license to practice bioethics. Status can be achieved through a number of "credible" ways according to Smith, including being published in professional journals, writing books or lecturing. One becomes an expert when one finds ones name or articles being aggressively quoted by others also engaged in being a bioethicist.

The secondary danger to the public as a whole but especially for the aging and disability communities is that bioethics is instituting 'Personhood Theory' which unlike universal human equality does not automatically confer worth to newborn infants and people with disabilities. Most bioethicists consider fetuses, newborns, psychopaths, severely brain-damaged patients, and various demented patients as 'non-persons' due to their inability to question morality. They even call for 'non-persons' to be used in experimental research in replace of animals and as subjects for organ harvest. John Harris, a prominent bioethicist claims, "Persons who want to live are wronged by being killed because they are thereby deprived of something they value. Nonpersons cannot be wronged in this way because death does not deprive them of something they can value. If they cannot wish to live, they cannot have that wish frustrated by being killed."



Bioethicists and for profit health care has put all people at risk. People with disabilities are devalued to the point where we cannot even trust health care workers because we are being targeted to increase the pool of available organs available for hospitals to sell. As of February 2002, UNOS (United Network for Organ Sharing) had a waiting list for 79,523 major organs, while in the previous year the total number of transplanted organs was 22,953. The disparity between number of transplantable organs and the need for such organs has led transplant programs to seek to expand the sources of transplantable organs. Bioethicists working for profit policy boards are giving advice which is quickly moving American society further and further away from an ethic of universal human equality and the Hippocratic oath of Do No Harm. Motive for profit has lead to theories' which create divisions of us and them in an explicit hierarchy of bioethically determined human value. Smith writes, "History teaches us that judging human worth based on subjective criteria -- race, sex, sexual orientation, tribe, religion, nationality or personhood -- invariably results in the oppression, exploitation or even killing of those deemed by the powerful to be less worthy of respect. And considering that many of the people denigrated by bioethics as nonpersons, not coincidentally, also happen to be the most expensive to care for in the age of the HMO when cost-cutting is king, bioethics presents an acute danger to the lives, health and well-being of millions of people who are elderly, disabled, newborn and cognitively or developmentally impaired. Since in the end this could include any one of us, we ignore the threat of bioethics at our own peril."

Diane Coleman, founder of NOT DEAD YET, predicted "there is going to be growing pressure on disabled people who are dependent on life support to 'pull the plug'. Allowing them to believe that they are being altruistic by doing so through organ donation will only increase the pressure on disabled people to choose to die in the belief that by giving their organs up, their lives can have some meaning. The danger is especially acute for people who are newly disabled, many



of whom believe, falsely, that their lives can never be worth living" as showcased by the Oscar Award winning movie, "Million Dollar Baby."



As bioethicists define 'non-persons' as having no more a right to live than animals slaughtered, hospitals push for an era when they can openly deny people service (living will) and harvest the organs of people entrusted into their care. It wasn't so long ago that bioethics deliberated the moral consequence of forced starvation/dehydration of people considered 'non-persons' in hospices, hospitals, and nursing homes across our country. Smith discussed this as being the point when the movement "[achieved consensus about a particular approach... Notice the speed with which removing feeding tubes from unconscious, cognitively disabled people became ethical and legal throughout the country, once bioethicists agreed it was no different morally from withdrawing antibiotics.](#)"

This view was supported by the American Medical Association, who came out in staunch opposition to the implementation of any legislation, criminalizing the withdrawal of food and water from patients unable to make their own medical decisions. Dr. Gregor Wolbring, a disabled bioethicist from Canada declared "[There is suicide prevention for the able-bodied but assisted suicide for the disabled. Suicide prevention for you but suicide enhancement for us... Society wants the disabled community to have access to a dignified death when we want access to a dignified life.](#)"

I'm warning all people about the dangers of being an organ donor. Organ donors do not get quality end-of-life care because they are more valuable to hospitals that stand to make more off harvesting someone's donated organs than they would from saving organ donor's lives. It is of utmost importance for the American people to learn about what is happening in mainstream hospitals that not only embrace personhood theory but also covet the organs of their patients. Ron Panzer, advocate with the Hospice Patients Alliance writes, "[We sometimes \(and increasingly\) have newly injured patients being declared "brain dead" at the hospital without the appropriate tests ever being completed. We have hospital transplant teams being flown in ready to "harvest" organs from patients who have never been properly diagnosed, whose families are not always informed of all the treatment options, and we have doctors ready to "spin" the patient's condition into a "hopeless" category so the family agrees to "allow the patient's death to have some meaning" through organ donation, even though in cases where the family refuses to accept the "final determination of the all-knowing docs," the patient recovers! The glaring reality is that when the docs are wrong, dead wrong, the patient is killed by the harvesting of the organs, not because of the injuries sustained.](#)"

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



"I'm afraid the shark got your arms and legs. It's probably not a good time, but your brother's here. He needs a kidney."

A 2000 Institute of Medicine report states, "controlled non-heart-beating organ donation cannot take place

unless life-sustaining treatment is stopped." Even basic care or treatment such as food, water and crucial medications like insulin or heart medicine are being withdrawn to make sure a person dies sooner rather than later. Nancy Valko, president of Missouri Nurses for Life claims, "In cases of severe head injuries, strokes or other critical conditions that can qualify a patient for NHBD, it is virtually impossible at the beginning to accurately predict whether the patient will die or what level of recovery he or she may eventually attain. As a nurse for 34 years, I have personally seen many such patients, who initially needed a ventilator and who were even expected to die, go on to completely recover. The laudable goal of saving more lives through transplantation cannot sacrifice ethical principles or occur without vigorous public scrutiny. The quiet implementation of an innovation like NHBD is disturbing, especially when people are urged to sign an organ donor card with little or no awareness of what that action can mean. Organs may be retrieved without depending on a withdrawal-of-treatment decision coupled with a rapid declaration of death and organ removal. Tissues such as corneas, skin and bone can be donated up to several hours after a natural death."

Panzer says of NHBD, "There is no more egregious violation of patient rights than to be made dead, without any chance at all to receive care designed to bring about recovery, when recovery is realistically possible. How many inaccurate predictions are made by the doctors who are less eager to provide care and more eager to get healthy organs from the soon-to-be dead, victim of vulture-like organ transplant teams who swoop in and grab whatever they can, selling all the organs and usable body parts for many hundreds of thousands of dollars, even millions."

Just remember your organs are worth more to the hospitals than if they were to try to do the procedures to save your life. For people with disabilities and the aging community the real threat to us is the notion that our lives are not worth living. Mary Therese Helmueller, an R.N. with 15 years of experience, warns in an article entitled, "[Are You Being Targeted For Euthanasia?](#)" - of the threat to people with disabilities and the aging community from health care staff. Her grandmother had been admitted alert and orientated, to a local hospital with only a left knee fracture. Within 48 hours she fell into a coma and was transferred to hospice where she died upon arrival. Being a skilled nurse, Mary began to question staff until she acquired her grandmother's hospital chart. It then became apparent that her grandmother had been euthanized.



According to her grandmother's chart, she only became unresponsive after doses of pain medication were administered by hospital staff. Once enough had entered her system she lapsed into a coma where she was diagnosed as having a stroke. The family was given "a completely hopeless picture of recovery." Nurses and doctors reported that she "was having seizures, going in and out of a coma, and was in renal failure." However her chart indicated everything was normal. "The CAT scan was negative for stroke or obstruction, the EEG states no seizure activity and all blood work was normal indicating that she was not in renal failure! How were we to know that the coma was drug induced and that all the tests were normal?" Her family, heart-broken by the diagnosis, thought her grandmother was dying and without hope. Disappointed they allowed hospital staff to place her on a DNR, withdrawing medical intervention. Within minutes of being 'no

code,' staff injected her grandmother with a lethal dose of Dilantin, which over the course of 18 hours put her into a deep coma until she died upon arrival at a hospice. Her death certificate read "Death by natural causes."

Distraught Mary now openly warns people, "Your life may be in danger if you are admitted to a hospital, especially if you are over 65 or have a chronic illness or a disability. The elderly are frequently dying three days after being admitted to the hospital. Some attribute it to "old age syndrome" while others admit that overdosing is all too common. Euthanasia is not legal but it is being practiced. Last year the New England Journal of Medicine reported that 1 in 5 critical care nurses admit to having hastened the death of the terminally ill."

I will end with a quote from Smith, "Since it is almost surely too late to transform the movement's utilitarian assumptions from within, keeping the movement contained inside the academy appears to be the most promising strategy to prevent our society from being remade in bioethics' image. To do this will require heightened media scrutiny and public awareness of what ideological bioethics is, what it stands for, why it matters, and what consequences will befall us all if the new medicine becomes our future. Beyond the media, a counter-bioethics movement could be created by those who believe that the only truly moral way to resolve the dilemmas with which bioethics grapples is by strict adherence to universal human equality. Perhaps this new, ethical bioethics could be called human-rights bioethics. It would boldly promote the proposition that there is no them and us; only us. Surely, an abundance of academics, physicians, lawyers, disability rights activists, patient advocates, theologians, and just plain people would be willing to stand up proudly for the equal moral worth of all living people.



"OK, the old one's in my right hand, the donor's in my left. Right?"

Consider yourself forewarned America. You are worth more to hospitals for your organs than for what they can milk out of your insurance company. Stay tuned for an [article soon on the dangers of using "Living Wills"](#) which are pro-euthanasia documents put out by the right-to-die movement as a way to make certain circumstances in which American's will be asked to be spared from, which then gives them legal precedence to withdraw care or never give it in the first place. Never ever take my word for things I say, please research them for yourself.