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ORGAN TRANSPLANTATION AND THE ORTHODOX CHRISTIAN ARGUMENT FOR LOVE¹

Sebastian Moldovan *

Abstract

The current clinical and ideological situation of human organs transplantations (OT) is characterized by a chronic “organ shortage” and by the increasing dispute between the promoters of legally regulated organ markets and those who oppose them in the name of socially mobilized altruistic donation. After identifying the causes that makes altruism the only motivation globally admitted, I will proceed to the analysis of the role this virtue plays as a Christian argument, in three bioethical documents issued by local Orthodox Churches (the Greek, Russian and Romanian), and in the bioethical stances adopted by Nikolaos Hatzinikolaou (chairman of the Committee for Bioethics in the Greek Orthodox Church). In Orthodox Christian spirituality, self-offering represents the utmost act of love, yet this does not per se warrant OT as the humankind’s novel strategy to deal with death. Unlike both individualism and communitarianism, for which OT transfers a biomaterial anonymously, Christian love bestows privilege on human personal relationships and identifies an eternal kinship in the bio-transfer.

Keywords: *transplantation, altruism, anonymity, kinship, Christian Orthodox.*

The transplantation of organs holds a very special place in the pool of bio-medical technologies, as one that enjoys the amplest consensus between Medicine and Religion, as well as between the world’s greatest religions and their denominations. [1,3] The status of

liminal human beings, the medically assisted reproduction, the genomics, the regenerative medicine, the public health and research policy, all stir up much more significant controversy and confrontation. This quasi-unanimity in a world as diverse morally as ours and

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wherein the organ transplantation's more and more accessibility generates one of the most important crisis within the system of public health, is worth noticing and investigating. A handy explanation is the special value that Christianity places upon the meaning of earthly life, according to which saving a man's life is an indisputable moral success, which is normalized socially into a duty of honour, to which almost all means are deemed acceptable. [4,13,24] The contribution of Christianity to the appreciation of human life is incontrovertible; both Bioethics and Ecology - the two main branches of the ethics of living - are modern progenies of Christian ethics. The devotion to life, which comes unconditionally for some, and conditionally for others, highlights the virtue of altruism, which has up until now been thought to be the vital motivation to the success of the organ transplantation. No promotion of organ donation fails to specify the support of Christian denominations, along with that of the other major religions, and to remind them about the contribution they could bring to the organ transplantation cause by encouraging selflessness. In reply, the religious leaders bring their support to meet the needs. In the ensuing paragraphs, I present the three official documents on organ transplantation that were issued by Orthodox Christian Churches. I examine their main argument that justifies the organ transplantation, i.e. the altruistic love, as it is understood in the Orthodox spirituality. My purpose is to follow the implications that such explanations might have in the position the Orthodox Churches adopt towards the various current and controversial facets of this bio-medical practice. In the beginning, though, I try to advance some of its defining characteristics that explain why altruism became its ultimate

motivation.

What is organ transplantation: typology, moral principles, and motivations

Although fairly recent, the organ transplantation has already built a history that can be divided into three periods. The first one, between the 1950s and the 1970s, was called the era of "heroism" and of "the courage to fail", when transplantations were only experimental and generally unsuccessful due to immune rejection. The second period, during the 1970s, a time of moratorium and searching of a method to break the natural borders between organisms, ended with the introduction of new immunosuppressive drugs. At the beginning of the 1980s, we enter an "era of routine", of an ever expanding procedure, wherein medically speaking, the decisive factor was considered the organs supply, and not the surgery, nor the graft survival. The same thing applies to the social aspect of the issue, if we are to accept the predominant idea found in the discourse of the official representatives [21] and of most of the commentators. The 1990s brought the "organ shortage" crisis that soon reached global dimensions, with Spain the only country that managed "to produce" the necessary number of organs in order to satisfy the lengthy and continually expanding waiting lists. The situation seems strange if we consider the degree of public acceptability and the gradual broadening of the organ donors' pool - starting with the prelevation from the monozygotic twins, extending to blood relatives (live donors), and then to unrelated yet histocompatible persons (both live and deceased). The currently furthered explanations concerning this Malthusian-like scarcity [8] focus on factors like the people's lack of education

with regard to the true need of organs, the clinical circumstances surrounding the medical procedure (ascertaining of death), the cultural and religious prejudices against the integrity of the human body and cadaver, the complaints against the medical services, the deficiencies of the national organ procurement systems, or simply the inherently limited generosity in an interest driven society. [5,10] Contrary to the consecrated Malthusianism, the proposed solutions are not concerned with checking the expanse of population, but with increasing the resources at any cost. The means to obtaining this are revising the rule of deceased donors or the generalization of presumed consent, various forms of incentives for organ donation, or even the organs trade on a legally regulated market. The organ transplantation crisis however, seems to have appeared more likely as a result of an explosive growth in the organs "demand", that is a consequence of a series of factors, amongst which some are epidemiological - the increase in number of the diseases linked to the modern lifestyle or social disparities, such as diabetes and hepatitis C -, some are connected to health policies - i.e. including this procedure among the list of medically accessible and insured services, relaxing the criteria for transplantation eligibility so as to include in it more children, elderly people, patients that suffer from comorbidities, and former organ recipients who had suffered rejection. Maybe the most important factor of all, the aging of the population, which happens mostly in the medically advanced countries, has a double negative effect, now that the increase in number of elderly population brings about an increase in organ demand and a decrease in organ supply. [9] Beyond the relevance of statistics and

their interpretation, the phenomenon cannot be understood without taking into account its defining material and cultural data. Indeed, the transplant of solid organs represents only one chapter of an economy whose goods constitute ever more significant parts of the human body - starting with blood, going on with tissues, reproductive and regenerative materials, and more recently, with external organs (face, hands). Being more than a utilization of the human body parts as "therapeutic tools" (M. Lock), these transfers generate multiple human interactions. Paradoxically, it is the organ transplantation success that produces an ample bioethical conflict, one of the many episodes of the cultural conflagration kindled by the new technologies of intervention into the human nature that turn the human body into a medical resource. The very possibility of considering the organs separately from the organism in which they appeared, formed and functioned is due to the historical process through which the European intellectual culture came to regard the body as a biological machine, completely detached from the human spirit (later, psyche), then to the new idea of the organism as an autonomous entity (Cl. Bernard's *le milieu interieur*), along with the theory of the organ location of the disease, and eventually to the possibility of "dis-organ-ization" (A. Verhey) and re-organization clinically of the human body. The progress of surgery, intensive care, and molecular biology allow the isolation and transmission of life in macroscopical biological entities, thus inaugurating a new way of vital inter-human transfer, in parallel to the natural way of procreation. In this sense, surpassing the natural link between the organism and its parts requires not only a series of technological (the replacement

or sustaining of vital functions, or defeating the immunity barrier) and intellectual (the redefining of death) acquisitions, but also a modified social understanding, that would mould on the new vital circuit, which is opened within the set of material and spiritual cycle that life is. As the human body represents biologically and symbolically the topos of the inter-human connectedness, it is not possible to re-think and re-utilize the individual body, unless the social body is also re-configured. The whole human constitution based upon the alterity-community dialectic is questioned by re-defining the relations between personal and communal initiated by the new biomaterial circuit. We must note that this biological alienability and re-integrability is an enterprise organized by the society. Also, the organ transplantation's novel character raises not only the question of a virtual accord of the society. In order to give their acceptance, people have to integrate it somewhere among the practices of the current transfers, which come under the shape of gifts, exchanges, testaments, or abduction, according to August Comte's early inventory. What kind of transfer can organ transplantation be? This is the preliminary and decisive question that would assure its social acceptance. Is there another accepted practice that we can assimilate this transfer to? The imminence of some dear ones' death and the attempt to save them, even with the personal risk of dying, represent the situation that generically define heroism wherever it may happen, in the daily life, the public life, or in time of war. Even when the person is declared deceased, the donation of organs is still considered heroic, as it represents an unusual, even circumstantially dramatic relinquishment of something intimately proper with the purpose of saving another person's life.

The act is considered evermore so when the donor is alive. From the first accomplishment and up until now, organ transplantation has most often been interpreted and presented, in professional circles and by the general public, as an act of both medical and civil heroism.[23] This fact alone explains two ethical principles, through which organ transplantation was given moral legitimacy, namely the informed consent and altruism. Heroism can be but freely appropriated; it can only be but motivated by a keen interest in other people's wellbeing and not by a personal interest (although this one is not necessarily excluded). Yet, though it continues to be promoted under the generous and emotional effigy of "the gift of life" that rendered it acceptable in the first place, the wide spreading of the procedure as the preferred therapy in case of organ failure, and the ensuing increased demand for organs, reopens the discussion on those very moral fundamentals. [17] What used to be formerly an exceptional situation, now tends to generalize and be organized as if it were the normal case, and this fact changes the issue of social acceptability. Could it be possible to create a mass-heroism? Could the individual selflessness satisfy the needs at such level? The situation is somehow similar to the state of war, where altruism becomes an obligation, and where consent is replaced by a military recruitment system. The only option left before an inefficient mobilization is to resort to professionals, the paid "heroes". The solutions suggested to reform the organ transplantation system under crisis do not differ too much: the presumed consent or other substantial forms of incentives, or even trading. We shall come back to this dilemma. In any case, it is now clear that the issue here is

determining which is the best method to procure not only the organ supply, but also the trust supply, the social capital, because a practice that constantly jeopardizes the survival in general or, according to the modern mindset, the quality of life, undermines its own sustainability. How the social capital is created is still a mystery to social sciences, but the mindsets that have a longer history can provide with bigger reserves of trust, which is not a calculation, but a certainty born of positive and long reiterated interactions. It is not by chance that the promotion of organ transplantation has gone down in history, until it reached the Christian roots of the secularized Western world. Although the cultural climate in the USA, that has, up until recently, defined itself as a religious nation, is of a particular kind, the appeal to the ability to generate selflessness that Christianity and the other religions have, was universally launched. The tunneling of the psychological barrier against pain is a central theme in Christianity. Therefore the organ donor has always been associated with Christ, or more humbly, with the Good Samaritan. Further, we shall examine the way that the Eastern European Orthodox Churches (i.e. pertaining to and religiously dominating a marginal area in the political geography of OT, yet nonetheless important on the black markets) answered to this social appeal. At close quarters, at least some of the expressed voices seem to suggest a real super-deal. If this thing does not surprise on further look into the Orthodox Christian spirituality, a like inspection of the practical materialization of the offer may leave one wondering.

Organ transplantation in bioethical statements of the Orthodox Churches

Judging by the literature that is dedicated to it, the Orthodox Christians' attitude towards organ transplantation is that of a timid acceptance. [2,11,13] Of all the local Orthodox Synods, only the ones in Greece, Russia and Romania have published their official stance regarding the matter. Among these documents, the morality of organ transplantation is assessed in the light of specific doctrinal and pastoral criteria, which are comprised in the fundamental criterion of the Orthodox religious vision expressed by love in all its hypostases: love within the Holy Trinity, the Holy Trinity's love towards the world and people, revealed in Jesus Christ, and love amongst people. According to this spiritual vision, the Orthodox Churches consider that each good thing is authentic only if it originates from and tends to God, the Triune personal Spring of life and eternity. Thus, the main priority of the three documents is to tackle organ transplantation from the possibility to place it on the only true beneficial path that is for people. Upon taking a stand, the Holy Synod of the Church of Greece [19] places a great emphasis on these very premises, and consequently frames the Church's set of conditions of acceptance, her reserves against the secular and utilitarian ("worldly") reasoning expressed by the state politics, her worry about any possible abuse and harsh criticism against a law that stipulates the presumed consent¹. The document states that, "Self-offering constitutes the spiritual basis of the ethics of the Church of Greece on the subject of transplantation." (9) Building up on the Saviour's personal example and witness (John 15:13, and 1John 3:6), the offering of organs is actually considered not as

valuable as the offering of one's whole life, which makes organ transplantation justifiable *a fortiori*, and draws attention to the superiority of the spiritual benefit it brings to the donor, over the physical good it does to the recipient². While medical humanism is concerned primarily with the recipient of the organ, the main consequence of endowing the matter with a spiritual perspective is the shifting of almost the entire focus, from the recipient to the donor³. The difference can only derive from the ways in which suffering, need, and deprivation are perceived. Stating the superiority of the soul over the body, the Greek document asserts that, "The spiritual benefit of the donor is greater than the biological gain of the recipient" (5a) and implicitly affirms that the need for spiritual fulfillment is greater than the need for biological wholeness. The Church of Greece is therefore ready to support the organ transplants, not in the name of the secular organ transplantation promotion politics, however, that focuses on the physical survival of the recipient as the purpose of the transplant, but in the name of the donor's need for spiritual life. Thus, the transplantation would represent a natural consequence of a culture of self-offering⁴. Certainly, the spiritual state of both the recipient and the medical staff is not to be ignored. According to the previously mentioned document, the organ transplantation and all that it implies must keep to its purpose, and assure that "God is praised in all these ways. Thus, human beings will become spiritually integrated and the disease or prolongation of life will form a condition of fulfilling the deeper purpose of their creation." (45) Similarly, the document issued by the Russian Orthodox Church [22] appreciates the therapeutic value of transplantology, yet it also identifies the likely threat the

organ transplantation may pose to society, by practices such as organ trade, xeno-grafting, and harvesting from foetal donors. Although the Russian document has a much thinner outline than the Greek one, it manages to draw more attention to the infra-personal aspect of the organ transplantation and to the relationship between person, body, and organs. For instance, it is considered that the organs and tissues of the donor are assimilated by the recipient and incorporated in the "sphere of their personal body-soul unity". Thus, any organ transplantation that might affect the recipient's identity as a person or even as a human being should be denied. As for the motivation of organ donation, it is ever the same, "the transplant of organs from live patients can only be based on the donor's voluntary self-sacrifice for the sake of saving or preserving someone else's life. In this case, the donor's agreement to the procedure represents a manifestation of their love and compassion". Fairly more recent, the document released by the Romanian Orthodox Church [24] agrees with the Greek and Russian ones in what constitutes the reason for the organ donation. Yet, unlike the two other texts, beside the statement that "the transplantation must have its roots in the Christian love of the donor...", the Romanian document also furthers the novel idea that the organ transplantation has to have "its fulfillment in the love of the recipient.", too. The said document exudes the same interest in the spiritual perspective of the organ transplantation, which integrates the body of the recipient and their earthly life with the eternal life. It also shows the same understanding for the precariousness of the recipient's situation, the difficulty of the act of donation itself, the medical effort, and guarantees the blessing of the Church in

all endeavours, as long as they preserve the respect for the person, their body, and the integrity of their faith. From a theological point of view, the most important affirmation is, “To donate an organ, a tissue, or merely a drop of blood, out of one’s love for one’s neighbour, means to self-give and self-sacrifice one’s whole self within the same all-encompassing mystical Body of Christ. This act excludes any misconceptions of the human body as solely a means to health recovery, or as a storing place for exchange human parts.” It is natural to assimilate the organ donation to the Christic offering; this fact protects the selfless act of donation from being mistaken for the wide spectrum of mutilations, killings or suicides, while recognizing its maximal spiritual value, and highlighting its communitarian context. What about its communitarian consequences? The Saviour’s sacrifice founds the mystical Body, the Church, and all who are eucharistically united with Christ are also united with one another. Does the transplant create an equivalent situation? Is there any connection left between the donor and the recipient after the graft? Save for the two cited statements from the Romanian document, which are not pursued further in the argument, all three documents address the issue of love only as donation is concerned, as if love would seek just a simple manifestation. *Mutatis mutandis*, they go through exactly what they challenge, namely an utilitarian perspective according to which all that love does is provide people with a means for obtaining whatever they lack, be that a vital heavenly organ or an earthly one.

The bioethical value of a Gospel parable

The Greek theologian, Metropolitan Nikolaos Hatzinikolaou offers a clear

example of the spiritual vision limited to the donor⁵. In an exemplary exegesis on the parable of the Good Samaritan (Luke 10: 25-37), [7] he points out to the spiritual transformation ignited by the loving approach towards the other, up until the breaking of the body (donation of organs) and the shedding of the blood (donation of blood). “The spiritual life, in its entirety, is a continual transfusion of Godly Blood, done in a mysterious and metaphorical way, as well as a continual transplant of Godly Body in the human hypostasis”, explains the author, thus projecting the whole perspective on the salvific act of Jesus Christ’s incarnation and sacrifice. He highlights a few important teachings of the parable. First, there is the significance of the approach. From Jesus’ answer to the lawyer’s question, “And who is my neighbour?” the proper conclusion is that the approach is totally up to me, and not to my neighbour, and that it rates a relationship that springs from my own attitude towards the other, and not the other way round. Then, despite the current understanding, the approach does not simply manifest itself through doing, with the sole purpose of being efficient, and therefore instrumentalizing the relationship. On the contrary, it manifests itself through continually converting and transforming me into a neighbour, thus pulling me closer to both God and the other. The first step goes from the person to their needs, the second goes inversely, while using the other’s needs as an “opportunity” to surpass egocentricity. Third, the extroversion of love touches the innermost depths of the most authentic, spontaneous and disinterested self, that gradually overcomes any sense of fear, constraint, duty, personal interest or mere compassion, in a type of engagement that tends to identify itself not only with self-love (as the Law

requires), but also with God's very love for every human being. "Our challenge and choice is to see the expression and image of God in each of our neighbours, at any given moment." According to this interpretation, the neighbour is the donor himself/herself, who also benefits the most from his/her own love - the nearer to the other, the nearer to God. Successively, the recipient becomes more than simply "the other" in the eyes of the donor (selfishness reduces the personal traits of otherness), as love is capable of identifying no less than eight hypostases of kinship in the person of the receiver: the biological brother, the blood relative, the person whom one belong to, the own self, a child of God, a brother of Christ, the image of God, and even God Himself, according to the Lord's affirmation in the Final Judgment scene (Matt 25). Therefore, from an Orthodox Christian spiritual perspective, remarkably sketched by the Metropolitan Nikolaos, the OT (along with other types of transfer of human biological material) can represent more than a successful medical procedure as a self-offering and therefore a true means towards deification, a form that imitates the sacrifice of Christ, as "they break their body and pour their blood for their brethren." Much as this approach is very favourable medical and spiritual, it still lacks something. Although it displays the idea that the person of the recipient enjoys an appropriation from the donor that takes her out of anonymity and integrates her into communions that are built upon love, starting from the biological consanguinity and up to the divine-human one, this person looks paradoxically inert. No answer animates her. It is true, the wounded in the parable is an "almost dead" character, but there are many other parables in the Gospel, and parables only catch fragments of

reality. Whatever can be considered a sufficient reply to religious formalism, or the Church's overwrought support for the organ donation policy, does not necessarily cover all relevant aspects of the transplant experience. What happens to the recipient is equally important for the appreciation of the medical and spiritual value of the organ transplantation. Moreover, just as the Metropolitan states in various instances, love has communitarian implications, "The Church does not acknowledge love as a simple offer, in terms of the strong giving and the weak receiving, but as a communion, where the two have a share of one another." Naming the fundamental characteristics of donation, the Metropolitan terms the first one, "connection, communion, perichoresis". Though, the incarnation of love into a "psychosomatic perichoresis", and the fact that the transfer of vital biological material represents "the triumphant acknowledgement of the human fullness, wholeness, and integrity", this said communion is hardly more than evoked. To realize it, we would have to be acquainted with the contribution of the recipient to it. The parable of the Good Samaritan needs a completion.

The meaning of the argument of love

We could be entitled to consider that, by emphasizing the "culture of sacrifice" promoted by its spirituality, the Orthodox Church does not merely meet a social need, but she offers the "more", which is specific to the love that Christ preached (Matt 5: 39-48), and has nothing else to do but to remind each Orthodox Christian that they are called to imitate Him. If need be, she could even caution a presumed consent, as it is supposedly a true Christian's duty to agree to the role of Good Samaritan, at least upon death.

If, in reality, this generous perspective does not bring the expected results, the reason is not only the inherent distance between theory and practice, but more likely an ambiguity unveiled by the factual opposition to the presumed consent⁶. The receiver's situation is much more unclear. The argument from love or altruism says nothing about her real benefice. It is true that the imminence of an ill person's death is an unhappy situation, yet it is far from being a war or any other physically violent action, that could be identified and heroically removed with strong moral warrant. This is not the case with organ transplantation, since there are medical arguments that plead against it. To name some, it is a medical act that harms a patient - the donor - without any direct medical benefit (against *primum non nocere* principle); the definition of death as brain death is doubtful, scientifically speaking, as increasing reproofs show [20]; locating the disease at the organ level is a simplistic approach of the medical issue; it harms the recipient directly by the raise of the need to repress the response of the immune system; the medical treatment does not always produce a positive experience. The moral evaluation, upon which organ transplantation's social validation depends, requires that the deepest anthropological modifications implied be acknowledged. To acquire this, the perspective must shift beyond the organ shortage problem. What the argument based on sacrificial love helps us to see is exactly the nature of the situation: the organ transplantation is a confrontation with death, and therefore the moral issue rests in judging our options in front of death. Organ transplantation actually represents the attempt of a new survival strategy that parallels and adds to the natural survival kit of procreation, which is the

fundamental inter-human transfer that keeps the vital elementary chains and circuits of the species alive. The procreation and the alliance that its sexed character implies constitute the two patterns of the social paradigm of kinship. Just like any other recent biomaterial transfers (and with differences worth investigating), organ transplantation connects biologically the persons involved in a specific way, thinner than heredity, yet fuller than the alliance. If, in the light of procreation, the designation of marriage as "one flesh" (Gen 2:24) meant more than a metaphor of the spiritual and material interpenetration of two persons, to speak about "a single organ" (or set of organs) in the case of transplantation, would mean a situation of interpenetration whose implications could not be minimized. [11,12] Unfortunately, this is exactly what anonymity, which is the third governing principle of the current organ transplantation practice (besides consent and altruism), facilitates. The often overlooked anonymity is the expression of the social trust crisis that lies hidden under the euphemistic and revealing term of "organ shortage". Before the anonymity that separates the donor from the recipient (deceased or non-related donor), we have to consider the anonymity of the organ itself, the depersonalization of the body through its medical representation, first as an object, and then as a resource. It is on this phenomenological distance that the making of the organ transplantation was founded. Its acceptance and promotion at large is built upon the social distance between the main actants. Although it started under the auspices of knowledge, as it re-interconnected twins or consanguineal persons, the organ transplantation was rapidly overshadowed administratively by anonymity

out of the wish to avoid the biggest acceptance issue, i.e. the fact that donation cannot remain one-way. [16] The act of giving, not just the mere direct exchange, is a common way to connect the persons involved through reciprocity. Regardless of its width and quality, the gift requires a reaction (even when the giver does not expect any) although the answer might take the shape of a refusal. In practice, the professionals have faced the problems arisen by the donation and the refuse to donate: among relatives, the pressures to donate, the consequences of a possible refusal, the effect of a possible medical failure; amongst the other cases, the recipient's psychological incorporation of the graft, the interest the family of the deceased donor in knowing the recipient and the result of the transplant. [14] The rule of anonymity, required by doctors and imposed by law, attempts to eliminate all these aspects ("the tyranny of the gift", R. Fox, J. Swazey), that are difficult to predict and even more difficult to control, but simultaneously manages to accomplish both more and less than it aimed. More, as it not only veils protectively the identity of certain persons that are caught in a truly tragic situation, but also dissociates them exactly when they share their pain in a solidarity act. Less, as the affective reaction often penetrates the administrative barrier and gives birth to various kinds of social connections that are durable enough as to demand their inclusion in the possible categories of kinship. The ethnographic research in the organ transplantation field highlights two types of contradictory reactions. One is the often irrepressible desire that the lay actants of the biomaterial transfer have to recognize each other, meet and establish lasting social connections. The other is the eagerness to deny and refuse such a connection. Both desires emphasize the

general feeling of the public that these transfers require some kind of reciprocity, and that the spread of the gift can not be equated with that of the answer. Repaid as it may be, "the gift of life" remains unmatched. This is not a new situation, Indebtedness, be it owed by the children to their parents, or by those saved from the claws of death to their saviours, is definitive or eternal, in the religious mindset. Moreover and in less overwhelming degrees, the act of giving is the only means that creates, maintains, and regenerates lasting social connections precisely because it does not allow another equivalent save for that of the affective involvement. Trust rises only from gratuitousness. Evidently, the two options whose alternatives the organ transplantation promoters cannot yet escape, i.e. the etatization or the trade of organs (or of biomaterials in general), the anonymous altruism or the well regulated personal interest, hide under the veil of ignorance the organ transplantation's most important anthropological trait - in a society that evolves rapidly into a "geriarchate", the communication of life tends to scatter down the path of organ, tissue, and cell grafts, instead of confining itself to babies. Symptomatically, the rule of anonymity proves that the new strategy for survival is however seeking an untying solidarity and an un-involving involvement. When challenging slavery, the modern humanism declared the inalienability of the body (habeas corpus) to dispose the work. In ultra-modernity, the redundancy of the body expresses the soul's inability to connect (habeas spiritus), which defines both the individualism and the communitarianism of our era. The state and the market alike are liberators of the natural and organic bonds. As someone remarked, "we are acting like angels who would accidentally have bodies, and who

would feel free to take them off and put them on again, just as we choose.” (P. Manent) For the Orthodox Churches, such a situation is in all fairness worrying. Yet although their resistance against the attempt to impose medical solutions on the fundamental issues of the human condition is necessary, it is far from enough. Emulating the imitation of Christ in His sacrificial love is a salutary act, though it does not build organ transplantation an altar. If the organ donation saves a man’s life, this gift creates a bio-connection which the

Church might bless, without betraying the love vocation, or becoming just a simple societal Good Samaritan. But the blessing could only be valid if the actants completely appropriate the connection as a form of kinship, built in the image of the kinship between the saved and the One Who gave Himself “ that He might be the firstborn” “among many brethren” (Rom 8:29; Coll 1:19)⁷. In its Orthodox Christian paradigm, the meaning of love is to unite the Samaritan and the one fell among thieves into one eternal body.

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- [22]. *** **Fundamentele concepției sociale a Bisericii Ortodoxe Ruse**, în Ioan I. Ică jr., Germano Marani, *Gândirea socială a Bisericii*, Ed. Deisis, Sibiu, 246-248, 2002
- [23]. *** **The Declaration of Istanbul on Organ Trafficking and Transplant Tourism**, *Clin J Am Soc Nephrol*, 3, 1227-1231, 2008
- [24]. *** **Transplantul de organe**, la http://www.patriarhia.ro/ro/opera_social_filantropica/bioetica.html.

Notes

1. I have consulted with the original text of the document, “Basikai theseis epi ethikes ton metamoscheuseon”, and published in the volume Hiera Sunodos tes Ekklesias tes Ellados. Eidike Sunodike Epitrope tes Bioethikes, *Ekklesia kai Metamoscheuseis*, Athenai, in 2002. Official English translation at http://www.bioethics.org.gr/en/03_b.html#4. The number of the paragraph in the document is given in brackets. On the issue of presumed consent, which was introduced in Greece by a new law, the Synod states, “The law of the “non-refusal” constitutes a blackmail of the conscience.” (32).
2. “If the offering of life is the “greater love”, then the offering of organs is a “minor”, yet blessed act of love.”(9) “The recipient receives parts from a mortal body; the donor gives from his/her immortal soul.” (5a) “[The donor] saves biologically the recipient and spiritually works for his/her salvation.” (20)
3. “The Church of Greece senses Her philanthropic duty towards the recipient -who needs to live-, but She realises more the importance of Her role by the side of the donor - who can offer freely.” (5a)
4. It is what results from the statement in the original version, “The Church of Greece should struggle for the prevalence of Her principles and Her positive influence on the transplantation policy; moreover, She should create Herself a spiritual tradition on transplantations oriented towards the spiritual needs of the feelings offering of the donor (he idia mian metamoscheutikên pneumatikên paradysin prosanatolismenên pros tas pneumatikas anagkas prosphoras aisthêmatôn tou dotou). In this way, the finding of organs and the promotion of transplantations will not constitute a pursued goal but a natural result.” (39), my emphasis. The authors of the document chose to express confusedly the profound idea that the greatest need is that of giving. The official English version, that reads “a spiritual tradition on transplantations oriented towards the need to donate organs”, is clear enough, but loses the meaning of the underlined excerpt, which could simply mean “organ shortage” and thus contradict the final part of the cited paragraph.
5. Now, Metropolitan of Mesogeia and Laureotiki, the current chairman of the Committee for Bioethics of the Greek Orthodox Church Synod. The text I am talking about (Hatzinikolaou, 2007) was presented at a congress dedicated to therapies through transfusions.
6. And this is not as inconsequential as M. Frunză believe, who criticizes the position of the Romanian Orthodox Church towards the project of law to adopt the presumed consent debated during 2008.

7. There is a growing interest in the role played by the biological family and the spiritual kinship in the making of Early Christianity. A remarkable overview is provided by deSilva (2000). In Moldovan (2004) I approached the Eucharistic matrix of spiritual kinship and made a first proposal to consider theologically OT as a *sui generis* kinship.