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The Morality of Heart Transplants

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Religion and Philosophy

Dr. Stagg, Sponsor

The Morality of Heart Transplants

A Debate

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On December 3, 1967, an event occurred which will be remembered by medical science as much as the shot heard around the world will be remembered by all history students. The patient was Louis Washkansky, the doctor was Christian Barnard, and the operation was the world's first human heart transplant. Mr. Washkansky lived only eighteen days; however, he was the spark that spurred other doctors to try similar transplants. Since that December day in 1967, some twenty-six heart transplants have been tried. A few of these transplants have been quite successful while the majority extended life for a rather short length of time.

Over a year has passed since the first heart transplant was accomplished, and in that short year, many questions concerning ethics, law, and theology have come forth to be debated. So many questions exist that a very exhaustive study would be needed; however, three main considerations will give a basic understanding of the implications of heart transplants. The Religion and Philosophy Honors Seminar has been exploring heart transplants this past semester. This paper is a summary of the three main issues concerning heart transplants with emphasis upon the theological and philosophical implications involved. The reader should note that the following summary is to be read from a theological, ethical, and pragmatic frame of reference.

ARGUMENT # 1: We are experimenting with lives and not curing
Brown heart diseases.

Affirmative: The basic affirmative assertion is that we are not far enough advanced to attempt heart transplants at the present time. While medical science is able to transplant

hearts, the complications accompanying heart transplants are uncontrollable. Time summarized this basic argument in its December 22 issue of 1967. The basic ideas of this article are as follows: (Read before schoolwide seminar.)

Negative: The negative side of this question asserts that enough progress is being made to justify some of the human sacrifice. This basic issue originates from some of the modern ethical philosophies which contend that the ends justify the means; however, there are several initial difficulties which must be overcome before people can clearly see the end results of heart transplants. Legally the decision of when a person is dead must be made, medical doctors must decide who will receive a heart, scientifically, the problem of organ rejection must be solved, and socially, the idea of heart transplants must be accepted. These initial difficulties, when solved, will give the world a clear view of the value of heart transplants. The fact that each heart transplant patient is living slightly longer than he would have is certainly worth the risks involved. Dr. Philip Blaiberg has lived over a year now, and was swimming a few days ago. Certainly such facts support heart transplantation.

Theologians likewise see value in heart transplants as a means to the end of curing heart diseases. Dr. Billy Graham recently said, "Personally, I consider this medical miracle as a blessing from God, for it was He who gave doctors the wisdom to perform transplants. God is interested in anything that improves the human condition, and certainly these operations are proving to be in the best interest of mankind." Christ

Himself went about healing people although He did not transplant hearts. As Christians and humanitarians we likewise should seek to heal in any way we can.

ARGUMENT # 2: Heart transplants are legal murder.

Affirmative: The affirmative side maintains that by law, heart transplantation is legal murder because a person is legally alive until his heart stops beating.

According to the World Medical Assembly in Sydney, Australian, doctors cannot know the precise moment of death. This sixty-nation assembly went on to say that there are three criteria of death; (1) cardiac arrest (2) lack of brain activity and (3) cessation of respiration. Therefore, as the law now stands, it theoretically would be murder if a doctor took a vital organ from a body not dead by all three criteria. Any intentional shortening of life is illegal, no matter how good the motive or how inevitable the death of the donor.

Thus, this affirmative answer is built upon a strict legalistic ethical system where the means justify the ends.

Negative: The negative side maintains first of all that our legal code books are lagging behind our scientific advancements. The result is a holding back of progress. Many doctors have not performed transplants simply because they were not sure of their legal grounds. Most all law concerning heart transplants is based upon seventeenth century common law, which very simply says that no one has

"rights" to a body after death except the next of kin and then for burial purposes only. Unsure of their legal rights, doctors hesitate and much progress is lost.

Six states have no laws concerning transplants and four others only speak about eyes and not hearts. Conflicts of jurisdiction also are a barrier; if a resident of one state is killed in another state, which state law would and should be used? Until some uniform legal and ethical system is set up, the heart transplants are not legal murder. Until our culture is equal in both scientific and legal advancement, the heart transplants cannot and will not progress.

ARGUMENT # 3: We are playing God when we select recipients, or in effect, who will live and who will die.

Affirmative: We are faced with the question of whether, by choosing from several people needful of hearts, the one who should get it because of limited supply, we are playing God. By this choice are we not actually deciding who should live and who should die. Is this man's choice to make? Is this not playing God?

This problem of limited heart supply for needy people, all of which will die without one, is present today, but a similar situation concerning a kidney machine is more easily referred to and has the same moral implications. Back in 1962, kidney transplant operations were not perfected and a machine had been newly designed to serve as an artificial kidney. At that time, one hundred thousand Americans a year were dying of kidney malfunction or disease. One of the hospitals with these machines, Seattle's Swedish Hospital, was

faced with the task of choosing one out of every fifty applicants for treatment. A panel of seven laymen were chosen to screen the applicants and make selection of the few who would live. This group named themselves "The Admissions and Policies Committee of the Seattle Artificial Kidney Center at Swedish Hospital."

To start with, they decided rather than to use lots, the most fair and impartial way, they would play God by determining which of the applicants were most worthy to live. In effect, seven laymen of mixed faith, with no moral guidelines, were judging upon the value of one human life over the other. The committee was admittedly a buffer for the doctors, since the emotional strain of the choices would interfere with their competence as surgeons. The choice to remain anonymous reflected in some small way their sense of guilt.

To start with, rough, indifferent, arbitrary guidelines were set up to ease the choice. Applicants were quickly cut off at certain maximum and minimum age limits, at the borders of the state of Washington, and at the group that had other complications. From there, the applicants were judged upon the basis of sex, marital status, dependents, income, net worth, emotional stability, educational background, nature of occupation, potential contributions, and names of references. The committee admittedly favored church-going people because they were more stable of character. Was this not, in effect, letting those live who were prepared to die rather than those who weren't?

A big factor in choosing was the written reports of the doctors of the various patients. The reports, of course, were shaded to give advantage to their patient. The committee despaired at having to make the choice so alone so they gave doctors preliminary screening power and then expressed a desire to pass a good deal of the responsibility to an advisory team of a social worker, a vocational guidance counselor, and a psychaitrist. Hence, this feeling of guilt and awe of the responsibility spurs the attempt at passing the buck on down the line. To ease his conscience, a banker on the committee said, "I finally came to the conclusion that we are not making a moral choice here—we are picking guinea pigs for experimental purposes."

Another member said, "We are aware we are voting against a person's opportunity to live. This would be unbearable if you knew the person and had to see him face to face." The question was raised whether if a rich person offered to pay for the whole center's program in return for favoritism, what would they do. Also, some were excluded on the basis of lack of funds.

On the basis of the choices, it was determined that it would be best for a candidate to father many children, throw away all his money, and fall ill in a season of low competition. Other discrepancies deal with killing the wealthy because of their insurance coverage.

In Life, Shana Alexander asked this question: "Are we moving, in the name of science and mercy, toward a nightmare world in which a segment of our population is kept

alive by being hooked up to ingenious machines operated by the other half? In such a world, the most fit individuals would devote their lives to keeping the least fit alive."

Finally, the question is not upon the morality of saving human life, but upon the morality of choosing which lives to save.

Negative: The twentieth century will long be remembered as the age of scientific advancement. Man has been able to fulfill some of his wildest dreams of the past while accomplishing the seemingly impossible. One area in which great advancement has been made is that of medicine. Here the world has seen some of the most startling achievements in new techniques in saving and prolonging life. One of the more recent of these has been the ability of doctors to take a heart from a dead body and transplant it into the body of a living person in exchange for the living person's diseased heart.

As these great operations are being performed, questions have been raised concerning the ethics involved. The question is asked, "Are we playing God or sinning against God by transplanting hearts?" It now becomes the task of theologians to determine whether man is within his God-given rights.

To be able to answer this question, we must determine what function God has chosen for himself and what function he has assigned to man. We know that the Bible states that God is the creator and owner of the earth (Gen. 1; John 1:1-5). God has all power over the earth and its inhabitants. As creator and owner, he exercises a watchful guard over all

his creation (Matt. 6:30; 10:29; 19:4; Mark 13:19; Luke 12:24; Acts 4:24; 17:24; Rom. 1:18ff; Eph. 3:9; I Tim 4:3; I Pet. 4:19; Rev. 4:11). While it is true that he keeps and ever watchful care, it is also true that when he created the earth he set in motion several self-sustaining operation which we call the laws of nature.

After God had completed creation of suitable earth, he created man. To man he gave dominion over the earth and the laws under which it and he operates. In Genesis 1:28 these words are recorded: "And God blessed them; and God said to them, 'Be fruitful and multiply and fill the earth and subdue it. . .'"(RSV). These words were spoken to Adam and Eve. They give man the legal right to control nature to his advantage; even to the extent of transplanting a human heart.

Now the second part of the question comes alive to ask, "Are we sinning against God?". This is the type of question which a person schooled in Calvinistic theology would ask. The Calvinist views life as the fulfillment of a plan set down by God. Man, according to Calvinism is predestined to live the kind of life that he will and any tampering with this plan is a violation of the will of God. This violation is rebellion and thus it would be a sin.

An answer to this type of argument comes from those who believe in the free will of man. They say that God gave man the freedom of will to make moral responsibilities. If God did not give man this freedom and holds man to a strict plan of predestination, then how could he judge man? The Bible plainly declares that God will judge mankind (Acts 17:31;

Heb. 9:27; Rev. 20:11-15). If man does have a freedom of choice, then everything that happens to him is not the will of God. Even the Calvinist is repelled by the idea that God has willed suffering and sin to mankind.

Man sins only when he has broken God's Standards. These are the moral standards which are recorded for us in the Bible. When man says "no" to these standards, he sins. None of these moral admonishments forbid healing. In fact, Jesus Christ, the Christian example, healed many people.

With these questions settled, man may freely strive toward a new conquest in medical science—the quest to subdue and conquer nature.