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Mar 31st, 2:30 PM - 4:00 PM

# Sorry Buddy, But Your Name Isn't on the List: Fear and the Ethics of Organ Donation in Film

Ted Callis  
*Providence College*

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Callis, Ted, "Sorry Buddy, But Your Name Isn't on the List: Fear and the Ethics of Organ Donation in Film" (2012). *Annual Undergraduate Conference on Health and Society*. 3.

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Ted Callis

Fear and the Ethics of Organ Donation in Film

Good afternoon ladies and gentlemen, my name is Ted Callis and if you're a fan movies like me, you're in luck. I will be discussing a topic that will definitely interest you. Today I will talk about how the fear generated by dilemmas portrayed in film affects the ethics of organ procurement practices. Thus, the name of my presentation was born. **[SLIDE]** Sorry buddy your name isn't on the list: fear and the ethics of organ transplantation. During this presentation we will examine fear and how it's power to influence rational decision-making plays a part in shaping the answers to ethical debates. In order to see the influential power of fear, we will peer through the dilemmas portrayed in recent films of the past decade to see how fear is expressed within them.

A good place to start I think, would be to explain where these fears originate. The societal problem which makes the dilemmas found in movies scary stems from the organ transplant waiting list. **[SLIDE]** The waiting list taps into the most base of our human instincts, it touches our fear of illness and death. This fear arguably distorts our capacity to think clearly, an important quality required for ethical decision-making. It is not as if this fear of death is completely unwarranted, for "...consider that while 75 people receive organ transplants each day on average, 19 people [also] die each day waiting for transplants because of the shortage of available donor organs (TNNOD, 2011)." **[X2]** The shortage is also irritated by the criteria that either enables or disables a person from receiving these organs. These are factor like height, weight, blood type, and age to name a few. But actually being on the waiting list and knowing about it are two very different things.

So in light of this, there are two ways to consider how this fear is experienced. What I mean is that the overall lack of organs generates different fears for different people. I examine the two groups to which this shortage of organs pertains, the transplant candidates and the organ donors. I think it fair to state, but you may disagree, that the transplant candidate fears the waiting list most acutely. **[SLIDE]** The transplant candidate experiences the fear of dying more intensely than the organ donor because the patient is intensely aware of his or her status on the waiting list. The patient is tied to the gurney left to mull over the proposition of dying a preventable death. The fact that maybe their life could have been saved had the hospital, moreover the medical industry, had access to more organs for transplantation. And in this sense we will observe how the transplant candidate's experience of this fear can lead to arguments that will accept live organ sale.

This fear stands in stark contrast to the fear the organs donor's feels **[SLIDE]**. Donors or potential candidates don't experience the same fear because they simply aren't in the same situation. They see the plight of the candidate yet, as current legislation permits, still have the option to remain distant. Nothing obliges them to donate an organ, save their level of altruism. And in the case of film, they have more fears for director's to pry at than the transplant candidate. They experience the fear associated with the loss of quality of life, **[SLIDE]** the possibility of a transplant procedure going horribly wrong, or that doc's simply won't do enough to save them should they have been in a terrible accident. **[SLIDEx2]** The donor's fears are driven by an instinct everyone can identify with, a sense of rational self preservation. Either way, the fears associated with the waiting list manifest in the dilemmas shown on the big

screen. By viewing the way these dilemmas are depicted we can see how the ethical questions about organ transplantation are raised and how these dilemmas frame the answers.

**[SLIDE]** Before moving on to the films I want to make sure I've clarified a distinction between the dilemmas and debates. The debates are the formal ethical arguments that influence policymaking in regard to organ procurement practices. **[SLIDE]** Debates ask questions like is there ever a circumstance where donor autonomy can ethically be denied to someone? They ask questions that speak directly and practically to questions of donor autonomy and the issue of consent. **[SLIDE]** This is why they affect policymaking so directly. They ask questions about what is permissible in the way a society gathers organs for transplantation.

On the other hand the dilemmas are the informal portrayals of the ethical debates and are found mainly in film. It is easier to think about dilemmas like a creative case study that puts ethical decisions to the test. The dilemmas portrayed in films affect the approach to ethical arguments through the use of a specific case examples rather than formal argumentation. They are the ethical issues transformed from simply words on paper to pictures on screen. It is through the construction of a hypothetical scenario that the director can highlight an ethical question and simultaneously frame that question for the audience to consider.

**[SLIDE]** As I stated before, we will use the dilemmas portrayed in film as a lens to view how fear influences the answers to ethical debates. We will see that a fear about organ transplantation is embedded within the dilemma, which then parallels and influences the answers to ethical questions raised by debates. The framing done by the dilemma pertains to both candidates and donors as each film toys with the issue of consent. Every dilemma touches

a core theme of donor autonomy. This topic bears the underlying tension that exists between both donor and candidate. This tension draws the line that divides the two sides of the ethical debate. Due to time constraints, I will use select scenes from only two movies. One that points to the fear felt by the candidate and the other which embodies the fears felt by the donor.

**[SLIDE]** In *The Island*, I examine a scene that explicates the tension the candidate feels towards the donor. The scene is where Dr. Merrick justifies his clone harvesting practice to Albert Laurent, the man he hired to hunt down the escaped clones. The war hardened Mr. Laurent asks Merrick, “So when did killing become a business for you (*The Island*, 2005)?” To which Merrick smiles and responds, “Oh, it’s so much more than that. I have discovered the holy grail of science Mr. Laurent. I give life! The agnates... they are simply tools, instruments, they have no souls. The possibilities are endless here. In two years time I will be able to cure children’s leukemia. How many people on earth can say that, Mr. Laurent? (*The Island*, 2005)”

If we look through this scenario, we can see that Merrick’s justification parallels arguments for a presumed consent or opt-out system of organ procurement. His argument appeals to the emotional trauma experienced by the transplant candidate. He hunts down the escaped clones in order that, well... he gets paid first, of course, but then so his customers can renew their organs and live a longer life. **[SLIDE]** Under presumed consent, docs don’t need a confirmed consent to remove a patient’s organs. Of course this is only if a patient is in a persistence vegetative state, either from cardiovascular death or brain death. The onus is on the patient to “opt-out” or withhold their consent for organ donation beforehand. Taking organs from those in a vegetative state would on the whole, cause the least amount of harm; or so the argument goes. But the main sticking point for the presumed consent argument is that

the difference between a homicide and a life-saving donation rests in a voice that simply cannot be heard.

**[SLIDE]** We can also see how Merrick's thinking would permit for, even encourage, the live sale of organs. If the fear experienced by the transplant candidate rests in the fact that there simply aren't enough organs around for transplantation, then of course they will endorse an ethical and practical theory that provides financial incentive for the live donation of one's organs. Proponents of this view claim that live organ sale will not only minimize the number of candidates on the waiting list but also substantially decrease the horrific practices of black market organ procurement.

However, the donor dilemma in film poses a serious problem to consider. **[SLIDE]** In order to give life to patients by providing them with replaceable organs; Merrick must take them from another; a completely healthy other. This give and take is the heart (no pun intended) of the tension felt by the characters in film. It is the crux of the organ donors' dilemma... to give or not to give. Don't forget that the dilemma in these films takes the context of an organ shortage as seriously as we do. It is a real problem. The confirmed death rate caused by the waiting list makes this dilemma on screen feel real to us, which is also why the sci-fi genre is best suited to handle this issue. The critical question that gets asked in these films is whether or not it is ethical to prioritize one's right to life over another's right to life, and if so what are the criteria?

**[SLIDE]** In the film *Never Let Me Go*, I examine a scene depicting the underlying tension the donor feels towards the candidate. **[SLIDE]** The scene takes place at the end of the film where the main character Kathy questions her very own existence. In her short life, she

witnessed her two childhood friends die on the operating table and has just received the notice that her donations are to begin in two months time. The whole ordeal makes her reflect; “What I’m not sure about is whether our lives have been so different from the lives of the people we save. We all complete (*Never Let Me Go*, 2010).” Completing is the term used by people in the movie to indicate when a clone has passed away.

If we examine the scenario from Kathy’s depressing reflection on her life, we see her situation parallels arguments for a Dead Donor Rule or opt-in system of organ extraction. Why are she and other clones obligated to donate their organs at all? She makes a strong point that neither the clones nor the people they die for seem to have many differences. Both parties seem to share the same human experience. **[SLIDE]** The Dead Donor Rule is simple: in the case of incapacitation, without one’s prior given consent, the doctor has no right to invade that body and remove its organs. The donor must “opt-in” beforehand or give prior consent before any medical action is taken to retrieve their organs. Even if they are incapacitated, consent is everything to the donor. And the lack of either given consent or refusal is to be inferred as withheld consent.

**[SLIDE]** When considering live organ sale in this light, there are many positions that argue against it. These arguments ground themselves in Immanuel Kant, an Age of Enlightenment philosopher. His criteria for what determines moral action has given opponents of live organ sale grounds to debate it. They claim that live organ sale opens the doors for exploitation of the poor and at the same time would restrict their capacity to make an income. They also employ arguments about the sanctity of life, which claims that making organs a

commodity is tantamount to making a person an object. It makes a person into a commodity to be bought and sold, and the person becomes a means not an end.

In regard to organ procurement practices, each of the films I've examined addresses the concern of whether the end justifies the means with an imperative no. **[Slide]** *The Island*, in its portrayal of the lunatic organ entrepreneur Dr. Merrick, depicts the loss of donor autonomy as inhumane. Merrick believes the clones should be forced to give up their organs for others. And he justifies his belief by saying their existence is both "artificial" in that they have no souls, and "non-productive," in that they are born in a vegetative state. At the same time he is the antagonist of the movie; a mad scientist sacrificing lives for his own work. He talks about how he will cure life threatening diseases and save lives, but the moral tone of the film reminds the viewer that he is taking the life of the clones (who are all too seemingly human) to achieve these feats.

*Never Let Me Go*, in its portrayal of Kathy's utter despair, depicts the loss of donor autonomy as dehumanizing. Her situation is so traumatic that she wonders why she had to be born in the first place. She doesn't understand, and rightly so, the difference between her experience in life and the experience of the people she's dying for. The tone of the film emphasizes the estrangement she feels being born into a society that never wanted her as a person. They only wanted her as a means, to sacrifice for others who are presumably more important. To boot, they never gave her a choice in the matter. However her predicament does raise an interesting ethical question about the organ donation in general. Disease, in a way, is like fate in that we don't choose it (obviously not all cases, i.e. heavy smokers and



drinkers). But given this fact, a question arises: is the diseased organ killing the person, or a donor's withheld consent?

So in light of all this discussion, what are we to make of the films? What ethical conclusions can we arrive at by viewing them, if we do at all? Well this is a sticky situation [SLIDE]. I promised you that through dilemmas, we would be able to see how the fear caused by the organ shortage influences the answers to ethical debates. And I have. Both these films have a tone weighted in favor of the donor's right to autonomy. Their tone indicates a disposition for a Dead Donor Rule or Opt in system. It tells us that these films choose to depict a universe allowing restricted donor autonomy as cruel and inhumane, in spite of a very real organ shortage. In fact, this sentiment about donor autonomy found in films correlates a bit to reality. These films reflect why in America the Dead Donor Rule and opt-in systems of organ procurement still exist over presumed consent or opt-out systems.

But is a no to presumed consent that simple an answer to give [SLIDE]? Consider that the organ donor's dilemma is a real one. Every withheld consent from a possible organ donation correlates to a death on the waiting list. In light of this, what I think these dilemmas successfully do is shed light on our own fears, the fears that motivate decision making for both parties of the waiting list. In understanding our fear we can free ourselves from its influencing power. And since this is a talk about films, I figured I couldn't just let you leave here without seeing some kind of clip. You need to be on the front-lines of the action and see what I'm talking about for yourselves. So I prepared a short clip for you that captures the organ donor's dilemma. As you will see, it clearly appeals to the fear someone might have about being a registered organ donor.

So, I think it would be best if we view films as a “court of ideas” for our culture. They can act as a drawing board for our imaginations, upon which they can test the ethicality of specific situations. Films can be the place where society and culture can come to think about, and wrestle with, the ethical implications of new technologies like cloning and the dilemmas associated with live donation. Film can be used as a medium with which we can explore the possible ramifications of our ethical decision making. It’s been a pleasure, thank you for your time.