**Is Presumed Consent a Morally Permissible Policy for Organ Donation?**

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I. Introduction

The Catholic position on organ donation rests on several important points. Among them are: (1) the act of donating a life-saving organ is an act of love that is to be praised, (2) organ donation is an act of giving and is thus tied to charity, and (3) to be licit, an organ donation must be made with the full informed consent of the donor. However, in any system of organ procurement that takes consent seriously, there will inevitably be people whose wishes about organ donation are not known after they die. In such cases we must have a default position. We must either presume non-consent and not take the organs, or presume consent and take the organs. In this paper, I make a case that a system of presumed consent could be morally permissible within the framework of the Catholic principles stated above. This is assuming certain societal attitudes about organ donation, and that the policy would be implemented with appropriate education and other safeguards. After outlining the Catholic view, I move to a discussion of informed consent and its relationship to autonomy. I will explore how different models of autonomy provide different answers to the question of how we should proceed in cases of organ procurement when a person’s wishes are unknown. I then examine the role of personal autonomy in the context of Catholic moral teaching. While autonomy does not have absolute value, it nevertheless plays an important role in human flourishing because of its connection to human dignity and agency. Further, even in this limited role, respect for autonomy can ground a good argument that a system of presumed consent would not be wrong in principle from a Catholic perspective. And finally, I discuss the importance of the intention behind such a policy. I argue that in order to be licit on the Catholic view, the goal of presumed consent must be to respect dignity, not merely to increase the supply of transplantable organs.

II. Organ Procurement and Catholic Moral Teaching

The Church has an overwhelmingly positive view of organ donation. I will focus my brief discussion here on Pope John II’s 2000 address.[[1]](#footnote-1) In this address, and citing *Evangelium Vitae*, the Pope states:

Transplants are a great step forward in science’s service of man, and not a few people today owe their lives to an organ transplant. Increasingly, the technique of transplants has proven to be a valid means of attaining the primary goal of all medicine –the service of human life. That is why…I suggested that one way of nurturing a genuine culture of life “is the donation of organs, performed in an ethically acceptable manner, with a view to offering a chance of health and even of life itself to the sick who sometimes have no other hope.[[2]](#footnote-2)

While the Church celebrates organ donation as a means of nurturing a culture of life, it is important to emphasize that the practice must exercised in a morally licit way. For the purposes of evaluating a presumed consent model of organ procurement from a Catholic perspective, there are two key points that ought to be one’s focus.

First, the Church stresses the need for the informed consent of the donor. Absent the expressed consent of the deceased, the Church also allows that the consent of the deceased family members on his or her behalf can be valid. Pope John Paul II makes this point in this same address:

The first point has an immediate consequence of great ethical import: *the need for informed consent*. The human ‘authenticity’ of such a decisive gesture requires that individuals be properly informed about the process involved, in order to be in a position to consent or decline in a free conscientious manner. The consent of relatives has its own ethical validity in the absence of a decision on the part of the donor.[[3]](#footnote-3)

This statement expands on a similar one that the Pope made nearly a decade earlier: “[Morally licit] transplantation presupposes a prior, explicit, free and conscious decision on the part of the donor or of someone who legitimately represents the donor, generally the closest relatives.”[[4]](#footnote-4) More recently, Pope Benedict XVI reaffirmed this view. He too speaks of organ donation as a great benefit that restores the good of life to the sick. Informed consent is mentioned specifically only once in this address, and the reference is actually made in the context of cases in which parents must decide whether or not to donate the organs of a deceased child: “In these cases, informed consent is the condition subject to freedom, for the transplant to have the characteristic of a gift and is not to be interpreted as an act of coercion or exploitation.”[[5]](#footnote-5) From these documents, we can see that the Church thinks informed consent in organ donation is so crucial because it ensures that the actions is done freely, and without coercion or exploitation.

The second key point is that licit organ donation is an act of charity; it is a gift. Thus, informed consent is a necessary but not a sufficient condition for a morally permissible organ procurement policy. Organ procurement is therefore unique, as there are many practices (medical and otherwise) in which informed consent is necessary to make a given consent transaction morally transformative, but which are in no way acts of charity/gift-giving. Take two examples specifically associated with medicine. If I give my informed consent to a doctor to have a diseased limb amputated, this is not properly understood as an act of charity on my part. Similarly, if I volunteer for a medical experiment for a new drug in exchange for monetary compensation, my informed consent is necessary to make my participation morally permissible. Nevertheless, my volunteering is not an act of charity (or at the very least, the fact that I accepted payment should make one suspicious of its being *purely* an act of charity). In both of these examples, my informed consent ensures that I act freely and without coercion, deception, or exploitation.

What are the grounds of distinguishing organ procurement from other practices that require informed consent, but which need not be acts of gift giving? The basis of the Church’s response to this question lies in its conception of the inherent dignity of the human person, understood as both body and soul:

It must first be emphasized, as I observed on another occasion, that every organ transplant has its source in a decision of great ethical value: “the decision to offer without reward a part of one’s own body for the health and well-being of another person” (1991). Here, precisely lies the nobility of the gesture, a gesture which is a genuine act of love. It is not just a matter of giving away something that belongs to us but of giving something of ourselves, for “by virtue of its substantial union with a spiritual soul, the human body cannot be considered as a mere complex of tissues, organs and functions…rather it is a constitutive part of the person who manifests and expresses himself through it” (Congregation for the Doctrine of the Faith, *Donum Vitae*, 3). Accordingly, any procedure which tends to commercialize human organs or to consider them as items of exchange or trade must be considered morally unacceptable, because to use the body as an “object” is to violate the dignity of the human person.[[6]](#footnote-6)

The idea that an organ is part of oneself rather than a piece of property is the basis for the Church’s insistence that organs cannot be bought (even with informed consent of the seller) or simply taken. By way of analogy, a person cannot sell herself into slavery, as this too would reduce oneself to an object or a mere commodity. So our bodies and what constitutes them are not objects we own, but are in a crucial sense, *us*. Therefore, to separate organ procurement from charity is to violate human dignity in the same way as does any other act in which people reduce themselves to mere objects.[[7]](#footnote-7)

The foregoing, I hope, is representative of the basic moral lens through which the Catholic Church views the practice of organ procurement. Once again, the two crucial points are: 1) Donation must be done with the informed consent of the donor, and 2) Donation must be an act of gift giving. I will return to the second point later, but now I wish to take a closer look at the more general literature on informed consent as it relates to presumed consent for organ donation.

III. Informed Consent and Autonomy

Perhaps no topic has been more widely discussed and debated in bioethics literature than informed consent. Thus, a complete survey of all the issues involved with it would be well beyond the scope of this paper. However, I wish to note what I hope are a few relatively non-controversial claims about it, so as to put the Church’s position in context. Informed consent in western medicine emerged in the latter part of the twentieth century. It is often characterized as an alterative to a more paternalistic model of the doctor/patient relationship. So rather than the patient simply acting in whatever way the physician recommends, the patient determines for herself what course of action will be taken. In order to do this effectively, patients must have all of the relevant information about the various treatment options, risks and benefits, etc. And the patient must then consent based on her own values and priorities.

The most widely accepted view about what justifies informed consent in medicine is that it is necessary for respecting patient autonomy.[[8]](#footnote-8) Personal autonomy and its value are much-discussed philosophical topics that are principally concerned with an agent’s being self-directing. In bioethics, one prominent explanation of autonomy is as follows:

Personal autonomy encompasses, at minimum, self-rule that is free from both controlling interference by others and from certain limitations such as an inadequate understanding that prevents meaningful choice. The autonomous individual acts freely in accordance with a self-chosen plan, analogous to the way an independent government manages its territories and establishes its policies.[[9]](#footnote-9)

If informed consent and its importance in medical decisions including organ donation is tied to autonomy, we must ask about how we can best respect autonomy in different scenarios.

In everyday situations, dealing with the interaction of competent conscious adults, “non-interference” is the standard model of autonomy. Unless we are explicitly told otherwise, we assume that we ought not to interfere, especially physically with another individual. Of course non-interference works in part because it is a two-part relation between the individuals in question. A assumes that she respects B’s autonomy by not laying hands upon him, and B understands that he will not be interfered with so long as he does not communicate otherwise to A. The non-interference model is obviously in play in many medical situations. Consider Justice Benjamin Cardozo’s oft-cited opinion: “Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault.”[[10]](#footnote-10)

Although the non-interference model of autonomy serves well in many scenarios, it is problematic in others. Michael Gill has argued that we should distinguish non-interference from a second model of autonomy, what he calls the “respect for wishes” model.[[11]](#footnote-11) On this second model, we respect a person’s autonomy when we treat her (and her body) in the ways in which she wants to be treated. In the case of competent adult individuals, these two models of autonomy often overlap. Very often, our wishes are not to have our bodily integrity interfered with. However, Gill argues that in other scenarios, including those involving brain dead individuals, the two models can come apart. And in these cases, it is the respect for wishes model rather than the non-interference model that should guide our actions:

To refrain entirely from interfering with the body of a person who is brain-dead will not allow the person to exercise the capacity to determine for herself what happens to her, as the person no longer possesses that capacity. The best we can do with regard to respecting her autonomy is to treat her body in the way that she most likely wanted it to be treated.[[12]](#footnote-12)

In addition to the brain dead Gill argues that we use the respect for wishes model in other cases. Consider how we treat an unconscious person who needs life-saving medical treatment when we do not know that person’s explicit wishes about receiving this treatment. Non-interference, it would seem, tells us that we respect the person’s autonomy by no giving the treatment. This runs counter to our intuitions.

Further, Gill suggests that the respect for wishes already governs our treatment of the dead: “Literal non-interference –letting their bodies lay untouched where they fall- is not an option.” Some have argued that this in itself is not enough to establish that we are implicitly guided by the respect for wishes model in our treatment of the dead. T.H. Wilkinson states, “There might be degrees of interference, and retrieval of organs could be more interfering than disposing of the body. Moreover, there are reasons of hygiene for the sage disposal of bodies that might justify interference to prevent a dead body threatening others, and these reasons do not apply to organ retrieval.”[[13]](#footnote-13) Now I believe that Gill’s argument is persuasive. Assume that whatever criteria hygiene might demand in terms of public health have been met. Is non-interference, at least as an ideal, the guiding principle we are trying to respect? If it were, then in cases in which we do not know how the deceased wanted his remains treated, then we should treat the body in the way that minimally interferes. Then practices such as embalming or even putting clothes on the corpse would be ruled out absent an expressed wish to do so from the person before he died. But these practices are not normally thought to be wrong. At the risk of speculating, I believe that our concerns about treating the remains of people whose wishes are not known is not really non-interference, but rather the preservation of bodily integrity. So we typically distinguish between a practice like embalming that preserves bodily integrity and “invasions” such as organ procurement that disrupt it, even though both practices are interferences in the sense that they “lay hands” upon the body.

If it is bodily integrity, and not non-interference, that guides the idea that taking the organs of someone who did not wish to donate (mistaken removals) is a worse mistake than failing to take the organs of someone who did wish to donate (mistaken non-removals), then we must ask if there is some objective way of treating the remains of the dead that best preserves bodily integrity? I am skeptical that there is. Consider two practices, burial and cremation. If we do not know which of these two a recently deceased person would prefer, and our default position is to perform the one that best preserves bodily integrity, then which would we choose? We might say burial, since the body lasts longer and cremation is so immediate. But I think someone could just as easily say that bodily integrity is more offended by burial because of the long process of decay and corruption. Cremation avoids the body ever being in such a corrupted state and it could be argued that this is more important. Either view seems plausible to me, so I am not convinced that there is some definitive way that bodily integrity can establish a default position when we do not know what a person wanted. Different people will have different views about what best respects bodily integrity, and will therefore have different wishes about what they want done with their bodies. So bodily integrity, I believe, ultimately collapses back into a respect for wishes model. As Gill notes, we should then simply do our best to treat the person in the way that we think she would have wanted.

Based on the respect for wishes model, Gill argues that mistaken removals and mistaken non-removals are on a moral par with one another. In both cases, we fail to treat the person’s body in the way she wanted it treated. Since neither mistake is worse than the other, Gill argues that our policy should be the one that makes the fewest mistakes over all. He (along with many others in the literature) refers to a 1993 Gallup survey in which roughly 70% of Americans wish to donate and 30% wish not to donate. Thus, in cases in which a person’s wishes about organ donation are not known, a presumed consent policy will make significantly fewer mistakes than a policy of presumed non-consent.

Before concluding this section, I wish to make a point about how this discussion relates to one of the key points of the Catholic view described above. I do not believe that any of what is said here about models for autonomy is compromised by the view that organ procurement must be an act of charity, a gift. It may seem that the practice of gift giving must be explicit. We cannot simply take things from people without their permission on the assumption that we think that they wanted to give, even if we get it right in some (even in many) cases. Nevertheless, autonomy can be frustrated if one is unable to make a gift when that is what she wants to do. For example, suppose I want to donate to a charity, but due to their incompetence, I am unable to do so. They never answer my calls, etc. Now there is definitely a sense in which my autonomy is frustrated, I am unable to direct my life in the way that I want. Of course, non-interference is the better model of autonomy for competent adults when it comes to gift giving, just as it is with many other practices. However, if the arguments above are right, then in the case of brain-dead individuals we ought to use the respect for wishes model. And it seems that a wish to make a gift has the same status as any other wish one might have about what to do with one’s remains.

IV. The Catholic Conception of Autonomy

One might argue that the competing models of autonomy in the previous section are irrelevant to the discussion, because the Church does not share the view of autonomy associated with modern bioethics. This modern conception is often understood in terms of the value of directing one’s life in any way that one sees fit. There is no particular understanding of a good life to which a person must be directed. Thus, if a person autonomously chooses to live her life in a selfish way, there is value in this choice simply in virtue of the fact that it has been authentically chosen. Ronald Dworkin offers the following description of this view, which he calls the “integrity-based view of autonomy:”

…the value of autonomy, on this view, derives from the capacity it protects: the capacity to express one’s own character –values, commitments, convictions, and critical as well as experiential interests –in the life one leads. Recognizing an individual right of autonomy makes self-creation possible. It allows each of us to be responsible for shaping our lives according to our own coherent or incoherent –but, in any case, distinctive –personality. It allows us to lead our own lives rather than be led among them, so that each of us can be, to the extent a scheme of rights can make this possible, what we have made of ourselves. We allow someone to choose death over radical amputation or a blood transfusion, if that is his informed wish, because we acknowledge his right to a life structured by his own values.[[14]](#footnote-14)

There is much in this modern conception of autonomy that is compatible with Church teaching, especially in terms of the freedoms that must respected in order for people to act as moral agents. Indeed, on most contemporary natural law accounts, which is the normative ethical theory that serves as the foundation for much of Catholic moral philosophy, “agency” or “practical reason” is included in the list of the basic human goods that are necessary for human flourishing. Nevertheless, there is an important distinction between the modern conception and the Church’s in terms of the *value* of autonomy. The modern conception understands this value in terms of the agent’s being self-directing; in part, self-direction is accomplished by the agent deciding his or her own moral principles without interference from external factors. By contrast, the Catholic view is that moral principles are established by the nature of human beings. Pope John Paul II states:

The rightful autonomy of the practical reason means that man possesses in himself his own law, received from the Creator. Nevertheless, the *autonomy of reason cannot mean* that reason itself *creates values and moral norms*. Were this autonomy to imply a denial of the participation of the practical reason in the wisdom of the divine Creator and Lawgiver, or were it to suggest a freedom which creates moral norms, on the basis of historical contingencies or the diversity of societies and cultures, this sort of alleged autonomy would contradict the Church’s teaching on the truth about man.[[15]](#footnote-15)

The Catholic understanding of autonomy is grounded in its notion of an objective moral law. In contrast to the modern notion, the limits on what one ought to do are not limited merely to noninterference with other autonomous agents. Rather, in order to participate fully in the moral law, human beings must engage in practical reason so as to authentically embrace the human good. So the value of autonomy is in the agent understanding and acting freely on the basis of what the moral law requires. If an agent embraces a principle contrary to the moral law (even if the actions based on it do not interfere with others), this is not an expression of autonomy. Rather, it is an error of practical reasoning. At the risk of oversimplifying, we might put the difference this way. The modern notion of autonomy places value in the agent acting in accord with the values she chooses. The Catholic notion of autonomy places value in the agent acting in accord with the right kinds of values.

So there is no doubt an important difference between the modern and Catholic conceptions of autonomy and its value. Furthermore, the arguments about respect for autonomy in the previous section implicitly rely on the modern conception. Should they therefore be rejected as irrelevant if one instead assumes the Catholic conception? I believe that such a rejection would be too quick. To see this, it would be helpful to examine cases in which the two conceptions clearly *do* come apart. Consider physician-assisted suicide. If a patient is suffering from a terminal illness and has decided that he wishes to end his life, the modern conception of autonomy could endorse such a choice so long as the values that motivated it were authentically chosen by the agent. Now of course there will be many practical issues to discuss even if one assumes the modern conception of autonomy is the right one. We would need to determine that the wish for suicide was not made on the basis of coercion or deception, that the person was in a competent psychological state, had all of the relevant information, etc. If we assume that all these conditions were met, and we determined that the choice did not unjustly interfere with others, physician assisted suicide could be an autonomous choice. It reflects the values chosen by the agent. On the Catholic view, however, physician-assisted suicide will be judged very differently. Human life is understood to be a basic good in itself, and an action aimed at the intentional destruction of this good violates the moral law. So, in contrast to the modern conception, even if a person is fully informed, free of coercion and deception, and psychologically competent, the choice to commit suicide can never be of value just in virtue of its being chosen by the agent. This, I think, is part of the reason why discussion of issues like physician assisted suicide between Catholics and those who favor the modern conception of autonomy often stall. While both may be using the language of autonomy, they are really using two very different conceptions and are thus talking past each other.

Now let us return to the case of organ donation and presumed consent. If one grants that the modern view of autonomy and specifically the respect for wishes model of it in cases involving brain dead individuals can establish the legitimacy of presumed consent, is there anything in the Catholic conception of autonomy that would rule it out? If there is, it would have to be the case that it is indicative of an agent choosing a set of values that are at odds with the objective moral law. But clearly this is not the case. For if the goal is to treat the deceased’s body in the way that she wanted it treated, and the way that she wanted it treated was an act of charity, there is nothing morally wrong at all in this. Unlike suicide, organ donation is a praiseworthy act of love. And so, in this case, I believe that the modern and Catholic conceptions of autonomy overlap. Whether charity is of value merely because one has chosen it, or valuable because it is part of the moral law, the same arguments about the respect for wishes model in the case of treating the dead ought to hold. And so, I believe, if one accepts those arguments (given in the previous section) the Catholic conception of autonomy will lead us to the same conclusion about presumed consent.

V. Societal Attitudes and Intentions

I wish to touch briefly on one final point. Presumed consent is often suggested as a means to increase the shortage of transplantable organs. No doubt the suffering of the thousands of people waiting for transplants is tragic no matter where one stands on these issues. On the Catholic view, it seems fairly clear that if more people chose to donate (provided their choice was informed and made freely) and more lives were saved, this would be very preferable to the current state of affairs. Nevertheless, on the Catholic view, actions are judged based in part on the intentions of the agent. This extends to policy as well.

If the object of the implementation of a presumed consent policy were first and foremost to increase the supply of transplantable organs, we might be suspicious about whether the dignity of the potential donors was being appropriately respected. On one level, the concern is theoretical. According to Catholic teaching as it is based in natural law theory, an agent acts wrongly if she intends an evil, even if the same action could have been good should the intention have been different. Cases involving the principle of double-effect often bring this point to light. Of course, simply wanting to increase the supply of transplantable organs so as to save the lives of people on waiting lists is not evil. But putting a presumed consent policy in place primarily for that end at least *could* involve being insensitive to the taking of organs from people who did not wish to donate. Such insensitivity would be inconsistent with the Catholic view.

This attitude could also lead to a more practical difficulty. If the primary goal of the policy is to increase organs, we could imagine several ways that the dignity of those who do not wish to donate could be violated. One way would be to make it overly difficult or burdensome for people to opt out of donation. If consent is the default position, then any person who does not take the active step of opting out of the policy will have his organs taken, thus increasing the supply of organs. So if the goal of the policy is simply to increase organs, there might be an interest in making it difficult to opt out. Perhaps (whether consciously or not) policy makers make the process very long and tedious. A second way in which human dignity could be violated is by shame. If the opt-out procedure was made public, for example, this could make people feel overly pressured to donate. We could view this as a mild form of coercion, which is a standard way that autonomy can be violated. Nevertheless, a system of presumed consent that used shame as means of keeping people from opting out would no doubt increase the overall supply of organs. Finally, a system of presumed consent with increasing organ supply as its primary intention might be practiced in such a way that it operated “under the radar.” If people were not appropriately aware of what the policy was, those who did not wish to donate might not know that they needed to opt out in order to have their wishes respected. These people would not be adequately informed, and it is questionable that they could be thought to have given valid consent. Once again, however, a presumed consent policy that operated this way would increase the supply of organs.

There are not hard and fast rules to determine when a policy of a presumed consent would violate human dignity in terms of opting out being overly difficult, shameful, or unknown as the default position. But clearly all of these are incompatible with the Catholic view on organ donation. However, notice that none of the arguments I have given in favor of presume consent have been on the basis that such a policy would improve the supply of transplantable organs. Of course, if it did, this would be a very fortunate side effect of the policy, but the primary goal would be respect for autonomy. If the best data we have about societal attitudes toward organ donation is that 70% of people wish to donate and 30% do not, we do a better job of treating people in the way they wish to be treated if we presume consent when a deceased’s wishes are unknown. Of course, we want to minimize mistakes of both kinds (removals and nonremovals) as much as possible. Whether presumed consent is an appropriate policy or not will therefore depend heavily on societal attitudes. Should there be a radical shift in these attitudes, and the vast majority of people do *not* wish to donate, a policy of presumed non-consent would make the fewest mistakes. Whether we presume consent or not, we ought to encourage people to become informed and educated about the process of organ donation, and to make their wishes known. And so, while I believe that a policy of presumed consent is compatible with Catholic teaching, it would only when two important conditions are met. First, I believe presumed consent would only be licit in cases in which there are certain societal attitudes in favor of donation. And second, the intention behind the policy must be to respect the dignity of the potential donors. In practice, this would mean that the policy should be accessible, well known, and should allow people to opt out without feelings of shame or coercion.

VI. Conclusion

Presumed consent often brings thoughts about people having their organs taken against their will. No doubt this is a very unsettling thought, and I think in part this is because we think about it in the same way that we think about someone violating another who is alive and conscious (or who will become conscious again later). However, if what I have said here and Michael Gill’s arguments are true, then we should think about our treatment of brain dead individuals differently. Presumed consent could improve our ability to fulfill the wishes of many people to commit a final act of charity by making a life saving gift. If this is our motivation, then I believe that it could be compatible with basic principles of Catholic teaching, the core of which is the inherent dignity of the human person.

1. John Paul II, Address to the International Congress on Transplants, reprinted in *National Catholic Bioethics Quarterly* (Spring 2001) 1.1: 89-92. In addition to this address, the *Catechism of the Catholic Church* also speaks favorably of organ donation provided that appropriate safeguards including informed consent are met (2296). [↑](#footnote-ref-1)
2. Address of the Holy Father John Paul II to the 18th International Congress of the Transplantation Society, (2000) No. 1. [↑](#footnote-ref-2)
3. *Ibid.*, No. 3. [↑](#footnote-ref-3)
4. *Address of His Holiness John Paul II to Participants of the First International Congress of the Society for Organ Sharing* (June 20, 1991), No. 3. [↑](#footnote-ref-4)
5. *Address of His Holiness Benedict XVI to Participants at an International Congress Organized by the Pontifical Academy for Life* (November 7, 2008). [↑](#footnote-ref-5)
6. Address of the Holy Father John Paul II to the 18th International Congress of the Transplantation Society, (2000) No. 3. [↑](#footnote-ref-6)
7. Some of those who do not share the general moral outlook of the Church may not be sympathetic to the idea that one may be free to give something and yet not free to sell it. On the Catholic view, however, this extends to more than just organs. For example sexual relationships are understood as a mutual gift between spouses, and it would be wrong for one person (including a spouse) to sell sex to another. [↑](#footnote-ref-7)
8. This view is not universally accepted. Franklin Miller and Alan Wertheimer argue that a “fair transaction model” better captures the general conditions under which consent is morally transformative. See: Miller, Franklin and Wertheimer, Allen. (“Preface to a Theory of Consent Transactions: Beyond Valid Consent.” *The Ethics of Consent*. [↑](#footnote-ref-8)
9. Beachamp and Childress. *Principles of Bioethics*. [↑](#footnote-ref-9)
10. *Schloendorff v. Society of New York Hospital*, 211 N.Y. 125, 105 N.E. 92 (1914). [↑](#footnote-ref-10)
11. Gill, Michael. “Presumed Consent, Autonomy, and Organ Donation.” *Journal of Medicine and Philosophy* 29.1 (2004): 37-59. [↑](#footnote-ref-11)
12. Gill, 45. [↑](#footnote-ref-12)
13. Wilkinson, T.M. 2011. *Ethics and the Acquisition of Organs*. Oxford, UK. Clarendon Press, 87. [↑](#footnote-ref-13)
14. Dworkin, Ronald. *Life’s Dominion: An Argument about Abortion, Euthanasia, and Individual Freedom*. New York, NY: Knopf, 1993, ??. [↑](#footnote-ref-14)
15. *Veritas splendor, Encyclical Letter,* Pope John Paul II, 1993, 40. [↑](#footnote-ref-15)