**Double effect donation or bodily respect?   A ‘third way’ response to Camosy and Vukov**

**Abstract**

Is it possible to donate unpaired vital organs, foreseeing but not intending one’s own death? We argue that this is indeed psychologically possible, and thus far agree with Charles Camosy and Joseph Vukov in their recent paper on ‘double effect donation.’ Where we disagree with these authors is that we see double effect donation not as a morally praiseworthy act akin to martyrdom but as a morally impermissible act that necessarily disrespects human bodily integrity. Respect for bodily integrity goes beyond avoiding the aim to kill: not all side effects of deliberate bodily interventions can be outweighed by intended benefits for another even if the subject fully consents. It is not any necessary intention to kill or harm another or oneself that makes lethal donation/harvesting illicit but the more immediate intention to accept or perform surgery on an (innocent) person combined with the foresight of lethal harm and no health-related good for him or her. Double effect donation falls foul of the first condition of double effect reasoning in that the immediate act is wrong in itself. We argue further that the wider effects of such donation would be socially disastrous and corrupting of the medical profession: doctors should retain a sense of non-negotiable respect for bodily integrity even when they intervene on willing subjects for the benefit of others.

Is it possible to allow our vital organs to be harvested for transplant to another person while we are still alive, foreseeing but not intending our own death? If possible, is this morally permissible? Charles Camosy and Joseph Vukov (2021), in a startling and thought-provoking paper, answer both questions in the affirmative. In effect, their position bypasses debates over whether diagnosed brain death is actual death as even unpaired vital organs may licitly be harvested before death in some cases, providing death is not intended by the donor or transplant team*.*They distinguish Double Effect Donation from what they call Donation Pragmatism – which backs the harvesting of organs irrespective of vital status from certain patients only – and Donation Revisionism – which calls for a drastic revision of transplant practice due to concerns about brain death protocols. They also distinguish their position from what they call Business as Usual which does not, they think, do justice to evidence supporting suspicion, at least, of brain death diagnoses.

‘Double effect donation’, as Camosy and Vukov term it, would occur where the donor foreseeshis or her death in donating a vital organ but does not intendit. It is not, they argue, suicide but something more like martyrdom: a virtuous act where death is generously accepted by the martyr but is, again, not intended. Similarly, while death is foreseen both by the donor and by the surgeon taking the organ, neither need intend to cause death, as death does not promote their goals.[[1]](#footnote-1) Even a healthy person could donate in this way, and Camosy and Vukov (2021, 154) see it as a merit of their argument that it does not discriminate between the healthy and those – the brain-injured – who are too often seen as having lower moral status. If double effect donation is supported by Camosy and Vukov, it is not, in other words, because the donor is seen as having less dignity than anyone else. Rather, it is because such donation is seen as a non-suicidal, generous act in response to an urgent medical need.

**Our position**

We agree with Camosy and Vukov’s first claim: that death need not be intended in donation of a lethal kind. An intention to kill or be killed need not accompany an intention to donate or harvest an unpaired vital organ. Death need not, we maintain, be intended by the donor or transplant team – but in our view (and here we disagree with Camosy and Vukov) their acts are still absolutely morally excluded.[[2]](#footnote-2) Our approach to such harmful bodily assaults, if not without predecessors, is a badly neglected option when considering these matters: common debates focus on a false dichotomy between not-intended-so-permissible and intended-and-impermissible accounts of certain death-dealing acts on human beings. Debates over recent decades centring for instance on craniotomy (Watt and McCarthy 2020) have almost always failed to make room for our ‘third way’: a lethal bodily invasion can be intended neither as lethal nor even as harmful but may nonetheless be morally completely excluded on account of its foreseen impact on the innocent affected. The ‘act itself’ is illicit, and not because of intention alone but because of other morally conclusive aspects of the situation.

**Identifying intentions**

We have no problem with Camosy and Vukov’s factual claim that it is *possible* to engage in donation of vital organs withoutintending one’s own death. What someone intendsis, we think, a psychological question – a question about someone’s state of mind.[[3]](#footnote-3) It is not a moral question in itself, even if the answer has moral implications. Lawrence Masek (2018, 2021) has protested in his own work on double effect at common tendencies to ‘moralise’ intention, such that even *identifying* an intention (as opposed to gauging its moral meaning) is influenced by our prior moral judgements. While again, we disagree with some of Masek’s conclusions on which kinds of act are morally permissible, his approach to intentionis, we think, realistic and preferable to letting our moral beliefs shape what we say someone means to do. *First* we should ask what the person intends – whether as an end or as a means[[4]](#footnote-4)– and only *then,* whether what they are doing is morally justified.

Although Camosy and Vukov’s approach to intention is perhaps less detailed and forensic than that of Masek, we agree with their claim that the ‘double effect donor’ need not intend to bring about death. The organ recipient is no more likely to be saved if the donor dies immediately following harvesting. More to the point, the donor aware of that fact will presumably not be intending death itself (or not as a means to saving the recipient’s life).

However, rather than focusing, like Camosy and Vukov, on the aim of the donor in saving the recipient’s life, we wish to focus on the donor’s more immediate aim of *having the organ removed*. The donor is intending at leastthe cutting out of the organ, and foresees this will in fact cause death. The intention that the organ be cut out combined with the foresight of lethal harm amounts, we think, to treating one’s body with disrespect, as if that living body were already a corpse. Charity begins at home, and we must treat our own bodies with respect no less than those of other innocent people.

**Respect for bodily integrity**

Respect for one’s own body, and the bodies of other innocent people – call this *respect for bodily integrity* – is a core moral principle, and in particular, a principle of medical ethics. Life and health make certain non-negotiable demands on both the doctor and the patient or subject: they are not just factors to throw into the balance such that e.g. disabling experimentation on volunteers or castration to further a singing career could ever be accepted.

Surgery that causes, at a local level, serious permanent harm of some kind, for example, amputation, needs to be compensated by overall benefit to the organism. An amputation will inevitably involve loss of function at the local level but this can be outweighed by overallbenefits for the person’s health or psychophysical well-being (good overall functioning, freedom from pain and so on). In contrast, respect for bodily integrity prohibits on-balance harmful interventions: not perhaps the causing of *minor* harm, like giving research subjects the common cold, but the causing of serious permanent harm.

Note that there is no reason to think that only harm *intended as such* is precluded by respect for bodily integrity. Thus it would be wrong to amputate a healthy limb for the purpose of (say) training medical students in amputation, even if a zealous volunteer were to offer his leg for this, foreseeing but not intending the lifelong disability that would follow. Regardless of whether such actions involve the intention to cause *permanent dysfunction*, as opposed to the intention to cause an *immediate* effect, that kind of way of treating the living body of an innocent person should be ruled out of court. Note that offering one’s leg for direct disabling mutilation is different from simply using one’s leg, as a leg, in a way one foresees will lead to harm due to external circumstances. The amputation volunteer is not like a soldier who walks over to defuse a bomb, foreseeing but not intending that his leg will be blown off or that it may be. The amputation volunteer is in contrast intending the immediate effect on his leg as something useful for medical training.

Life and health are, in short, important aspects of our welfare that demand our respect. Our bodies may not be invaded in very harmful ways that serve no end related to health – or at least, no end related to the subject’s own health. In particular, respect for the bodily integrity of innocent non-aggressors[[5]](#footnote-5), including ourselves, goes well beyond avoiding any aim to harm or kill as such.Not all side effects of deliberate bodily interventions can be outweighed by intended benefits – least of all, benefits for one or more other people. That applies even if the benefits for the other person will be great, and even if the subject consents, at the time or previously, to what is being done.

**Unintended Morally Determinative Aspects (UMDAs)**

We have argued elsewhere (McCarthy 2015; Watt and McCarthy 2020) for the existence of what we call ‘unintended morally determinative aspects’ of an action, or UMDAs for short. Such unintended but nonetheless crucial features can include even the innocence of the victim in a murder case: most murderers do not kill people *because* they are innocent, even if they kill in full awareness of, or indifferent to, the innocence of their victims. Similarly, not all murders involve even the aim to kill, as opposed to the aim to affect someone’s body in what is known to be a lethally harmful way – as when a victim of robbery is shot at point-blank range simply as a quick way of felling the person and taking their valuables. Harm to the lethally-assaulted body of the victim need not be intended,any more than the fact the victim is innocent; however, both these aspects of the immediate act are conclusive for the evaluation of what is done.

There are some things we are simply not authorised to do to innocent non-aggressors due to the specific intention and foresight involved. The immediate intention *combined* with an UMDA or morally conclusive aspect (serious permanent harm and no health-related benefit foreseen or intended for the person) is sufficient to exclude these actions. Such actions fail the very first condition of double effect reasoning: the immediate act is wrong in itself.Only where the immediate ‘act itself’ in focus – i.e. the ‘object’ – is not *already* morally excluded, e.g. by an intention-foresight combination, does the work begin of weighing side-effects against some good we intend e.g. for someone else. Unlike Camosy and Vukov, we would thus see lethal organ harvesting as similar to the classic case of craniotomy in obstructed labour where a baby’s skull is lethally crushed by the obstetrician – impermissibly, as the authors note, even *without* the aim to kill.

It may be asked why this intention-foresight *combination* – destructive invasion of the body and foresight of lethal harm (of an innocent person) – is conclusive while the separate elements are not. To this it can be responded that it would be unworkable if the foreseen effects of *any* kind of choiceresulting in death were morally conclusive: this would preclude all refusal of burdensome treatment to extend life, all martyrdom and many more choices besides. It must be something about *what* one is choosing that results in death that is morally determinative, if the idea of respect for life and health is going to work and to have ‘teeth’ as opposed to be something just to throw into the balance with other considerations. And when it comes to removing a vital organ *without* foreseeing death or harm, this cannot suffice to exclude the action *morally:* an insane donor – or for that matter, an insane transplant surgeon – who sincerely believed the donor could flourish with no kidneys would be performing an entirely different moral act from a donor or surgeon who knew that harm and death would result.[[6]](#footnote-6)

To be sure, UMDAs – by name, at least[[7]](#footnote-7) – are a ‘new kid on the block’ in these discussions, so we were pleased to see a reference to them at one point in Camosy and Vukov’s paper (2021, 157-158). There may be a misunderstanding or difference of opinion: we would not ourselves say that, in the words of the authors, “one cannot claim that the craniotomy of a living baby does not aim at the baby’s death because one’s intention was to save the life of the mother and the baby’s death was merely foreseen.” On the contrary, we believe one can indeed claim that craniotomy does not “aim at” death, and we are also uneasy with the phrase “The craniotomy of a living human being has death built into the nature of the act itself and nothing about the agent’s intentions can change that.” At least with acts expressing no natural biological purpose[[8]](#footnote-8) it is not clear how far we can see them as *aiming* at anything apart from the intentions the agent in fact has. If craniotomy is illicit, it is because of the relationship between the doctor’s intentions vis-à-vis the baby’s own body on the one hand, and the harm the doctor foresees for the baby on the other. In no other sense, apart from the *merely* causal, is death “built into the nature of the act itself”. [[9]](#footnote-9)

The dispute here, in short, relates to the ‘act itself’ – as sometimes informed not only by the immediate intention but by some morally determinative (here foreseen) effect or aspect thataccompanies that immediate intention. The Principle of Double Effect requires that the immediate act be focused on and judged permissible before addressing other factors, such as the person’s intentions beyond the immediate aim. It is these further intentions, and the absence of any aim to kill, that are the focus of Camosy and Vukov, rather than the immediateintention to remove the organ or have it removed.

Double effect reasoning is thus misapplied by Camosy and Vukov in our view, in that the choice to donate, foreseeing one’s death, is ruled out at the level of the immediate act. The act is characterised not only by the immediate intention to offer the organ for harvesting (or to harvest that organ), but by the morally co-determinative realisation, albeit not intention, that this will be fatal for the donor. Further intentions of the donor and medical team, such as to save others’ lives, cannot redeem the immediate act itself. We will now look at counterexamples offered by Camosy and Vukov in relation to heroic acts commonly accepted as permissible, and at whether such acts are similar or dissimilar to double effect donation. In the final sections, we will look at further implications of double effect donation for the donor, the medical team and for society at large.

**Martyrdom**

As mentioned above, Camosy and Vukov see double effect donation as morally permissible for healthy as well as brain-injured donors. This is because, in their words, “perfectly healthy individuals are morally on a par with individuals with brain death. If there are circumstances in which it is morally permissible for an individual with brain death to donate their organs even though their death is a foreseeable outcome, then so too there are circumstances in which it is morally permissible for a healthy individual to donate their organs even though their death is a foreseeable outcome.” The authors later add that this implication is a “bitter pill”, but at that point raise the issue of Christian martyrdom. They mention the words of Jesus that “there is no greater love than to lay down one’s life for a friend”, and comment that “the great martyrs of old were so great (even obtaining a baptism of blood) precisely because they acted with this kind of love” (Camosy and Vukov 2021, 161).

The authors note that their proposal shares with martyrdom the features of a) not intending one’s own death and b) having a proportionately important reason for acting while foreseeing one’s death will occur as a result.

However, is the proposal compatible with standard definitions of Christian martyrdom? Thomas Aquinas (2017, ST II.II q124 a1), in particular, defines martyrdom in the following way:

…it belongs to virtue to safeguard man in the good of reason. Now the good of reason consists in the truth as its proper object, and in justice as its proper effect, as shown above (II-II: 109: 1 and II-II: 109: 2; 123, 12). And martyrdom consists essentially in standing firmly to truth and justice against the assaults of persecution.

So what Aquinas deems ‘essential’ to martyrdom is obviously not going to cover double effect donation – which does not involve patiently accepting, but deliberately inviting, the bodily assault in question. Moreover, an earlier author, Clement of Alexandria (1885, Book 4) is very clear that:

…those who have rushed on death (for there are some, not belonging to us, but sharing the name merely, who are in haste to give themselves up, the poor wretches dying through hatred to the Creator)— these, we say, banish themselves without being martyrs, even though they are punished publicly. For they do not preserve the characteristic mark of believing martyrdom, inasmuch as they have not known the only true God, but give themselves up to a vain death, as the Gymnosophists of the Indians to useless fire. But since these falsely named calumniate the body, let them learn that the harmonious mechanism of the body contributes to the understanding which leads to goodness of nature. Wherefore in the third book of the *Republic*, Plato, whom they appeal to loudly as an authority that disparages generation, says, that for the sake of harmony of soul, care must be taken for the body, by which, he who announces the proclamation of the truth, finds it possible to live, and to live well. For it is by the path of life and health that we learn gnosis.

Admittedly, Clement is focussing on several issues in this passage, but important for our purposes is the condemnation of those “in haste to give themselves up”, who thrust themselves toward (would-be) martyrdom and perhaps ‘embody’ in that very action their preexisting calumniation of the body whose “harmonious mechanism” demands respect. When it comes to Christian martyrdom, clearly there are strict conditions on what is going to count. [[10]](#footnote-10)

Note the severity of the above condemnation of acts which may appear to have similarities to Christian martyrdom, but which do not qualify as such in fact. To distinguish these cases from Christian martyrdom, the phrase ‘provoked martyrdom’ [[11]](#footnote-11) has been coined. In such cases, the person is not merely accepting an unavoidable evil in the course of pursuing the good, but deliberately provoking that evil: orchestrating the act of those who kill him. Condemnations of provoked martyrdom have, historically, resulted in such individuals being denied the title ‘martyr’ by the Church.

Camosy and Vukov may respond at this point that the pseudo-martyr who provokes his or her execution is *intending death* – a significant difference from double effect donation. As the term suggests, death in double effect donation is a side-effect, not a means. They may also argue that they are using the framework of martyrdom in a more general way to think about self-sacrifice: courage and charity to the point of accepting death as when one ‘gives up one’s life for a friend.’

While we accept that life-ending donation need not be suicidally motivated, any more than martyrdom as traditionally understood, there remain, in our view, very serious problems, to which we now return, with Camosy and Vukov’s proposal. After all, if double effect donation is in fact unjustified, those who engage in it, despite their generous motives, will no more qualify as moral exemplars than the pseudo-martyrs just discussed.

**Self-immolation**

As we have seen, the proposal for double effect donation does allow for what we have argued is a lethal effective mutilation of the body in order to benefit another by prolonging their life. Proposals over which the mantle of medicine is thrown can be more difficult to criticise for that fact, so here is an example situated (at least initially) outside a medical context to highlight the graphic nature of similar proposals.

A group of people is trapped in a room towards which fire is rising from the stairway. Stronger members of the group are able to escape through the skylight but weaker members cannot. One stronger member goes to the stairway and deliberately sets himself ablaze, not with the aim of dying but in order to burn himself (to a degree he knows will kill him) to trigger a sensor to enable the others to escape. Imagine that only the combination of a certain mass of burning flesh and the smoke emanating from it will activate the sprinkler in time and thus save weaker members of the group. Here, the person setting himself alight need not intend his own death – any more than the double effect donor – and would indeed die so that others may live. There is no obvious reason why, if double effect donation is accepted, this act of self-immolation – which surely appals us – should not be accepted too.

Note that in the self-immolation case we are talking about a spontaneous act undertaken *in extremis*. For the analogy to double effect donation to be closer we need to imagine a case where the self-burner had a definite plan and programme to burn himself alive to which he assented earlier with calm deliberation and resolve, completing a series of intermediate steps. In other words, in this alternative scenario, he is not simply acting spontaneously under extreme emotion.

Sticking with the analogy, now let us imagine that a group of dedicated medical professionals have set up a whole system and practice which holds up as virtuous those prepared to dedicate themselves to self-immolation should the need arise (and, for whatever reason, it arises regularly). In this third case, doctors advertise for recruits, use their medical skills to advise on whether candidates are large enough to produce enough smoke, and prepare suitable candidates in advance, perhaps by providing strong painkillers. Such practices would be in frightening tension with traditional Hippocratic principles on doctors’ need to respect the life and bodily integrity of the individual – as individuals themselves should respect their own life and health which are even more closely entrusted to their care.

**Motorbikes and grenades**

Examples that may be more likely to attract moral sympathy – and that are also, we concede, reasonable analogies for double effect donation in some respects – are those offered by Camosy and Vukov: throwing oneself onto a live and about-to-explode grenade in order to save others,[[12]](#footnote-12) or a father throwing himself in front of a motorbike that is deliberately aimed at his son.

At first sight, these may indeed seem virtuous acts combining courage and charity: one shields others from danger thereby sacrificing that which is dear to oneself, one’s bodily existence. Despite the heroism, however, we would argue that these acts – grenade-jumping and motorbike-blocking, no less than self-immolation – are in fact morally illicit. The body should not be used as a mere fleshy resource, with lethal disrespect for any teleology of its own. As discussed earlier in relation to the amputation case, life and health make non-negotiable demands on us such that our bodies cannot be seen just as useful ‘matter’ or ‘parts’ but must be treated as an integrated whole.

Such acts as grenade-jumping and motorbike-blocking differ morally from life-saving acts where the body is not used in life-disrespecting ways. For example, we would accept the father launching himself, not in front of the bike but at the homicidal biker to thwart the attack, even if death will similarly result. That is because the father who leaps at the biker to wrestle him off the bike is using his body in a physiologically normal way i.e. as an integrated whole. That is, after all, what bodies are for, and is quite different from using one’s body as a mere absorber of lethal force as if the body were no more than subpersonal material, as with the motorbike- and grenade-blocking. In these cases, although the initial action uses the body as an integrated whole, the further aim is to use the body (to known lethal effect) as a mere fleshy buffer and it is difficult to see how bodily respect is thus maintained.

Our living bodies are *ourselves*, hence the need for respect – they are not just tools employed by our souls. We can do useful things with our bodies, even at the cost of death, but any act that *focuses* on our bodies – even one that absorbs some force already launched – must show a minimum of respect for the life and health of the acting person. Respect goes beyond merely ‘doing it for a serious reason’: lethal focus on one’s body for a serious reason is no more permissible in grenade- or motorbike-jumping than it is in our amputation-training case or, we argue, in double effect donation.

It might be objected that the issue with double effect donation, as opposed to grenade-jumping or motorbike-blocking, is that the lethal cause already exists in the latter cases and is therefore not intended by the rescuer (Cavanaugh 2022). However, causes do not directly affect intentions, which may or may not focus on those causes. And in any event, the lethal cause *for the grenade-jumper* does *not* yet exist, even in the form of an imminent threat to him, as opposed to an imminent threat to the person or persons he rescues. Similarly for the father launching himself in front of the motorbike: the lethal imminent threat is for his son, not for himself, before he makes the leap. The rescuer in both these cases effectively creates, in a body-focusing act, the cause that will kill him – albeit a cause using prexisting forces. And in our self-immolation case, while the fire is already approaching that will otherwise kill the weaker members of the group, it is the self-immolator who applies that potential cause to himself instead of escaping out the skylight. (If the deliberate nature of the threat in the grenade and motorbike cases is seen as relevant, as an anonymous reviewer has suggested, we can imagine that the fire in the self-immolation case has been deliberately caused by an arsonist or enemy soldier.) Our problem in all these cases is the focus on the body in a way known to be destructive: it is not necessary, we think, to add an actual intention to kill or harm oneself for this to be morally excluded.

Why do so many people nonetheless feel that acts of self-sacrifice such as jumping in front of the motorbike, or onto a grenade, are permissible and even praiseworthy? One of us at least sharesthat intuition at one level, while still believing that such acts are morally unjustified when looked at more closely. Perhaps intuitions supporting such actions have something to do with the good human instincts or virtuous habits of shielding those in danger which normal people, and especially parents, routinely show.The habit or instinct that moves parents to protect the head of a baby, even if their own hand suffers some degree of harm, risks being carried over to cases involving a *lethal* degree of harm the person is not, we think, authorised to incur – not, at least, in the course of using his or her body itself to absorb the shock. This is a brave thing to do – the result of the formation of a virtuous character that seeks to protect others at cost to oneself. Nonetheless, not all brave actions are morally justified: if they were, much brave fighting in objectively-unjust wars would lose any claim to courage, which seems obviously mistaken.

We should not forget either that with double effect donation several third parties are involved, including the surgeon who performs the death-dealing act.[[13]](#footnote-13) For us, the involvement of medical staff makes the situation much worse as several people are now engaged in what we see as lethal bodily abuse. Again, note the lack of advance planning[[14]](#footnote-14) in the original motorbike and grenade examples, where the spontaneous impulse to shield one or more people from harm seems to be in play. This is in contrast to double effect donation where donation is meticulously planned in advance by the donor, the transplant team, the recipient and perhaps by others such as family members.

**Social effects of double effect donation**

This brings us to a second kind of argument against double effect donation: the social effect it would have in practice on the donor, those involved in the harvesting and transplant, others in the immediate situation and wider society. To begin with, to participants and onlookers, it will often be unclear what exact choice is being made by the donor – or what the difference is morally between this choice and that of euthanasia followed by, or carried out via, organ-harvesting. The choice to donate will involve e.g. friends, family and health care professionals in ways that raise questions of complicity even if the donor is not intending death, and not intending that anyone else intend it. Those involved in the process of preparing for and/or carrying out the harvesting, in particular, may well think that this is simply a form of euthanasia which seeks (as many acts of euthanasia seek) to benefit others (whether by relieving them of burdensome caring and financial duties or by providing much-needed organs).

It would be possible, of course, to respond to this objection by saying that people simply need to be educated on the distinction between euthanasia with (or via) organ donation on the one hand, and double effect donation on the other. However, in proposing double effect donation one has to take into account that realistically, particularly in cultures where euthanasia with organ donation is already promoted as a legal and virtuous option, it will be hard for many to grasp a significant difference between the two practices. This may result in many in some way involved in double effect donation believing that they are, in essence, involved in euthanasia, albeit with an additional altruistic motive. So if double effect donation can be justified on the grounds Camosy and Vukov argue – which we argue that it cannot – there remain very real problems, given the need to avoid complicity in the wrongdoing of others (Watt 2022). Commissioning the transplant team to carry out something they may well understand as just another case of euthanasia with organ harvesting may be encouraging them, in effect if not in intention, to do what they see as business as usual.[[15]](#footnote-15)

**Social pressure and coercion**

The wider social implications of normalising lethal organ harvesting are also well worth exploring. With euthanasia/assisted suicide legislation we are rightly concerned with pressures on people in a vulnerable condition who may consider themselves an undue burden on others merely because the option of ‘assisted dying’ is legal and socially sanctioned. In the case of euthanasia/assisted suicide the idea can take hold that certain people, now that the option is available (and publicly supported through e.g. national health systems) *ought* to avail themselves of this option – have a *duty* to end their life in order to relieve themselves and others of its burden.

As David Velleman (2015, 9) points out, having an option can be harmful even if we do not exercise it, and this is surely right. For if we lack certain options we cannot be subject to certain undesirable pressures.[[16]](#footnote-16) Just as liberal abortion legislation, through the introduction of legal options to abort, created social expectations and pressures on some women (because to give birth was seen as ‘irresponsible’, ‘inconsiderate’, a ‘burden’ on one’s partner or family or the State) so too the legalisation and medical endorsement of double effect donation and its endorsement even by respected Catholic ethicists would predictably lead to pressure to do what others have done and sacrifice one’s organs and one’s life.

To return to Velleman (2015, 10), “Offering someone an alternative to the status quo makes two outcomes possible for him, but neither of them is the outcome that was possible before. He can now choose the status quo or choose the alternative, but he can no longer *have* the status quo without *choosing* it.” In the case of double effect donation, the possible donor now has to choose *not* to give organs that could allow another to live albeit at the cost of his own life. The offer itself can undermine the person’s sense of self-worth by proposing as a virtuous (even if not morally obligatory)[[17]](#footnote-17) act something which hitherto was unthinkable and unimagined, far more than standard suicide.

Charles Camosy, one of the paper’s authors, has written eloquently (Camosy, 2021) on how secularised medicine is undermining fundamental human equality, yet the double effect donation suggestion surely feeds into that undermining insofar as those to whom this option would be offered would in many cases be deemed to have ‘had enough of life’ or even to be selfishly hanging onto their organs when others have greater need. And in a society which already views those in unconscious or minimally conscious states and other cognitively impaired people as less than fully human, there will be an attraction to encouraging the signing of “living wills” permitting life-ending donation if the person is ever in a situation where life is deemed subpersonal and/or not worth living. Given that many modern societies already fail to respect the fundamental equality of all their members (Camosy, 2021), this new proposal will likely have the effect that those already viewed as having lives of unacceptable quality but as possessing useful parts will be largely the same group as those who are offered or feel the need to accept life-ending donation, whether at the time or in advance.

**Supererogation or morally required?**

Camosy and Vukov appear to regard double effect donation as a supererogatory act, something which their references to martyrdom are perhaps intended to underline. But if such an act is morally permissible and praiseworthy it is unclear why it should be regarded as morally optional in every situation in which it might be performed. First, martyrdoms in very many cases[[18]](#footnote-18) are obligatory on pain of grave moral evil such as apostasy, even though they may involve extraordinary levels of courage and charity on the part of the person concerned. Secondly, ordinary live organ donation can surely be morally obligatory even if it may not be socially imposed:[[19]](#footnote-19) donating an organ to one’s son may be a genuine moral duty in one’s own individual circumstances – brave and impressive behaviour but in no way supererogatory. Just as live donation of a paired vital organ is surely *sometimes* an obligation, the same could be said of double effect donation if this is permissible at all. Indeed, in the case of those who will be permanently unconscious and/or close to death at the time of harvesting, refusing permission in advance for use of organs by relatives or even strangers might be seen as (at least potentially) selfish, just as some people see it as selfish in the case of standard ‘post-mortem’ organ donation. Even if this perception is incorrect, it is likely that increasing numbers of people will share it, if double effect donation becomes widely accepted.

**Non-consensual interventions**

It is not clear, in any event, how consent would work in some cases: the authors refer to “allowing individuals with brain death to aim for a good—the saving of a life”, but of course, it is not *contemporaneously* that someone mentally incapacitated in this way will form any such aim. Many of us are familiar with the issues living wills can pose, as the healthy or relatively healthy make decisions often in ignorance of what life will in fact be like (Napier 2019, Chapter 9) in a profoundly disabled state. Would an advance directive authorising live organ harvesting after mental incapacity similarly be carried out, despite this lack of information? Would the generous impulse of an 18 year old[[20]](#footnote-20) so recorded mean the 50 year old person now unable to choose or communicate must die on the operating table? Moreover, if fulfilling such formal requests is seen as benefiting the person, then perhaps in the future fulfilling imputed desires of those who have lost capacity but were the *kind* of people who *would or might* have agreed to life-ending donation will also be considered. This may not be an outlandish suggestion as already in the UK, nutrition and hydration are being withdrawn from brain-damaged people explicitly to benefit their families ‘as they would have wanted’, because they are seen as the kind of people who were generous, who would not want their families to suffer and so on. This is at least the case for those who are presumed – rightly or wrongly – to be unconscious or in minimally conscious states (Royal College of Physicians and BMA, 2018).

**Similarity to euthanasia**

Returning to a competent person who chooses double effect donation, such a person is now in a position to time their own death, which will occur via a lethal bodily invasion. This represents a significant degree of bodily control, of a kind also found in euthanasia. Double effect donation is non-suicidal, as Camosy and Vukov stress and we concede, but it looks distinctly similar to euthanasia in the combination of the planning of time of death and the death-dealing surgery it involves. It could thus easily tip over[[21]](#footnote-21) into an actual suicidal intention on the part of a vulnerable person, perhaps more readily than refusals of medical treatment which are widely understood in terms of avoiding burdens even if sometimes there can be suicidal motives too.

Hervé Juvin (2010, 45) wonders, concerning assisted suicide, “How will we contrive to manage what no one until now has ever had the terrifying privilege of managing: deciding on life and death without being in the heat of love, battle, hatred or passion? And how do we make ourselves choose what no one before us has ever needed to choose?” He goes on to warn his audience of “the excessive responsibility that an unprecedented control over life forces them to assume, and the power over the self that it confers”. Yet similar worries apply to the double effect donation proposal in terms of the choice to authorise surgery that in effect if not in intention lethally destroys the person’s bodily integrity.

**Taboos and intuitions**

At the centre of worries about double effect donation, as we have seen, is that it involves such a lethal invasion of bodily integrity. As Nir Eyal (2009, 237) elegantly puts it in the context of non-consensual organ harvesting, “With respect to organ confiscation, it is very ill-advised to ignore the ‘prophylactic membrane’ that surrounds our bodies with deep and widespread perceptions about disrespect. That membrane informs our intuitions in many contexts.”

Disrespect for that “membrane” has very serious consequences for our ethical thinking in this and other areas (most obviously in the area of sexual choices – see Pruss 2012; McCarthy 2016). Nor is this just a matter of consent, given the importance of human bodily integrity. To combat human intuitions against double effect donation, Camosy and Vukov have offered reasoning in favour and have appealed to the example of the martyrs. While we have challenged their reasoning and the appeal to martyrdom, even if our arguments fail (despite our confidence in them), there is no reason to conclude that our or others’ reaction of repugnance at the proposal should be mistrusted. People can know something is wrong – just as they can know non-moral truths[[22]](#footnote-22) – without knowing the reasons why this is so. While admittedly, moral repulsion can also arise with standard live or genuine post-mortem donation and such reactions may be unjustified, intuitions against, in contrast, death-causing procedures on the bodies of innocent people should be shown especial respect.

Perhaps the deepest worry about allowing double effect donation is that it erodes a very strong taboo against treating one’s bodily integrity in such a harmful way. Double effect donation is not something we have done before as humans and we cannot assume that the common wisdom, in viewing such proposals with disgust, can be set aside. Already our society has legalised ‘medical’ procedures like abortion and euthanasia which involve the intentional killing or other intentional lethal bodily invasions (Watt and McCarthy 2020) of innocent human beings. We would now have the medical profession put to work to enable people to lethally self-mutilate (Ely 2019), whether with or without an additional aim to die. Such actions strike at the very heart of respect for bodily integrity – a treating of bodily rights as non-negotiable – which we rely on in order to think coherently about medical ethics.

We need to recoil at the thought of praising or encouraging a practice that involves lethal harm and self-harm. To throw the mantle of medicine – and indeed, the mantle of martyrdom – over lethal self-mutilation is at once to undermine basic respect for human bodily integrity and to open the door to the kinds of social pressures that a culture already failing to acknowledge fundamental human equality needs to resist now more than ever.

**Live donation and non-lethal injury**

But, it might be objected, what about the current practice of *non-*lethal live organ donation – for example, donation of a single kidney? Doesn’t *that* damage the donor’s health, both immediately and in the longer term – at least in the sense that the donor is more vulnerable in later life? We do not propose to resolve here the difficult question of exactly what degree of harm is morally tolerable, and would simply suggest that minor harm even if permanent may be tolerable, while moderate harm that will nonetheless abate with time (as the donor recovers from surgery) may be tolerable as well. But there should be no doubt that respect for bodily integrity is violated when the harm that results is *death* – or death without the aid of treatment that will not happen in practice, and that in any case (as with dialysis) would not reverse a serious injury.

**Effects on donors and the medical profession**

Like Camosy and Vukov, we would welcome a situation where lives would be saved by increasing the pool of organs available; we also agree with their insistence on the moral equivalence of healthy and brain-damaged human beings. Rather than extend the certainly questionable practice of harvesting organs from those whose death is in very reasonable doubt (Shewmon et al. 2021) we would argue that tighter criteria for determining death should be extended across the board. To be sure, donation revisionism must be well-researched, due to the practical impact on potential organ recipients, but once our investigations reveal well-grounded concerns, loss of life from missed donations is no argument at all against revising current practice. It is not exactly a ‘problem’ with donation revisionism, as Camosy and Vukov suggest (2021, 150) [[23]](#footnote-23) that it would contract the pool of organs. This may be an unfortunate consequence, but the need to respect donors comes first, as Camosy and Vukov will no doubt agree. In any case, our arguments, like those of Camosy and Vukov, are independent of whether current (varying) protocols for diagnosing death are reliable or not.

The authors are careful to say that public policy concerns are a separate issue, but catastrophic damage to society would in our view ensue if life-ending donation became widespread.[[24]](#footnote-24) Such donation, if it became respectable in medical circles, media reports and public understanding, would provide a ‘deniable’ outlet for those who have suicidal or self-harming impulses, who would now see their plans or similar plans of others eliciting warm praise from their society. This would be in contrast to the disapproval the person would witness or encounter regarding standard acts of suicide, attempted suicide or self-harm. Those who, in sorrow or disgrace, no longer value their own lives, but shrink from the personal or social cost of overt suicide, would have a perfect way out – rather like joining the French Foreign Legion in former times. They would get the death they want, for which they would be praised, not blamed, and do some posthumous good, perhaps redeeming – as they see it – an otherwise failed life. Societal acceptance of life-ending donation would also expose to social manipulation[[25]](#footnote-25) those with a low sense of self-worth who are vulnerable to pressure, including subtle pressure, from powerful people in their lives. Such influencers might include a controlling spouse or parent who needs an organ, or the organ may be needed by someone close to the influencer and more valued than the potential donor. Already such factors are a concern with live donation where the donor will recover – but where he or she willdie, an even darker situation looms.

**Conclusion**

To conclude: double effect donation is, in our view, far inferior to Donation Revisionism and in some ways, even inferior to Donation Pragmatism since it implicates patients themselves in the lethal abuse of their bodies, in full awareness[[26]](#footnote-26) that they will be alive at the time. To repeat: our reason for opposing Camosy and Vukov’s proposal is notthat we believe live voluntary donors of vital organs must necessarily intend their own deaths. It is not any harmful intent that makes double effect donation illicit but rather an intention that surgery be performed on someone known to be innocent (including oneself) combined with the foresight of lethal harm and no psychophysical good for that person[[27]](#footnote-27) or none that justifies the harm. Such donation falls foul of the first condition of double effect reasoning in that the immediate act – the extraction of the organ in a way foreseen to kill the person, or the authorisation of that extraction – is itself morally excluded.

Even beyond this intrinsic objection the wider effects of double-effect donation would, we think, be socially disastrous and corrupting of human relations and the medical profession. It is crucial that doctors retain a basic respect for life and health when intervening on human beings for the benefit of others, and that potential donors retain or regain a sense of their bodily dignity which excludes this unique form of self-harm. To introduce double effect donation to medicine is to introduce a radically harmful practice into one of society’s most valued institutions. That introduction will play its role in structuring perceptions and choices not confined to double effect donation – perceptions and choices that diminish respect for human bodily integrity, and for human dignity as a whole.

While we are alarmed by Camosy and Vukov’s proposal, and consider it noxious on many levels, we welcome the spotlight it throws on central issues in the ethics of homicide and what it means to respect oneself and other innocent people. We disagree with the proposal, but are grateful for the opportunity it affords us and others to examine in more depth double effect reasoning, respect for bodily integrity and the limits of permissible sacrifice of self.

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1. To illustrate their point, the authors give an example (Camosy and Vukov 2021, 156-157) adapted from the movie John Q. where a healthy father donates his heart to his son, immediately followed by the unexpected arrival of a newheart which is then transplanted to the father who is temporarily supported by machines. We agree that John Q. in donating his heart need have no aim to die; however, in authorising the extraction of a heart he has no reason to think will be replaced, he is, we argue, failing to respect his own body, despite his good motivating intention to save his son. While partially undoing the harm was clearly *possible* soon after harvesting, such an action was unforeseen by John Q. who had no reasonable expectation he would receive an organ donation. [↑](#footnote-ref-1)
2. In contrast, forgoing treatment simply in order that another may receive it does not involve any focus on one’s body of a kind that violates respect for bodily integrity. [↑](#footnote-ref-2)
3. We would say further that someone’s state of mind need notcorrelate at all closely to real events in the world. After all, the person may have completely deluded beliefs about the world: external effects he or she may be trying to produce may be literally impossible to achieve. JLA Garcia (1997) gives the example of an insane person who sets off a bomb in a football stadium, not to kill anyone (though he knows many will die) but to frighten with a very loud noise the demon thought to live there. To understand a person’s intentions, we need to think, not of *actual* facts on the ground, but of what the person *thinks* those facts are *and* is seeking to achieve. What someone intends is only dictated by the outside world insofar as that world *in fact* informs their aims. (Note that the issue here is not culpability whether legal or moral. The insane person may not be culpable in either sense, but is nonetheless revealing very genuine intentions, as well as foresight of harm to bystanders: the intention to frighten a harmful demon, by creating a loud noise, by setting off a bomb.) [↑](#footnote-ref-3)
4. Note that a penultimate ‘end’ in a chain of ends and means is itself a means: recovery from illness is both the intended end of taking a drug, say, and also the intended means to getting back to work, supporting one’s family etc. [↑](#footnote-ref-4)
5. With aggressors (including aggressors in good faith such as enemy soldiers) the situation is different though even there, as with private self-defence, the aim should be to cause harm sufficient to thwart the attack, not to kill. [↑](#footnote-ref-5)
6. Similarly, a misguided doctor from hundreds (or thousands) of years ago who performed some putatively helpful but lethally harmful procedure on the best advice of the time could be criticised technically, but not morally, for what he did. [↑](#footnote-ref-6)
7. We prefer this term we have coined, since to us the word ‘circumstance’ has misleading connotations of exteriority (‘mere circumstance’) even if some may use the term for ‘essential circumstances’ helping to constitute the object currently in focus. Aquinas reflects on these issues as follows:

"But the process of reason is not fixed to one particular term, for at any point it can still proceed further. And consequently that which, in one action, is taken as a circumstance added to the object that specifies the action, can again be taken by the directing reason, as the principal condition of the object that determines the action's species. Thus to appropriate another's property is specified by reason of the property being "another's," and in this respect it is placed in the species of theft; and if we consider that action also in its bearing on place or time, then this will be an additional circumstance. But since the reason can direct as to place, time, and the like, it may happen that the condition as to place, in relation to the object, is considered as being in disaccord with reason: for instance, reason forbids damage to be done to a holy place. Consequently to steal from a holy place has an additional repugnance to the order of reason. And thus place, which was first of all considered as a circumstance, is considered here as the principal condition of the object, and as itself repugnant to reason. And in this way, whenever a circumstance has a special relation to reason, either for or against, it must needs specify the moral action whether good or bad." *Summa Theologiae* 1-11 q 18 a10.

In other words, an external ‘circumstance’ viewed from the perspective of identifying one wrongful act can be absolutely central from the perspective of identifying another wrongful act. [↑](#footnote-ref-7)
8. The body can ‘aim’ at things without agents consciously aiming at them (the heart aims to beat, for example – or at least, the organism as a whole aims to keep the heart beating). And admittedly, this can sometimes be carried over to conscious acts, where, for example, sexual intercourse can be said to ‘aim’ at conception as the (or a) physiological point to intercourse without this aim necessarily being consciously adopted by the partners. In contrast, it is hard to see any similar (but destructive) ‘teleology’ (“aim at the baby’s death”, “built into the nature of the act itself”) in acts which are destructive albeit not intended qua destructive: craniotomies *cause* harm; they do not *aim at* harm apart from any actual aims of those who perform them. [↑](#footnote-ref-8)
9. We are not of course disputing the fact that death will follow as a *causal* matter. Note however that it would be possiblefor God if not human beings to heal even the damage done by craniotomy so that the baby survives – which hardly affects the permissibility of craniotomy in normal circumstances where it is known the baby will die following this deliberate bodily invasion. [↑](#footnote-ref-9)
10. St Sebastian, for example, is not depicted sticking arrows into his body, even if he foresaw his persecutors would do just that. Similarly, the intention to take the place of another prisoner in the punishment cell, like the heroic intention of St Maximilian Kolbe, did not require the intention that anything happen to his body, however clearly this was foreseen. In contrast, had St Maximilian drunk poison in place of the prisoner he saved rather than taking his place in the group headed for the punishment cell, this would have been impermissible: the intention to drink the poison would have sufficed to make the act illicit. [↑](#footnote-ref-10)
11. See e.g. chapter 4 on the Donatist schism in Knox (1950). [↑](#footnote-ref-11)
12. Note the difference between this case and a case where a father quickly swaps position with his son to put the son further away from a falling bomb. Here he is offering his safe position to his son, as opposed to making his son’s position safe by using his body to absorb the blast. [↑](#footnote-ref-12)
13. By analogy to the motorbike case, it is the surgeon who throws the father in front of the motorbike or better (since he starts the entire causal chain) drives the motorbike into the father. [↑](#footnote-ref-13)
14. If, as some have claimed, some soldiers are trained in techniques for jumping on grenades so that this becomes a reflex action, then the act is to that extent pre-planned. [↑](#footnote-ref-14)
15. This is not to suggest that euthanasia-via-donation (and double effect donation) would not be perceived as a problem by at least some members of the transplant team and at least some organ recipients. In the words of Ely (2019, 1310), “Whereas the lawful practice of PAS-E involves ultimately one physician taking the action of prescribing or injecting lethal medications, “death by donation” would involve an entire team of medical professionals. Would all of the members of such a team likely consent to be involved in such a procedure? And then the recipients of the organs: can they object to receiving an organ from a person whose life was ended by taking out vital organs?” [↑](#footnote-ref-15)
16. For a humorous reflection on the subject and the dangers of ‘self-pressure’ arising from assisted suicide legislation see Mitchell 2008. [↑](#footnote-ref-16)
17. [↑](#footnote-ref-17)
18. Here we are not considering those who are martyred without their choice, such as people killed unexpectedly when attending Mass. [↑](#footnote-ref-18)
19. Some indeed see organ donation as something that can be appropriately enforced by the State. Fabre (2006) believes that people can be coerced into giving up their organs to those who have more need of them – just as those with financial assets can be made to distribute some of these to people who have less, where the latter are unable to live minimally flourishing lives. Fabre does however require that those from whom organs are forcibly taken must have enough organs left for a minimally flourishing life themselves (and thus she rules out such forced donation being lethally harmful). One of many worries about Fabre’s proposals is that they seem to treat the human body as not exceptional when it comes to the redistribution of social resources: property and body parts are treated in an inappropriately uniform way, despite the fact that our bodies are ourselves. [↑](#footnote-ref-19)
20. The issue of minors giving consent to lethal organ donation is also raised in passing by Camosy and Vukov (2021, 161). [↑](#footnote-ref-20)
21. Again, note the difference with cases of self-sacrifice in emergency situations where such control may be very limited (it may be a split-second decision and the person may be less likely to be expressing suicidal leanings as the focus may be entirely on the lives he/she is saving). [↑](#footnote-ref-21)
22. This is true generally in epistemology, for we don’t necessarily have to know *why* something has a particular property X before we can say that we know it has property X. Likewise in the case of moral knowledge, we don’t necessarily have to know all or any of the reasons *why* an act is morally wrong before we can say that we know it is morally wrong. [↑](#footnote-ref-22)
23. Later Camosy and Vukov refer (155) to the fact that “a significant number of lives will be lost, and a large number of people will be denied the chance to save their lives”, and comment “That should not sit well with a Catholic bioethicist, or indeed, with anyone.” [↑](#footnote-ref-23)
24. Ely (2019, 1310) observes that “While literally “giving yourself” to others might seem commendable at first glance”, considerations against include negative social messages concerning disabled lives, the extension of the practice to those unable to give consent, and the significance of physicians overriding ancient prohibitions against taking life. He asks “When physicians are participating in a procedure designed to take a person’s life, will patients feel 100% certain that their physician is firmly on the side of healing? What message does it send about the value of every human life when physicians endorse the exchange of one life for another? What effect has it already had on physicians complicit in such death-causing procedures?” [↑](#footnote-ref-24)
25. Adam Omelianchuk (2022, 651) comments: “Double-Effect Donation will need to be both accessible and safe. The urgency to donate will likely be high if healthy people are motivated to give up their lives. Yet, the more accessible it is, the less safety it will provide against manipulation, coercion, negligence, and other forms of abuse involving undue influences or psychiatric conditions that undermine decision-making capacity. Furthermore, Double-Effect Donation needs [a] way to rule out those who are simultaneously pursuing euthanasia. Perhaps donors will have to wait two weeks, a month, or longer between their request and their surgery to avoid these problems. But the more safeguards there are, the less accessible it will be, which will adversely impact waitlist mortality. If we err on the side of safety, we endanger those who need the organs; if we err on the side of accessibility, we increase the danger of abuse. Either way, the goal of safeguarding and promoting the good of life through Double Effect Donation is encumbered in ways that count against its justification.” [↑](#footnote-ref-25)
26. Note that already, some donors may suspect they will not be dead when their organs are taken; however, this will presumably be a small minority of donors. [↑](#footnote-ref-26)
27. Hoped-for spiritual or aesthetic benefits cannot justify surgery that seriously and permanently impairs health (so that e.g. people may not be castrated to retain a treble singing voice or to avoid sexual temptation). The good of health demands its own respect. [↑](#footnote-ref-27)