

PERSPECTIVE

# International society for heart and lung transplantation statement on transplant ethics



Are Martin Holm, MD, PhD,<sup>a,b</sup> Savitri Fedson, MD, MA,<sup>c,d</sup>  
Andrew Courtwright, MD, PhD,<sup>e</sup> Anne Olland, MD, PhD,<sup>f,g</sup> Kelly Bryce, PhD,<sup>h,i</sup>  
Manreet Kanwar, MD,<sup>j</sup> Stuart Sweet, MD, PhD,<sup>k</sup> Thomas Egan, MD, MSc,<sup>l</sup> and  
Jacob Lavee, MD<sup>m</sup>

From the <sup>a</sup>Department of Respiratory Medicine, Oslo University Hospital, Norway; <sup>b</sup>Institute of Clinical Medicine, University of Oslo, Norway; <sup>c</sup>Baylor College of Medicine, Houston, Texas, USA; <sup>d</sup>Michael E DeBakey VA Medical Center, Houston, Texas, USA; <sup>e</sup>Division of Pulmonary and Critical Care Medicine, Hospital of the University of Pennsylvania, Pennsylvania, USA; <sup>f</sup>Department of Thoracic Surgery, University Hospital Strasbourg, France; <sup>g</sup>Inserm UMR 1260 "Regenerative Nanomedicine", University of Strasbourg, France; <sup>h</sup>Behavioral Health, Henry Ford Health System, 1 Ford Place, Detroit, Michigan, 48202, USA; <sup>i</sup>Transplant Institute, Henry Ford Health System, 2799 W Grand Blvd, Detroit, Michigan, 48202, USA; <sup>j</sup>Cardiovascular Institute, Allegheny Health Network, Pittsburgh, Pennsylvania, USA; <sup>k</sup>Division of Pediatric Allergy, Immunology, and Pulmonary Medicine, Washington University in St. Louis School of Medicine, St. Louis, Missouri, USA; <sup>l</sup>University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA; and the <sup>m</sup>Heart Transplantation Unit, Leviev Cardiothoracic Center, Sheba Medical Center, Faculty of Medicine, Tel Aviv University, Ramat Gan, Israel.

Thoracic organ transplantation improves the length and quality of life of patients with severe heart or lung disease using a vital organ donated from a human being. It is both a medical and societal endeavor that is bound by ethical principles. Among these principles are autonomy and respect for persons, utility which includes beneficence and non-maleficence, and justice, which includes fair allocation, health equity, and legal responsibilities. Together, these principles provide a general framework for navigating the complex ethical issues that arise in thoracic organ transplantation.

The ISHLT endorses the views described in the World Medical Association (WMA) Statement on Organ and Tissue Donation,<sup>1</sup> in the WMA Statement in Measures for the Prevention and Fight against Transplant-related Crimes,<sup>2</sup> and in the Declaration of Istanbul.<sup>3,4</sup>

Transplantation is made possible only through the act of donation. The ethical principle of autonomy should extend to the donor, and is reflected in efforts to promote the best graft condition and recipient survival. This also includes consideration for interventions done to the donor prior to organ procurement, and to the study of graft preservation and salvage.

The donation of organs from a deceased patient must always be made freely and without coercion. The gift of an organ by a live donor, such as a pulmonary lobe transplant, must be made in the same fashion and with informed consent. To ensure that these principles are followed, the transplant process must be transparent, legally regulated and open to both national and international scrutiny.

The sale of organs from both live and deceased donors is unethical and violates the Universal Declaration of Human Rights. ISHLT members should discourage patients from seeking transplantation in countries where transplantation is not open to external scrutiny and the ethical standards of the ISHLT cannot be assured, regardless of whether payment for organs is involved. ISHLT members should work with their own governments to ensure that such 'transplant tourism' that contravenes these ethical principles is made illegal.

Obtaining organs for transplantation from the bodies of executed prisoners contravenes the principle of voluntary donation. Condemned prisoners and their relatives cannot consent freely.

Members of the ISHLT should not participate in or support the transplantation of organs from executed prisoners or the sale of organs for transplantation.

Members of the ISHLT should also refrain from knowingly teaching visiting physicians the art and science of heart and lung transplantation if it cannot be ascertained and guaranteed that those to be trained will not use their newly acquired knowledge for transplants based on organs from executed prisoners or any other transplant related crime.

ISHLT members performing medical research involving human subjects, including identifiable material or data should adhere to the ethical principles defined in the Declaration of Helsinki.<sup>5</sup> Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries—however, no national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration.<sup>6</sup>

Submission of data related to clinical transplantation or the use of human tissue for presentation at an ISHLT sponsored meeting, to the ISHLT Thoracic Registry or for publication in an ISHLT sponsored journal including the Journal of Heart and Lung Transplantation signifies that the author (s) agree with and confirm that their study adheres to the principles of the World Medical Association Statement on Organ and Tissue Donation,<sup>1</sup> the Declaration of Helsinki,<sup>5</sup> and the Declaration of Istanbul.<sup>3,4</sup> These affirmations are required at the time of submission and must be explicitly included in any presentation or manuscript.

Given the body of evidence that the government of the People's Republic of China stands alone in continuing to systematically support the procurement of organs or tissue from executed prisoners,<sup>7-10</sup> submissions related to transplantation and involving either organs or tissue from human donors in the People's Republic of China will not be accepted by ISHLT for the purposes listed above. This policy, including whether other countries systematically engage in the use of organs or tissue from non-consenting human donors and should be subject to this restriction, will be reviewed on an annual basis pending independently obtained proof that these practices have ceased.

The ISHLT holds that there should be explicit policies, open to public scrutiny, governing all aspects of organ, and tissue donation and transplantation, including the

management of waiting lists for organs to ensure fair and appropriate access to transplantation.

Final and approved by ISHLT Board 26, April 2022.

The International Society for Heart and Lung Transplantation Statement on Transplant Ethics was originally approved by the ISHLT Board of Directors 28 April 2007. The Statement was updated and approved by the ISHLT Board of Directors on 19 October 2014. The Statement published here was updated by the ISHLT Committee on Transplant Ethics and approved by the Board of Directors 26 April 2022.

## References

1. WMA Statement on Organ and Tissue Donation Available at: <https://www.wma.net/policies-post/wma-statement-on-organ-and-tissue-donation>. Accessed March 31, 2022.
2. WMA Statement on Measures for the Prevention and Fight Against Transplant-Related Crimes Available at: <https://www.wma.net/policies-post/wma-statement-on-measures-for-the-prevention-and-fight-against-transplant-related-crimes>. Accessed July 17, 2022.
3. Steering Committee of the Istanbul Summit. Organ trafficking and transplant tourism and commercialism: the declaration of Istanbul. *The Lancet* 2008;372:5-6.
4. The Declaration of Istanbul on Organ Trafficking and Transplant Tourism [2018 Edition], Available at: <https://www.notifylibrary.org/sites/default/files/2018%20Declaration%20of%20Istanbul.pdf>. Accessed March 31, 2022.
5. The Declaration of Helsinki. Available at: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects>. Accessed December 1, 2021.
6. Danovitch DM. From Helsinki to Istanbul: what can the transplant community learn from experience in clinical research. *Nephrol Dialysis Transplant* 2008;23:1089-92.
7. Independent Tribunal into Forced Organ Harvesting from Prisoners of Conscience in China. Final judgment and report. Available at: [https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal\\_JUDGMENT\\_1stMarch\\_2020.pdf](https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf). Accessed July 17, 2022.
8. Robertson MP, Hinde RL, Lavee J. Analysis of official deceased organ donation data casts doubt on the credibility of China's organ transplant reform. *BMC Med Ethics* 2019;20:79.
9. Sade RM, Carpenter AJ, D'Amico TA, et al. Unethical studies on transplantation in cardiothoracic surgery journals. *Ann Thorac Surg* 2021;112:1746-52.
10. Robertson MP, Lavee J. Execution by organ procurement: breaching the dead donor rule in China. *Am J Transplant* 2022;00:1-9.