

# Virtual Mentor

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## THE CODE SAYS

### *AMA Code of Medical Ethics' Opinion on Organ Transplantation*

#### **Opinion 2.16 - Organ Transplantation Guidelines**

The following statement is offered for guidance of physicians as they seek to maintain the highest level of ethical conduct in the transplanting of human organs.

(1) In all professional relationships between a physician and a patient, the physician's primary concern must be the health of the patient. The physician owes the patient primary allegiance. This concern and allegiance must be preserved in all medical procedures, including those which involve the transplantation of an organ from one person to another where both donor and recipient are patients. Care must, therefore, be taken to protect the rights of both the donor and the recipient, and no physician may assume a responsibility in organ transplantation unless the rights of both donor and recipient are equally protected. A prospective organ transplant offers no justification for a relaxation of the usual standard of medical care for the potential donor.

(2) When a vital, single organ is to be transplanted, the death of the donor shall have been determined by at least one physician other than the recipient's physician. Death shall be determined by the clinical judgment of the physician, who should rely on currently accepted and available scientific tests.

(3) Full discussion of the proposed procedure with the donor and the recipient or their responsible relatives or representatives is mandatory. The physician should ensure that consent to the procedure is fully informed and voluntary, in accordance with the Council's guidelines on informed consent. The physician's interest in advancing scientific knowledge must always be secondary to his or her concern for the patient.

(4) Transplant procedures of body organs should be undertaken:

(a) only by physicians who possess special medical knowledge and technical competence developed through special training, study, and laboratory experience and practice, and

(b) in medical institutions with facilities adequate to protect the health and well-being of the parties to the procedure.

(5) Recipients of organs for transplantation should be determined in accordance with the Council's guidelines on the allocation of limited medical resources.

(6) Organs should be considered a national, rather than a local or regional, resource. Geographical priorities in the allocation of organs should be prohibited except when transportation of organs would threaten their suitability for transplantation.

(7) Patients should not be placed on the waiting lists of multiple local transplant centers, but rather on a single waiting list for each type of organ. Issued prior to April 1977; updated June 1994 based on the report “Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources Among Patients,” adopted June 1993.

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