Knowledge of and opinion on organ transplantation among priests of selected Christian religion

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ABSTRACT

Introduction: As Polish society is in its majority Christian, the knowledge and attitudes presented by priests may have a tangible impact on Church members’ decisions concerning organ donation.

Purpose: To evaluate the knowledge, attitudes, and decisions of priests of various Christian denominations regarding organ transplantation in Poland.

Materials and methods: The paper presents the results of a study carried out in the form of a questionnaire survey of 86 priests. Survey participants included priests of 3 most common Christian denominations in Poland: Catholic, Protestant and Eastern Orthodox.

Results: Awareness of the current regulatory framework among the clergy is relatively low. Only a small percentage gave correct answers to questions about applicable laws regulating the matter of organ transplantation in Poland.

Conclusions: Data gathered during the study implies a positive attitude among priests towards organ transplantation performed to save life and improve health. A vast majority of survey participants support the idea of transplantation. The problem is low awareness of existing documents and laws regulating organ transplantation.

Keywords: Transplantation, Christian religion, organ donation, medical law

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INTRODUCTION

Transplantation medicine is concerned with transplanting organs, which is a recognised medical procedure performed in certain clinical conditions when other treatments methods fail to improve the health of a patient, and when waiting any longer could lead to severe disability or death of the patient.

The beginnings of organ transplantation date back to the 1920s. Following a series of skin transplants, American surgeon Holman concluded that there are substances in the human body that cause transplant rejection. In 1942, British scientists discovered the reason for that, namely immune response of the body. The first drug with immunosuppressive properties used was 6-mercaptopurine. In early 1980s, ciclosporin was approved for clinical use, which revolutionised the possibilities of performing transplants in terms of immunology.

The history of transplantation medicine in Poland began in 1966 with a kidney transplant performed by a team of professionals from the Medical Academy of Warsaw led by Jan Niehubowicz and Tadeusz Orłowski [1]. The first heart transplant was performed by a team led by Jan Moll in 1969, and in 1986 the team of Zbigniew Religa carried out the first successful heart transplant in Poland.

Currently, the legal instrument regulating organ transplantation in Poland is the Act of 01 July 2005 on Procurement, Transplantation and Storage of Cells, Tissues and Organs [2]. In accordance with the Act, the principle of presumed consent is applicable in Poland. This means that written consent given in life is not required in order to remove organs from a deceased person; what is necessary is the absence of objection in life. Objection may be raised in several ways. Polish law provides three possibilities. The first one is to register an objection with the Central Register of Objections and submit a declaration prohibiting the procurement of one’s organs. Such a declaration may be withdrawn at any time by the person who made it. Another way to express objection is a written statement of intent, provided that the document needs to be signed by hand. The final acceptable form of objection is an oral statement. Such a statement needs to be made and confirmed in writing in the presence of two witnesses. In the case of a minor, an incapacitated person or a person who has a limited capacity to perform acts in law, objection to organ transplantation may be submitted in life by that person’s statutory representative. For minors above 16 years of age, objection may be raised by the minor themselves. The above regulations do not apply where organ removal is necessary during a post-mortem examination to determine the cause of death or to assess medical treatment.

Cells, tissues and organs may be procured from a deceased donor after the donor is declared dead in the manner prescribed in the Medical Professions Act of 05 December 1996 for diagnostic, treatment, scientific or didactic purposes [3].

The Act allows procurement of organs upon pronouncement of death in two cases. The first case is determination of permanent and irreversible cease of all brain function (brain death), and the other is irreversible cardiac arrest preceding removal of organs. The aforementioned procedure and requirements are determined on the basis of current medical knowledge by specialists in appropriate fields of medicine, appointed according to regulatory provisions established by the Minister of Health [4,5].

When discussing articles of the Act that lay down procedures which need to be performed upon declaring a person dead, it is worth considering how such procedures are understood and what their role in the context of organ procurement is. It has long been known that some organs, e.g. kidneys or heart, can maintain their functions thanks to new advances in medicine. Unfortunately, in spite of tremendous developments in technology, it is not always possible to stop human death. Although some organs may function just like before, at the moment of death of the brain, which is the centre that coordinates all life processes, it is no longer possible for a person to be brought back to life. In order to procure an organ for transplantation, it is indispensable to preserve its physiological functions; therefore, it is frequently the case that artificial maintenance of circulation is necessary during organ transplantation. Now, the question arises if, in the case of removing an organ from a body in which circulation is maintained artificially, there is any chance for the organism to be able to start functioning independently again. The original criterion for pronouncing an individual dead consisted in recognition of full cardiac arrest, which was supposed to indicate the moment of death. The development of emergency medicine, resuscitation methods and artificial ventilation has created chances for saving lives, but also has led to higher numbers of patients with irreversible brain damage. This confronted physicians with the problem of the point of sustaining life functions once brain death has been unambiguously recognised in a patient. On the other hand, this meant hope for faster diagnosis of death, facilitating treatment involving transplantation. Developments in medicine and research in the field of transplantation have led to the introduction of a new criterion for determining death. The definition was based not on circulation processes, but rather on brain processes, and is still officially applied today [6]. A breakthrough came with a pioneering heart transplant surgery performed by Christiaan Bernard in 1967, as well as with the decisions of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death and the WMA Declaration of Sydney on the Determination of Death published in 1968 [7].

Nevertheless, transplantation medicine is a cause for many controversies and dilemmas. Ethical, moral and legal aspects are, in addition to purely medical concerns, intrinsic to the issue of procurement of organs for transplantation [8]. When preparing society to face the issues of transplantation
thoughts of well. Special care must be exercised during any such procedures, and respect for the life of the donor should be a fundamental value. Pope Francis also demonstrates positive attitude towards transplantation, which he calls „a great act of charity” on part of both the donor and their loved ones who allow that act [14]. Polish bishops encourage believers to donate their organs after death. It is a frequent practice to issue bishop’s letters to be read in churches, which encourage Mass attendants not to prevent the transfer of organs to those who need them, despite the tragedy that happened [15].

Representatives of the Orthodox Church state that one should have utmost respect for human life and prevent those who could destroy it. They believe that transplantation should not be prohibited only in those cases where there is a good chance of success. In all decisions, the interest of both donor and recipient should be taken into consideration. One of the first representatives of the Orthodox Church to publicly comment on the subject of transplantation was Metropolitan Anthony (Bloom) [16]. The bishop stated that, despite the many debates and controversies concerning transplantation, the method deserved tremendous praise for saving human lives. Over time, however, the Orthodox religion have not taken any official position on organ transplantation (the Eastern Orthodox Church considers itself to be a communion of churches, which precludes the primacy of one bishop over others). In this case, we can only refer to the words of well-known Orthodox clergy members who have adopted a clear stance on the subject. The Orthodox Church, like other Christian denominations, allows organ transplantation. Transplant surgeries may be performed exclusively for treatment purposes. It is forbidden to kill people, refuse medical assistance or otherwise act with gross negligence in order to obtain organs or tissues for transplantation. As the position of the Polish Autocephalous Orthodox Church regarding organ transplantation, an article published on the official website of the Orthodox Parish of St. Nicholas in Szczecin, consulted with Archbishop Jeremiah, may be cited. It states that organ transplantation for treatment purposes is acceptable [17].

Neither do Protestant Churches object to organ transplantation, emphasising, however, that transplantation should be a conscious gift from one person to another. “Statement of the Evangelical Church of the Augsburg Confession in Poland on Organ Transplantation and Donation”, published in 2010, expresses the official stance of the Lutheran Church. Protestants accept transplantation from the moral point of view and approve of them when other methods prove ineffective. Members of the clergy voice concerns that organ transplants might be used to improve what is already functional. Transplantation must not be treated in the same manner as plastic surgery and it is forbidden for humans to use it to attain immortality. Protestants do not accept animal-to-human organ transplants. Every human life has a beginning and an end; one needs to understand that concept so as not to be in conflict with the idea of resurrection. The Evangelical Church of the
Augsburg Confession draws attention to the laws on organ transplantation applicable in Poland and considers it necessary to adopt an official stance on the matter [18].

The aim of the study was to examine the knowledge, attitudes and decisions of priests of selected Christian denominations concerning the issue of organ transplantation in Poland.

MATERIALS AND METHODS

The paper presents the results of a study carried out in the form of a CAPI questionnaire survey of 86 priests. The survey was conducted in January through May 2017. The questionnaire consisted of 7 main questions and 4 demographic questions. The online form made it possible to reach clergymen in various parts of the country. A non-probabilistic sample was selected using the snowball sampling method. Among the survey participants are priests of the three most common Christian denominations in Poland: Roman Catholic, Orthodox and the Evangelical Church of the Augsburg Confession. The study and the questionnaire were approved by the Research Ethics Committee of the Medical University of Warsaw.

RESULTS

The study group was composed of priests: 56% of the Roman Catholic Church, 30% of the Evangelical Church of the Augsburg Confession, and 14% of the Eastern Orthodox Church. Most of the participants were aged 39 to 60. Almost 60% had been in the priestly ministry for more than 5 years and 90% of them had taken holy orders, or in the case of Protestantism, been ordained (Figure 1).

Views and consent among clergymen on procurement and transplantation of organs

A vast majority of the survey participants accept the idea of transplantation to save life and restore health. 64% of clergymen claim that they definitely accept transplantation of organs from deceased donors; 25.5% of the participants rather accept it; 7% of the priests ticked the “difficult to say” box, and very few of them objected to the idea. The same percentage distribution of answers can be seen in a direct question to the participants concerning their willingness to donate their own organs after death. A significant majority, that is over 90% of them, declared that they would agree to donate their organs after death; 4.7% considered it difficult to state their opinion on that matter; and about 4% of the participants would not agree to donate their organs after death (Figure 2).

Followers’ interest in their religion’s views on organ transplantation

Followers do not express much interest in their religion’s views on transplantation. According to the study, 35% of priests have been asked by believers about the attitude towards organ transplantation, whereas 20% of priests claim that it is difficult to say, and 45% state that they have never been asked about their denomination’s views on organ donation (Figure 3).
Legal regulations on organ procurement and transplantation are not a forte of clergymen. A large percentage, namely as many as 30% of them, claim that it is necessary to obtain the consent of the donor in life; 17.5% believe that the consent of the family is required, and more than 20% do not know what the regulations are or claim that no such regulations exist. Only 31.5% of the participants know the legal framework applicable in Poland; this small percentage of priests have answered that the only requirement for procurement of organs from a deceased person is the absence of objection in life (Figure 4).

Priests’ knowledge of the moment of death of a human being

The question examined the priests’ knowledge of how death of a potential donor is determined. The smallest group of participants, i.e. only 6%, said that a person dies when their heart stops. About 31% of participants responded that a person dies when he or she is deemed to have...
suffered irreversible brain damage. The most numerous group of participants answered that to pronounce a person to be dead it is required to recognise both cardiac arrest and irreversible brain damage (Figure 5).

Figure 4. Awareness of applicable regulations on organ transplantation

Figure 5. Clergymen’s knowledge of the moment that a person is recognised to be dead for the purpose of organ removal

Knowledge of ecclesiastical documents

All religious denominations discussed in the study have a stance on procurement and transplantation of organs. The most commonly known is the Evangelium Vitae encyclical, which,
among others, approaches the subject of transplantation; 74% of clergymen are aware of it. Less known are the Statement of the Evangelical Church of the Augsburg Confession in Poland on Organ Transplantation and Donation (25%) and the opinion of the Polish Autocephalous Orthodox Church (22%). Some of the participants, namely 15%, responded that they did not know any of those documents (Figure 6).

Figure 6. Knowledge of ecclesiastical documents by priests

Widespread acceptance of organ transplantation

The idea of transplantation to save life and improve health is widely accepted. To illustrate this point, we asked the clergymen whether, in their opinion, all existing Christian denominations accepted transplantation. The results have shown, however, that only 26% of participants claim that organ transplantation is accepted by all religions; as many as 60% answered that they had no knowledge concerning the issue. This question partially open-ended: participants who answered that not all religions accepted transplantation cited the example of Jehovah’s Witnesses (Figure 7).

Figure 7. Widespread acceptance of organ transplantation
DISCUSSION

Transplantation is a thriving branch of science. Rapid developments in transplantation medicine offers an opportunity for many patients, whereas the greatest obstacle is still the insufficient pool of organs available for transplantation, a problem that Poland has been struggling with for many years. Using terms known from trade, one may venture to say that there is a significant difference between demand and supply here. Ethical and religious concerns play a major role in the field of transplantation. Despite widespread acceptance, transplantation medicine still faces some doubts of ethical nature. It is essential that common ethical and religious norms be known and accepted by the general public.

A major problem that affects the available pool of transplantation organs and tissues is the relatively low awareness of regulations applicable in Poland among Poles. As mentioned earlier, in Poland the model of presumed consent applies (opt-out), which means that every individual is a potential donor after death; other countries have adopted the model of explicit consent (opt-in) [19]. The system adopted in Poland was supposed to facilitate procurement of organs and tissues from deceased individuals. Before removing any tissues or organs, doctors ask the deceased person’s family’s consent; no organs are procured if the family raises an objection [20]. As a result of refusal to grant authorisation, organs or tissues were not removed in 8% of cases in 2010 and in 14.2% of cases in 2015 [21].

In a study published by the Centre for Public Opinion Research, participants were asked the following question: “Why do you think some people are unwilling to have their organs removed after death for transplantation into others?”. Some of the answers given can be categorised as:

- if goes against one’s faith (25%),
- human body is integral and should not be taken apart (8%),
- concerns about the afterlife, belief in the unity of body and soul (4%) [22].

The fact that the principle of presumed consent applies in Poland is known to one in five adults (20%).

One important element of educating the public should be a possibility to consult a person that one can trust, for instance, a member of the clergy who, from their standpoint, could provide guidance to make decisions in specific situations easier. It should be noted that the point of view that physicians or medical personnel have on the question of death differs from the perspective of those who face the death of someone close to them. Chyrowicz writes that “transplantation is not as morally unambiguous as some, especially transplant surgeons, would want it to be” [23]. Many individuals feel that there is a connection of body and soul or, in a more modern sense, of brain and body [24]. There is also one approach which considers organ transplantation ex vivo or ex mortuo to be a form of neo-cannibalism [25].

The problem of making society aware, the problem of providing help in difficult life situations, such as death of a loved one, calls for support from people that we can trust. Knowledge and attitude of priests may exert significant influence on decisions of individuals concerning organ donation.

The results presented above indicate that for the most part Poles are not aware of the principles of the religion that they follow. Despite a plethora of documents, statements and laws, the awareness of Poles is insufficient to form a reliable and well-informed standpoint on transplantation. Even those who are supposed to provide others with spiritual and moral guidance do not show a satisfactory level of knowledge. The results of a study conducted among students of seminaries have shown that attitudes of future Catholic priests do not differ substantially from the views of the general public [26].

When making decisions on removal of organs for transplantation, it is crucial to be guided by biological (strictly medical) aspects; at the same time, debate on dissolution of the unity of human person and the moment of disintegration of body and soul, and whether the recipient can have a right to all organs of the donor.

CONCLUSIONS

Data gathered during the study implies a positive attitude among priests towards organ transplantation performed to save life and improve health. A vast majority of survey participants support the idea of transplantation. The main problem is low awareness of existing documents and laws regulating organ transplantation. A relatively low percentage of believers ask clergymen about their religion’s views on organ transplants; furthermore, many claim that their religion does not accept transplantation at all.

In order to be able to increase the pool of organs for transplantation, we should primarily foster education of the public.

The limitation of the study was the method of population sample selection, which was selected. This method did not allow for an accurate estimation of the population, i.e. information about the number of priests who received the questionnaire. Parish mailboxes are often rarely visited or not run directly by clerics. Many churches also do not have a website. The collection of results was also problematic during the survey period. The period between Christmas and Easter is extremely busy for priests. Some priests were not available to carry out the survey for this reason.

Conflicts of interest

The authors declare no conflicts of interest for this research work.
REFERENCES


4. Obwieszczenie Ministra Zdrowia z dnia 17 lipca 2007 r. w sprawie kryteriów i sposobu stwierdzenia trwałego nieodwracalnego ustania czynności mózgu (M.P. 2007 nr 46 poz. 547). (Polish)

5. Obwieszczenie Ministra Zdrowia z dnia 9 sierpnia 2010 r. w sprawie kryteriów i sposobu stwierdzenia nieodwracalnego zatrzymania krążenia (M.P. 2010 nr 59 poz. 784). (Polish)


10. CBOS. Postawy wobec transplantacji narządów, Warszawa, 2016;1-10. (Polish)


22. CBOS, Postawy wobec transplantacji narządów, Warszawa, 2016;1-10. (Polish)


25. Wolniewicz B. Filozofia i wartości, Warszawa, WUW, 1993;259-63. (Polish)