

**MORAL AND ETHICAL ARGUMENTS  
CONCERNING GREEN BODY PARTS RECYCLING  
PHILOSOPHY**

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# **MORAL AND ETHICAL ARGUMENTS CONCERNING GREEN BODY PARTS RECYCLING PHILOSOPHY**

## **ABSREACT**

Just in case anyone is hearing about commercialization of human body-parts and materials for the purpose of organ transplantation, pharmaceutical experimental research, and permitting or even encouraging their sales and purchases are repugnant. To some people the subject of biological organ transplantation and livable human body parts is about human flesh; the objective is to kill (a vegetable life or a brain dead patient) in order to save other lives. Isn't it against humanity? In order to understand moral and ethical issues concerning organ transplants, first, we have defined: What is life and what is death? Second, what we mean by living donor without coercion and compensation? Third what are the means and ends of cadaver donation? Fourth, is organ donation as a gift or as a commercial commodity to be able to buy or to sell it within the international commercial medical markets in order to make money?

## **INTRODUCTION**

Strategically, we are analyzing issues in this article by questioning: What economically, politically, and ethically should we do with human live body-parts in order to be transplantable. When the global commercial practice of buying and selling human body-parts and fluid, including hearts, lungs, kidneys, livers, teeth, eyeball, hair, egg, sperms, and blood from living vendors first came to light five decades ago, it aroused ethical and moral objections to such inhumane business transactions. Such horror caused bioethicists, theosophists, biosophists, biotechnosophists, and lay people to denounce it, and nearly all countries have now made it illegal to buy or sell body-parts including blood (British Transplantation Society Working Party, 1986; The Council of the Transplantation Society, 1985; The World Health Organization – WHO, 1992).

## **REVIEW OF THE LITERATURE**

Within the free world of academic inquiry, some academicians desire to make all possible biotechno scientific possibilities without regulation. In responding to such a connotation,

bioethicists, biosophists, biotechnosophists, and theosophists say to them “no.” Within a civilized community, there are professional principles and standards that they have to abide. In 1984, *Hastings Center* founder Daniel Callahan characterized bioethicists as trying to wrench control from physicians. Callahan said:

I think the role of (anesthesiologist) Henry Beecher was very important in the mid 60s when he blew the whistle on some bad experiments with human subjects that did real harm... Beecher in fact said: “Look, we can’t trust ourselves any longer.” Some of these researchers do bad things. And Congress came along and established the Institutional Review Board (IRB) committee because the scientists said: “We don’t need review, we are wonderful, and we never did harm anybody” and in fact the government said: “We don’t believe you anymore. You’ve got to have some public oversight.” I suppose the net effect of all this was that (a) you’ve got a group of people, doctors and others, that are interested in this field; and (b) doctors couldn’t keep these issues to themselves much any longer partly because some doctors were blowing the whistle saying: “Hey public, watch, look here, pay attention. There are some things going on here that are not good and that you should know about.” This was probably a very small minority group of doctors. But the doctors were long resistant to the idea of any outside coming in,” (Tina Stevens, 1991: 10-12).

Human live and dead body-parts and materials are diverse as their uses, spanning the entire range of human development. Human body-parts and materials can come from sex cells, embryos, fetuses, newborns, children, adults, and cadavers. In some cases, such as blood, sperm, and eggs donations, human materials can be removed without harming the donor. In other cases, materials are essential for survival of natural life and therefore can be removed only before and/or immediately after death.

Organ transplantation procedures for persons with failed heart, liver, lung, and kidney functions are the modern efforts of biotechno scientific research and biomedical pragmatic innovativeness. Specifically, children’s body-parts to be used for organ transplantation are one of the serious unethical and immoral issues that have degraded human dignity and integrity. Weir and Peters (1999: 163) reported:

M.C. was ten years old when she was diagnosed with acute lymphoblastic leukemia. During two years of chemotherapy, she maintained excellent grades... Then the leukemia relapsed... Before

she received the transplant, at the age of thirteen, she told her parents and others that she did not want to “grow up to be a vegetable,” did not want to be supported on “a lot of machines,” and “did not want to be a psychological or financial burden on the family.” Two months after the transplant, she was diagnosed as having an Epstein Barr virus-associated lymphoproliferative disorder. Despite aggressive treatment efforts in pediatric ICU, her condition did not improve. Four days later the ventilator sustaining her life was withdrawn, at the request of her family and in keeping with her previously expressed wishes.

The logic behind such a decision by children’s biological parents to make final decisions on behalf of them in order to end their lives is based on that parents believed that children are no more than containers of their genes, and their parents have the right to treat them not as individual human beings, but rather as human embryos; entities that can be split and replicated their whim without any consideration of children’s choice or welfare.

Historically, humans have had the power to exercise domination over animals for many purposes, including in biomedical research. Also, humans have had the liberty to use animals to study anatomy. Recently, biomedical professionals have used animal organs to be transplanted into human body. American Medical Association believes that research involving animals is absolutely essential to maintaining and improving the health of people in America and worldwide (Smith et al., 1988: 1849). To examine ethical and moral issues concerning the wonders or dangers of biotechnological breakthroughs is neither necessary nor useful except to acknowledge their humane existence; life and death. Biotechnological breakthroughs are not the main problems in human civilization. They are the relationship of biotechnologies and those who want to use them that is problematic. In this article, we are analyzing ethical and moral issues concerning organ transplantation. In order to discuss such matters, we need to answer to the following questions:

- Strategically, how should be a limited number of viable human organs allocated among a large number of potential recipients?
- What are appropriate ways to obtain organs from potential donors without harming them?
- How should transplantation therapy be balanced against other forms of medical care?
- Why the idea and action of organ transplants could be repugnant?

- Why organ donation is perceived as reaffirmation of an individualized self-altruism?
- What human body parts and materials (live and dead) should ethically be used?
- What are the purposes for which they should be used?
- Why buying and selling body parts and materials of human beings degrade human integrity and dignity?
- What is the subsequent end result of buying and selling somatic parts of human beings?
- Why should the gift of an organ donator save another's life?
- Why commodiousness of organs converts human beings into commercial commodities for the purpose of economic profitability?
- Why should human flesh to be subject to market demanding and supplying pricing systems?
- What should be the scientific conditions of body parts and materials to be useful for organ transplantation?
- Should body parts and materials be taken from livable human beings or animals and/or from corpses?

This article analyses ethical and moral arguments concerning human rights within the contextual boundaries of natural rights, human rights, and civil rights. In addition, this article provides a variety of perspectives which helps us to come to ethical and moral terms with many of the critical issues in accepting or rejecting the notion of green body parts recycling philosophy.

## **WHAT IS LIFE?**

We are living in three highly integrated different worlds: (1) materialistic, (2) spiritualistic, and (3) socialistic. The materialistic world spells out the concept of natural somatic earthly life. Such a natural somatic life consists of highly interrelated and integrated organic systems. It possesses the power of living essentially of hard, material atoms. As Nelson (1994: 265) indicated the word *a-tom* is used to say that it is irreducible; it could not be cut any finer. Bioresearchers in molecular biology and biochemistry rapidly have discovered unknown and surprising characteristics of the DNA molecules as the quintessential unit of life. Just as our entire written language is based upon the alphabet, A, B, C, to Z, we know that the units of living matter have a four-lettered alphabet AGTC: A for adenine, G for guanine, T for thiamine, and C for cytosine. Combine with sugar and a phosphate group, these compositions of atoms

of carbon, hydrogen, nitrogen, and oxygen produce the 20 amino acids, which in turn are the elements of proteins. Proteins are the main sources of energy; life.

The spiritual world spells out the belief that the essence of life is the soul, the spirit, or the mind. These phenomena are eternal synergistic energy. The somatic manifestations of integrated atoms of life are only transitory appearances. To the present day, biology and biosophy have been pursued within the tension and arguments to connect these two (materialistic and spiritualistic) different domains of life together through biophilia; the innately emotional affiliation of human beings to other living organisms.

The socialistic world is related to individuals to socially live well. To socially live well as a human being is to live life of reason, by which a human being not only engages in the acts of reason itself, but also directs his/her other acts through reason. Hence, a good societal life appears to consist of the activity of reason and good use of reason to direct other acts. By summing up all above attributions, we need a notion of a full life that is based on some understanding of human needs and environmental possibilities. We should think that living well is not only related to somatic wellbeing. Also, it is related to spiritual and social life span as the achievement of a life that sufficiently long to take advantages of natural and civil lives. People differ on what might be a full natural life span. A longer life does not guarantee a better life. No matter how long medicine enables people to live, death at any time is inevitable, because death is the final stage of life. Death guarantees the natural continuity of the balanced between oncoming and ongoing human species.

## **WHAT IS DEATH?**

The most significant of the tendencies with which biosophy, theosophy, and materialistic philosophy everywhere grapple is the issue of death. Historically, cessation of heartbeat and spontaneous respiration always produced prompt death of the brain, and, similarly destruction of the brain resulted in prompting cessation of respiration and circulation. In this context, it is reasonable that absence of pulse and respiration became the traditional criteria for pronouncement of death. However, bioscientific advancements and biotechnological developments have made it possible to sustain body-parts' function in the absence of spontaneous respiratory and cardiac operation. So the death of a person can no longer be equated with the loss of these latter two natural vital functions (Veith, 1981: 171). However, the professional medical authorities added one more cause of death; a neurological one.

Anthropologically, Malinowski (1925: 49-50) in his well-known analysis of primitive life style of savage brings the problem of death into his theory not only of the functions, but also of the origins of religion:

The savage (and civilized) is intensely afraid of death. Probably, as the result of some deep-seated instincts it is common to man and animals. He does not want to realize it as an end; he cannot face the idea of complete cessation, of annihilation. The idea of spirit and of spiritual existence is near at hand, furnished by such experiences as are discovered and described by Tylor (the founder of anthropology). Grasping at it, man reaches the comforting belief in spiritual continuity and in the life after death. Yet this belief does not remain unchallenged in the complex, double-edged play of hope and fear that sets in always in the face of death. To the comforting voice of hope, to the intense desire of immortality, to the difficulty, in one's own case, almost the impossibility, of facing annihilation there are opposed powerful and terrible forebodings. The testimony of the senses, the gruesome decomposition of the corpse, and the visible disappearance of personality – certain apparently instinctive suggestions of fear and horror seem to threaten man at all stages of culture with some idea of annihilation, with some hidden fears and forebodings. And here into this play of emotional forces, into this supreme dilemma of life and final death, religion steps in, selecting the positive creed, the comforting view, the culturally valuable belief in immortality, in the spirit independent of the body, and in the continuance of life after death. In the various ceremonies at death, in commemoration and communication with the departed, and worship of ancestral ghosts, religion gives body and form to the saving beliefs.

A number of professional medical authorities have argued persuasively that a person whose brain is totally destroyed is in fact dead (Ramsey 1970; and Haring, 1973). Nevertheless, this use of the concept of the brain death has caused controversy among physicians, lawyers, legislators, philosophers, theologians, and ethicists. Members of the public and members of the professional authority possess two different views concerning death:

- Extension of life through therapeutic procedural techno-scientific methods; (institutionalized medical care: oxygenation, incubations, medication, and surgery) the new way of techno-scientific torturing dying: delirium and unconsciousness.

- Prolong suffering before death. The dilemma is not the result of a specific biomedical and biotechnological procedure and/or operation. It is a predicament rooted in medical profession that measures success by medicine's ability to stall death, even in the face of death's inevitability.

In this regard Leuba (1950: 213) indicated:

And when death speaks to us, what does it say? It does not speak of itself. It does not say: Fear me. It does not say: Wonder at me. It does not say: Understand me. It bids us think rather of life, of the privileges of life, of how great a thing of life can be made. And we thus reflect, we see that there are things that are mightier than death. Honor is mightier than death, for men and women have died to escape dishonor. Justice is mightier than death, for men and women have chosen death rather than countenance or do injustice.

Biomedical and biotechno scientific professionals often determine life or death for their patients. Dr. Williamson (1966: 139) provided a list of contemporary measures contributing to the dilemma of life and death as follows:

Improved understanding of body physiology and chemistry, potent drugs, remarkably efficient mechanical respirators, pacemakers, and artificial organs, combined with aggressive medical and nursing care, have saved many lives, cured diseases, and solved many medical problems. Yet, paradoxically, this very progress has created other problems.

## **WHAT ARE RIGHTS?**

“What are rights?” and “What rights do people have?” are the broad topics of morality, ethics, and law. Broadly defined, a *right* is an individual's attachment to affiliate with, entitled to, and privileged with having possession of something. Also, rights legitimate entitlements that invoke corresponding duties on the part of others. It is an entitlement to act or have others acts in a certain way. If something is mine, I have the right to protect it, to keep it, to sell it, to use it, and in rare cases to abandon it. Rights can be defined in terms of moral, ethical, and legal duties either by an individual or by groups. The question of rights can, therefore, be put in terms of natural as well as societal entitlements.



In terms of natural, what constitute an individual? Morally and ethically, one approach to this problem has been to try to equate the humane sacredness or moral worth of an entity with its stage of development. For instance, a fetus can be seen as having more moral value than a sex cell, and a newborn as having more value than a fetus. Therefore, moral and ethical values concerning the whole developmental levels of processes of the existence of a human being are relatively different. Such a difference makes a distinctive valuable property to be respected among human beings and their societal institutions. Nevertheless, such a valuable distinctiveness allows them to distinguish consciousness and violation.

Naturally, human beings comparing with other animals are entitled to intellect, memory, communication, innovation, liberty, and socialization. This means that all human beings should have the rights to think critically, to remember past experiences, and have the right to express themselves without fear. They have the right to liberty and free association with others and share their innovative ideas and opinions with others without any limitation. Since human beings are purposive agents, they must be entitled to natural rights to liberty. Also, since freedom and liberty are being the necessary conditions for purposive actions, then they should strive for maintaining and enhancing freedom and liberty. The problem is what liberty is. Is it a natural right of entitlement to a maximum or minimum standard of liberty? Both libertarian and fatalism philosophers believe that freedom and liberty depend on the scarcity of resources.

Human beings through their natural rights are individuals of profound self-esteem. They are entitled to the competence of their own body- mind to deal with the problems of existence. They look at the natural habitat and at the world of humanity, wondering:

- What are their natural individual's rights?
- What are their pluralistic societal rights?
- What ought to be done to respect them?
- How can these rights be maintained or preserved?

Nevertheless, the most important natural rights for human beings is the assurance of continuity of their species through natural selection of inbreeding generations to come. On the other hand, pluralistic societal rights are not like natural inherent individual's rights. They are conventional, legal, and contractual rights that people do not sit waiting for to be given or somebody to give them a chance to be entitled to. They make and take their own rights. Pluralistic societal rights are not like

natural rights. People set them. Pluralistic societal rights are not set by chances. They are set by choices. People calculate how to safeguard them against those who attempt to bypass or deny them.

## **FOUNDATIONS OF SOMATIC PROPERTY RIGHTS**

Torn between psychosocial sympathy and politico-economical disgust, life and death of an individual are the major ethical and moral issues in a civilized society. The main issue is related how to price life and death. In some cultures, life is very precious for all classes of people regardless of the levels of their wealth. In others, they ban advertising and criminalizing brokering selling body parts, but you can buy or sell them in the black market. Finally, in some cultures legally, people are permitting the sale of body parts, especially from live donors. Therefore, buying and selling and/or not selling body parts and materials have to do with matters of equity, exploitation of the needy and poor people, and abusing or deceiving people for gaining immoral and unethical material rewards; not excluding theft and even murder to obtain somatic valuable parts as commodities.

Within the contextual boundaries of bioethics, rights may be moral and ethical as well as legal. The moral rights are those entitlements in which all inherent characteristics of the world of humanity are shared by all people regardless their gender, color, ethnicity, race, religion, age, political, cultural, social, and economical characteristics. These moral rights are known as goodness, truthfulness, justness, fairness, worthiness, and beauty. Moral rights are important and justifiable claims or entitlements. Moral rights of either kind are tightly correlated with conscience duties.

Legal rights can be put in terms of the entitlements to intellectual properties or material things including human somatic organ properties. Intellectual property rights are similar to liberty rights, copyrights, shop rights, and patent rights. Material rights are similar to ownership of land, buildings, business outlets, investments, and the like. In both intellectual and material entitlements, the following question can be raised in terms of ethical as well as legal production and usage endeavors. Who owns nature and what are legal and ethical attributive rights attached to those ownerships including human body parts and materials?

## **PHILOSOPHIES OF PROPERTY RIGHTS**

John Locke (1632-1704), the British philosopher, whose theory influenced the Christian capitalism, argued that the Christian capitalism ideology has two gospels, the “Bible,” and the other one is the “capitalistic state” (Meiklejohn: 1942: 57). There are several issues concerning the “natural rights” and the “state rights.” According to Meiklejohn (1942: 83) the trouble is that people confuse “conscience” with “prudence.” People are notoriously deceiving themselves and others regarding their own and other’s rights. He stated that the individuals who wish to be religious on all days of the week can accept the urges of prudence as the voice of conscience. Another way of living in the Christian-capitalism society is to serve conscience and God on Sundays and be a rugged individualist on other weekdays on the ground that it is not wrong to do what the state does not forbid.

Locke (1924) held that God created the universe and mankind. When God created human beings, He endowed them with eternal, inalienable rights to such things as freedom, equality, and humanity. God has authority over conscience and moral law. But God “did not create the state.” Before people created the state, people were living in a “state of nature” in which they were not fully able to enjoy their rights in which God had bestowed upon them. This was because the rights of human beings were violated by the selfish actions of other mighty human beings. Violations and cruelties of people to each other caused people to organize themselves into a sense of the statehood and consequently initiated the social contract.

The social contract dictated by people’s moral prudence and maintained them by legal enforcement. Accordingly, human beings become subject to two types of rights: (1) conscience and (2) prudence. Through the moral contract, the citizens of a state become responsible to God in matters of conscience, but in matters of prudence, they found it was wise to keep an armed truce with other states, respecting their contractual rights so that they could respect their own (Weber, 1960: 29).

According to political ideologies, the notion of the state capitalism in each nation possesses its own characteristics. These characteristics establish the foundations of rights for individuals and groups. For example, the American economy is dominated by a relative handful of large corporations and their domestic retail chained stores. These corporations are linked in a variety of ways to each other in order to create the notion of corporate America. The American statehood capitalism ideology has stemmed from the “Christian Capitalism.” This religious and econo-political ideology has created two types of capitalism: (1) people’s capitalism and (2) family capitalism.

## **The People Capitalism**

The ideological foundation of people's capitalism has stemmed from the constitutional rights. Within such a pluralistic society no one group has overwhelming power over all others and each may have direct or indirect impact over others. The power is diffused, because decentralization of power makes less possible tyranny and exploitation of a few people or groups over others. The American capitalism is permeated by the competitive value of quality that encourages pluralism. The Constitution encourages pluralism in different ways. It guarantees of rights to protect liberty and freedom for individuals and to pursue their interests. In addition, the Constitution diffuses political power through several independent branches of governmental power. Individuals and groups influence in one branch of government, the other branches can diffuse it. The democratic representative people's power has established its own cultural value systems through different groups. These group representatives are political parties, governmental agencies and bureaucrats, social interest groups and lobbyists, managers and executives, scientists and technologists as experts and technocrats, working class people as labor unions, and auditors and researchers as think thank consultants. The people capitalist power imposes immediate close boundaries on the discretionary exercise of social power, because their power will be restricted and shared with the family capitalists.

## **The Family Capitalism**

Most sectors of American economy are dominated by relatively small groups of the "Family Capitalists." These groups are private Federal Reserve System, corporations, commercial banks, investment banks, law firms, family offices, boards of governance, holding companies, medical and pharmaceutical companies, foundations, charitable organizations, philanthropic agencies, and political parties.

Having access to resources from the state of nature needs to be ruled by strength. Nevertheless, without a state, no property can be held on a legal ground. In a state of nature there is no justice because there is no legal law except the moral law. However, in the state of nature, there is an ethical shared law that is sustained by the general goodwill. Then the questions are:

- By what right do certain people possess the exclusive claims to the natural resources simply because they were fortunate enough to have been born in the country where the resources existed?
- Do some people have a right to resources and monopolize them?
- Or the natural resources of the world, such as crude oil, are for the benefit of all people not just for the lucky few ones?

The answers require not only pay attention to legal reasoning but also to moral reasoning and arguments. The main issues concerning resources rights are as following:

- Scarcity of resources
- Availability of scientific potential and technological capabilities
- Accessibility to material resources
- Durability of resources
- Efficacy of resources to meet necessary needs
- Flexibility of the state laws
- Suitability of resources for production systems
- Profitability on economical values of resources.
- Cost-benefit analysis of the alternative resources.
- Consistency in continuity of availability of resources

## **THE RIGHT TO LIVE AND THE RIGHT TO DIE**

Moral principles and ethical commitments mandate biomedical professionals and paraprofessionals not to violate patients' rights; both natural rights and civil rights. Physicians are morally and legally bound to act consistently within their professional commitments to diagnose and treat patients with reasonable medical practices. The Bill of Patients' Rights says that patients "have the right to appropriate medical ... care based on individual needs which is] limited where the service is not reimbursable (Minnesota Statutes). Respect for patients' autonomous rights and the professional duty of physicians for rendering reasonable treatments are major foundations of medical and health care profession. However, respect for autonomous patients' rights does not empower patients to oblige physicians to prescribe treatments in ways that are fruitless or inappropriate. Physicians are bound to the ethics of "stewardship." They should exercise their professional stewardship to pursue their duties. This stewardship is not aimed at protecting the assets of insurance companies or the sole desires of patients. It should rest on fairness to patients and insurance companies. It is clear that health care

insurance companies desire to reduce and/or eliminate their costs by either denying treatments of patients and/or by termination of life of critically ill people, but professionally physicians should act on the best interest of their patients.

Who should live and who should die? This question raises serious ethical and moral problem for humanity. Some people live and die naturally and others live with artificial internal organs and organ transplantation because they are endowed with financial capabilities. According to this scenario, the problem addresses two key issues: (1) financial capabilities and (2) availability of scarce medical resources. Day after day biomedical professionals and insurance companies make judgments and decisions about allocations of medical care to various segments of our population, to various types of hospitalized patients, and to specific individuals. Nevertheless, the effective types of medical scarce resources such as hemodialysis and kidney and heart transplants have compelled us to address the moral and ethical questions that have been concealed in many aspects of our lives.

To live or to die with dignity is a serious questionable argument in the medical community. Nothing in life is simple anymore, not even dying. Theologian Joseph Fletcher (1960: 141) shared with *Harper's* readers the experience of ministers and physicians in dealing with the "heartbreaking struggle over mercy death." Fletcher related several tragic stories of prolonged dying and explained: "The right to die in dignity is a problem raised often by medicine's success than by its failure... Death control, like birth control, is a matter of human dignity." At one time there was no medical need for the physicians to consider the concept of death because the fact of death was sufficient. In addition, life and death were ultimate, self-evident opposites.

Traditionally, life and death seemed so simple in the history of mankind. Today, the attributions to the corresponding behavior of intellectual, emotional, and sensational difficulty of human beings are related to the "right to the natural processes of life and death." In theory, we can see the law, religion, ethics, and morality that might offer mutual support for such a right. The law secures each person's right to live until the life span ends naturally. Religion, while reminds us of the limitations of earthly life as an end in it, also it promises the sacredness of eternal human life. Ethics and morality provide human beings the notion of dignity to continue life to the last moment of the death "simply happens." In such a conclusive moment to cooperate with the notion of death is a natural mandate. However, biotechno scientific devices and biomedical

professionals can dramatically extend life span and the process of natural dying increasingly become manageable clinically.

Today, we are exposed to the circumstances of dying and the very timing of death itself. Hill (1996: 200) raised the indispensable questions such as:

Whose claims on that discretion come first? (2) Whose death is it? We have now come to understand very clearly that when someone is dying, others have central interests that will be affected by the eventual outcome of the process and the manner in which it has been controlled. Consequently, now, with some measure of control over the process of dying, comes presumably a responsibility to exercise that control in a manner that recognizes and protects as reasonably as possible the interests of all those involved.

Biosophically, a physician is a healer. He/she is a professional individual whose decisions and operations are tied to knowledge of the body. He/she uses biotechnological devices to extend patients' lives. Biotechnology is not bioscience. Biotechnology and biosciences are frequently lumped together, but they are distinct. Here are the findings of biosciences become reality by biotechnologies. The actual essence of biosciences is to see what is there about positron functioning emission tomography (PET) scanner, magnetic resonance imaging (MRI), angioplasty, endoscopy, automated chemistry machines, artificial heart, and so on. The foremost affective means and ends that biotechnology has on human life and death we call them wonder and wonderment. No matter how much we know about being human, we will always be human. The wonder is not easily put aside and is quickly reawakened; an innovation leads to a desire for more. The human body is wondrous and so is its psyche. The wonder helps to solve the lively problems of boredom, absence of meaningful life, and loss of prosperous motivation. Wonderment must be reduced to bring the world back into legitimate order. So people have to figure out:

- What these new wondrous biotechnological instruments are?
- How they work and how they ought to work?
- How to control them?

Nevertheless, the community of bioresearchers, bitechno scientists, and biomedical practitioners need to consider both ethical and moral wonder and wonderment how to use biotechnological devices.

## **WHAT ARE ETHICAL AND MORAL DIMENSIONS OF LIVING DONORS?**

In different cultures ownership of the whole body and its parts is a matter of economic-political interpretation. The principle that either God or government owns one's body or family members is different in culture to culture. For example, in the reformed Jews and Christianity values of autonomy and self-determination ground the norm that an individual has ultimate control over his/her life, subject only to the limit of not causing harm to others. Also, within a capitalistic society like America, individuals possess ownership of all things that belong to them including their soul and body organs and materials. In most cultures, it is the personal wish of individuals how to value their own bodies. Governments and medical authorities are required to respect their citizens' wishes concerning how to dispose their citizens' bodies after death.

In most democratic societies, individuals stress on respecting the patient's wishes to live or to die. Selectivity of restoring and/or elimination of those whose lives are deemed a burden upon society at large either by the patients' request and/or by the physician decision is a matter of professional discretionary decision. Accordingly, in non-monolithic religious societies buying and selling body parts including sperm, eggs, ovarian tissues, tooth, kidney, cornea, bone marrow, and other parts from a live body are subject to the wishes of body owners, either to be decided by an individual or by the family to do so. There is a serious flaw within such an immersion. That flaw is related to children's body parts to be sold or bought by parents and/or guardians. Ethically and morally, there is a presumption against self-mutilation, even when good can come of it.

## **WHAT ARE IMPLICATIONS OF CADAVER DONATIONS?**

Ethically and morally, there is a beginning presumption that mutilating a corpse defiles its integrity. Also, mutilation of a dead body defiles its sanctity by violating its dignity. The burial ceremonies or freezing of dead bodies reflects honoring and respecting the life of an individual who lived once that body lived. Dead bodies contain four major inherent connections with their relatives (1) to their spouses, (2) to their children, (3) to their relatives who were living with them, and (4) to their offspring generations who will emerge in future.



Multiculturally, there are different sociocultural views concerning the ownership of a dead body. In some cultures like Americans and Europeans who follow either common law, or code law mandate the body of the deceased to next of kin in order to perform last rites for eternal separation of their earthly emotional connectivity. They celebrate through rosaries in order to admit that the earthly life of such a deceased body is over and expecting to join them in future in other world. That is the main reason that spouses like to be buried side by side in a cemetery. Therefore, in such materialistic cultures, the ownership of an individual extends after life and posses specific values. The deep wisdom of such sentiments carries inherent ownership connotations that allow either the next of kin or government to the disposition of remains and to direct the donation of somatic organs after and/or before death.

In the Middle Eastern cultures, people believe that a deceased body belongs to God and relatives or governments do not have any authoritative ownership to dead bodies. They believe that individuals should be buried immediately after death, because a deceased body is a sacrament; a visible sign instituted by God to confer grace or a divine life on those who worthily receive it. Also, in the Middle Eastern cultures, spouses, children, and relatives do not celebrate the death of their relatives, instead they mourn together for separation of the deceased body from familial members. Biotechno-scientists and biomedical professionals must act extraordinary measures to prolong life. Ethically, morally, and professionally, they are in trust by public to perform extraordinary efforts to save lives of their patients, regardless of patients' family members' authorization.

## **CONCLUSION**

Human body parts and materials are diverse as their uses, spanning the entire range of human development. Human body parts and materials can come from sex cells, embryos, fetuses, newborns, children, adults, and cadavers. In some cases, such as blood donation, sperms, and eggs, human materials can be removed without harming the donor. In other cases, materials are essential to life and therefore can be removed only before and/or after death. Organ transplantation procedures for persons with failed heart, liver, lung, and kidney function are the modern efforts of biotechno scientific research and biomedical pragmatic innovativeness. This chapter has summarized ethical and moral arguments concerning human rights and duties. In addition, this chapter has provided variety perspectives which help us to come to ethical and moral terms with many of the critical issues in accepting or rejecting the use of particular

definition of organ transplantation, life, and death, vegetable life, brain death, actual consent and presumed consent for diagnosis and treatment.

Torn between psychosocial sympathy and politico-economical disgust, life and death of an individual are the major ethical and moral issues in a civilized society. The main issue is related how to price life and death. In some culture, life is very precious for all classes of people regardless of the levels of their wealth. In others, they ban advertising and criminalizing brokering selling body parts, but you can buy or sell them in the black market. Finally, in some cultures the law permitting the sale of body parts, especially from livable donors. Moral principles and ethical commitments mandate biomedical professionals and paraprofessionals not to violate patients' rights; both natural rights and civil rights. Physicians are morally and legally bound to act consistently within their professional commitments to diagnose and treat patients with reasonable medical practices. Who should live and who should die? This question raises serious ethical and moral problems for humanity. Some people live and die naturally and others live with artificial internal organs and organ transplantation because they are endowed with financial capabilities. According to this scenario, the problem addresses two key issues: (1) financial capabilities and (2) availability of scarce medical resources including body parts and organs.

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