

Organ Transplantation and Death Criteria: Theravada Buddhist Perspective and Thai Cultural Attitude

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Naturally organ transplantation is a topic that can create a lot of ethical controversies. This is so because transplanting organs involve cutting up, or in any case intruding into, a body belonging to one person, in order to get some parts in order to transfer those parts into another body belonging to another person. Thus there are issues concerning the integrity of persons and whether it is right to harvest organs from one person to another for a variety of reasons. The controversies also involve criteria of death, discussion of which has become necessary in light of advances in modern medicine that can prolong the life, or some may argue the semblance of life, of patients perhaps indefinitely through mechanisms that help them breathe even through their brain has ceased to function. In this paper I would like to offer a perspective from Theravada Buddhism, which is a type of Buddhism practiced mainly in Sri Lanka, Thailand, Burma, Laos and Cambodia. The purpose is to offer an interpretation as to what Theravada Buddhism has to say regarding some of the most salient issues in organ transplantation. Furthermore, I would like also to argue that Buddhism alone is not enough; one also has to consider cultural attitude in any possible attempt to construct a normative theory of the ethical value of organ transplantation that is suitable for a society like the Thai one.

Basically the position of Theravada Buddhism regarding organ transplantation is that it has nothing in principle against the practice, provided that the practice is performed out of genuine desire to benefit humankind and that there is no intention of harming anybody. This is in accordance with the basic Buddhist teachings that emphasize selflessness and elimination of egoistic desires. The key to understanding the Theravada Buddhist position, as well as those of other Buddhists, is that the motivation in performing an action is all important, and counts much more toward the question whether the action is ethical than the nature of the act itself. In organ transplantation the two requirements alluded to earlier may appear to contradict each other, since it may seem that benefiting others is not possible without causing an amount of harm. Even in the case of procuring organs from cadavers, some harm can indeed be done to the cadavers in the sense of violating their bodily integrity as well as harming their relatives in case where the cadaver is cut up without consent or knowledge of the relatives.

After all, the body is not accorded with great dignity in Theravada Buddhism; more specifically it is to be despised since it is the source of attachment to worldly affairs, which is detriment to the realization of *nirvana*, i.e., Liberation from the cycle of suffering. There is a passage in the Canon specifying that the body is nothing but a bag of vile things such as blood, phlegm, saliva, pus and so on; it has to be washed regularly otherwise it can get very dirty and stinky, and so forth. Hence there is nothing in it that one should attach oneself to;

instead one should search for an escape out of one's attachment to the body's illusory charms, so that the Liberation is possible for her. The ideal situation accordingly would be that of someone willingly sacrificing his or her own internal organs if such sacrifice would cause somebody else to continue to live. It is clear that such an ideal is almost impossible to obtain in real life, but the ideal can serve as a standard by means of which the ethical values of various actions can be judged.

The implication for organ transplantation would then be that donating bodily organs is a way to accumulate merits which will count toward realization of Liberation if it is performed out of genuine desire to help others without regard to one's own self and body. Since the body and the person are strictly separated, as is seen in the passage mentioned above where the body is much despised, donating the body or its parts would be in the same category as donating one's property. The one who decides to donate her own body is distinct from the body itself. Thus the ideal situation in this case would be that of a donor who willingly and knowingly allows doctors to perform surgery on her body in order to take some bodily organs or tissues from her to help save someone else who needs it. Since she lets the doctors take the tissues from her out of her genuine desire to help another person, she does not take any kind of material compensation. To take the compensation would run counter to the Buddhist tenet that the deed must be performed out of genuine desire to help others. It seems that Buddhism would not allow commercial transaction of human tissues, since such transaction would diminish importance of selfless donation that is emphasized in the Buddhist teaching.

However, it would be gravely wrong to perform organ transplantation on those who have not given their full and informed consent, or with full consent and knowledge, but out of desire to gain materially for oneself, such as when one decides to let doctors harvest bodily tissues from their own body in return for monetary compensation. In this case both the doctors and the so-called donors are wrong, precisely because the doctors who harvest bodily tissues out of patients who want to trade their bodily tissues for compensation in fact promote such action to take place, and because the patients do not act out of genuine desire to help those who desperately need the organs, but are in fact using their bodies as a means toward material gain.

Nonetheless, in real life there are much more complexities than this simple provision of the Buddhist position appears to give. Suppose that the patient who allows doctors to harvest their bodily organs or tissues does not do so out of desire for material gain for oneself. Suppose that the patient need the money so desperately, perhaps he has a daughter who is seriously ill and needs money for expensive medication that alone could prolong her life, and could find no other way to obtain it. Suppose further that the operation to be performed on him does not threaten his life or his ability to function effectively. In this case the patient, who is also the father, does not act out of desire to gain for himself. So there does not seem to be anything wrong according to Buddhism in the patient's action. Even in the case where the operation would result in a loss of his functioning effectively—e.g., where the operation would result in his becoming more prone to fatigue and other diseases—in this case the father would be more than willing because it is her daughter's life which is at stake. Any father would immediately

sympathize with this father's decision. Some father or mother would even risk their lives for the sake of their offsprings.

The doctor who takes organs or tissues out of one body and transplant them into another would not be doing a wrongful act if she is explicitly allowed to do so by the donor who has full knowledge and consent as mentioned before. Again the quality of the mind of those who decide to perform such action is all important. If the doctor does her job according to her conscience and her duty as a doctor, provided that the donor's integrity is not compromised, then there is indeed nothing wrong. But if the doctor performs the transplantation with an impure state of mind. For example when she does this solely for the purpose of gaining materially for herself, then her act would not be as exemplary. And if the doctor harvests the bodily tissues without the donor's knowledge or consent, then this is a clearly wrongful act since it violates the bodily integrity of the donor and the act causes direct physical harm to the donor.

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This ideal position illustrated above, nonetheless, does not necessarily fit well with the culture of a society where Buddhism takes root. This is a little surprising considering that Thai society, for example, is informed in many ways by the tenets of Buddhism, so many that it appears that Thai culture goes hand in hand with Buddhism. But even so, many elements in Thai culture are alive and well today which predate Buddhism, and some may be contradictory to the religion itself. One such elements can be seen in a typical attitude of Thai people on criterion of death. The modern criterion of brain death is a highly complicated one, and few outside of the medical profession understand it perfectly well. This means that judging brain death is a very technical matter requiring expertise of a team of doctors. This is in stark contrast with the common conception of death, which has been part of life for as long as there has been human life. Every human being understands very well what death means and when a person is actually dead. Normally this is taken to be when breathing stops. In many cultures life and breath are understood to be inseparable from each other. The Latin word for breath, *animus*, also is the root for the English word 'animate' which means 'to give life.' In Thai language the idiom 'to be breathing' also means 'to be alive.' And one can certainly finds the same kind of link between life and breath in many other languages and cultures. The point is that the belief that life and breath are intimately linked is ingrained very deeply in the human collective psyche. Thus when the new criterion of death is introduced, there is bound to be conflicts and conceptual gestalt shifts. Now it is understood, at least among the members of the medical and related professions anyway, that death is not necessarily linked with breathing. A person may be breathing yet is dead.

Theravada Buddhism does not say specifically when a person is actually dead. While it is true that the canonical text may point at the cardio-pulmonary criterion, but that does not necessarily mean that Buddhism adopts it. It may simply take the norms prevalent in What is perhaps distinctive about Buddhism is its resiliency, its eagerness to adopt whatever cultural traits and beliefs of the society it happens to take root and adapt itself to it while retaining the core. This is a reason why Buddhism in China is different from the ones in Japan, Thailand, Tibet, and the West, yet the common trait that binds them together are clearly

visible. As for the death criteria, this means that Buddhism adopts whatever a society decides to adopt as the normative criterion of death. The point of Buddhism is not to debate on this matter, but to point the way to the release from sufferings, which can be present in a society that takes the cardio-pulmonary criteria as well as one that takes the modern brain death criteria as the norm. Hence the Theravada Buddhist position, as I look at it, would say that whatever death criteria a society freely adopts would be right for that society, provided that the norm is chosen out of broad consensus that is in alignment with the history, cultural tradition and dynamism of that society itself. In short the procedure in which the decision is taken needs to be in accordance to the basic Buddhist tenets in the sense outlined above.

If this is correct, then to look at Theravada Buddhism as what alone should be the norm for brain death in Thailand would be too narrow. One also needs to look at the cultural attitude of Thai people. Perhaps a good illustration of the attitude would be to look at a recent event in Thailand. In August, 2002, a pop singing star, whose nickname is 'Big D2B', had a car accident and fell into a ditch full of putrid water. At first there seemed to be nothing seriously wrong with him. The doctor addressed his wound at the head and after a while he was released home after spending some days in the hospital soon after he was rescued from the accident. However, after staying home for about a week he complained about severe headache. He went back again to hospital and it was diagnosed that he had a very rare form of fungal infection in his brain. The fungus found a way into Big's brain through the ruptured skull when he lay unconscious inside his car when it fell into the ditch. Soon after being admitted he fell into a coma. The doctors (a different team from the first one who dressed his wounds) decided that they had to perform brain surgery on him in order to put strong antibiotic to kill the fungus. They did the total of five brain operations, in each of which parts of Big's skull had to be removed. His brain swelled so much that the doctors could not put the skull back in, so he lay on his bed without some parts of his skull. For many months the news captivated the entire Thai nation and thousands of teenagers who were fans of Big's flocked to the hospital folding paper cranes, symbolizing well wishing and brought a huge number of flowers. During this time Big remained in virtually comatose stage. His pupil dilated and he could breathe independently sometime. Toward the end of last year he appeared better, as he could look at something and meet people's eyes. But as of this writing (January 9, 2004), the latest news is that he has fallen back to coma again. The doctors have given the tiniest of hope that Big will ever be able to get up and sing again. Nonetheless, his well wishers still take slim chance to be enough for pouring moral support to him. To date it is undetermined whether his condition is irreversible or not. Many are still hoping for miracles.

What is noticeable is that the well wishers would not want to believe that Big has perhaps gone forever. Since the news of Big's demise has been in the public imagination for many months, and many Thais found themselves rooting for him to fight his illness, Big D2B has become close to the imagination of Thai people, with the result that the doctors were under a lot of pressure to try their very best to bring him back. This is perhaps a reason for the repeated brain surgery. What this story shows is perhaps that Thai people would not want to believe that someone close to him is 'dead' if he or she is still breathing, even

though he has lost consciousness for many months. The point is that, when asked in abstract whether they would accept the brain death criteria, I believe that most Thai people would not object. However, if the one who is to be judged brain dead happens to be their close relative or someone they know very well, Thai people would tend to think otherwise.

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From the story above it may be inferred that Thai cultural attitude toward brain death and organ transplantation would be that closeness of the persons involved plays an important role. This is found nowhere in the teachings of Theravada Buddhism, but I don't think it can be denied in light of the fact that a workable norm for a society like Thailand has to be agreed on by the majority of the Thai people and go along well with cultural attitudes. In any case, it is impossible to measure the level of closeness that is involved in a decision of what is right or wrong in these cases and related ones. Moreover, cultural attitudes are notorious for their changeability. Hence to construct a theory or an algorithm that could decide once and for all what is right or wrong in all possible cases would be an impossible task. A more modest one would be to point out that any possible theory or a guideline toward a normative judgement of brain death and organ transplantation that is workable in reality needs to factor in cultural attitudes also.