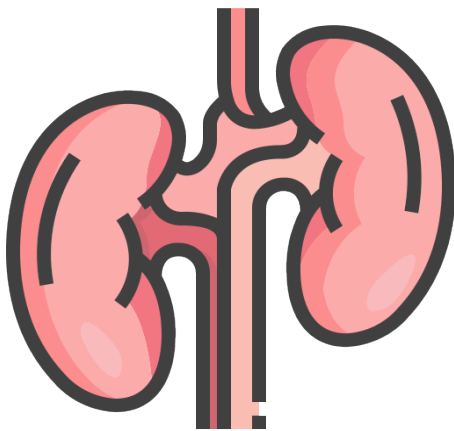


Kidneys for Jesus: Religious Motivations for Organ Donation

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Over 100,000 Americans suffer from kidney failure, rendered to regular dialysis treatments while their names pile up on the transplant waitlist. Some religious leaders have taken an interest in shortening this list through a faith-based approach. Dave McKay and Jon Lee, in particular, have promoted kidney donation as a means of fulfilling Christian values. In this paper, I will consider whether spiritual leadership has a space in donor decision-making, as well as which religious motivations—on the part of donors—are legitimate, and which might raise worries about donor autonomy.

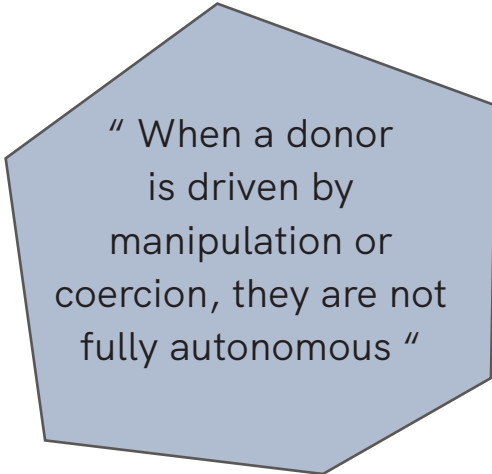


Living Donor Evaluation

In recent years, living organ donation has risen as an effective alternative to sourcing from the deceased. Friends and family members have the opportunity to give their loved ones “the gift of life.” Even “good Samaritan” donors can participate in non-directed donations (NDDs)—procedures where donors do not have an intended recipient (Organ Procurement and Transplantation Network, n.d.).

Direct or non-direct, any potential donor must undergo a series of evaluations (Barnes, n.d.). Tests to measure blood pressure and heart rate, analyze blood and urine samples, and assess vascular renal imagery all determine whether the candidate can withstand surgery and sustain their health after giving up a kidney. Social workers also conduct psychological evaluations and educate donors on each facet of the procedure to ensure that they fully understand the gravity of their decision.

Indeed, the interdisciplinary transplant team works to ascertain that the donor is physically, mentally, and emotionally fit to enter the operating room. If a candidate raises red flags in either realm, transplant officials have the authority to relinquish the donor--recipient pairing; if a donor does not pass the psychosocial portion of the examination, the recipient remains on dialysis until another kidney becomes available to them.



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This measure may come across as a violation of the patients' ethical right to autonomy: The donor consents to giving their organ, and the recipient consents to receiving it. However, the role of the transplant professional is not to remain passive in order to save a life—it's to protect the livelihoods of every player involved (Wright et al., 2004). When a donor is driven by manipulation or coercion, they are not fully autonomous, so allowing them to give up their organ would contradict the bioethical principle of non-maleficence. Social workers, then, assess motivations to give, familial, financial, and societal influences, and evidence of reward or solicitation (Mueller et al., 2008) to ensure that the procedure is ethically based.

Jesus Christians

Hailing from Australia, the Jesus Christians are a small religious sect that seeks to redefine the contemporary interpretation of the Christian faith. All followers, including leader Dave McKay, divest themselves of material possessions to live communally (Religion News Blog, 2005). The Jesus Christians share a spiritual commitment to donating their kidneys to strangers—a practice that has garnered deep media controversies.

Six members of the group simultaneously approached Mayo Health Clinic in 2003 presenting as NDDs (Mueller et al., 2008). Because there was no existing framework for faith-based group donation, the clinic temporarily denied their requests to conduct a separate ethical analysis. Determined to proceed, two Jesus Christians later presented for individual evaluation with particular intended recipients, whom they had found themselves. The clinic's social workers were still concerned, however, that social pressure loomed behind the group's allegedly altruistic motives.

The American Society of Transplant Surgeons outlines altruism as “an action that is motivated primarily or solely by concern for the needs of others, and is freely chosen rather than done out of duty, obligation, persuasion, or exploitation” (Roff, 2007). By requiring that donors—and particularly NDDs—are motivated by altruism, transplant professionals ensure that organ donation remains a non-obligatory act of service, and prevent organ procurement from becoming a commodified, corrupt practice. Thus, worried that the Jesus Christians were driven by religious coercion, Mayo Health Clinic ultimately declined to move forward with their donations.

Faith-Based Organ Donation

This is not to suggest that religious motivations for organ donation are not legitimate. In fact, a study from 2003 shows that 37% of living anonymous donors attribute their altruism to personal spiritual belief systems (Henderson et al., 2003). Many consider the opportunity to donate a kidney as an expression of their spiritual values, or sometimes as a means of collecting religious merit for the afterlife. Others credit their religious upbringing alone, regardless of their current spiritual affiliation at the time of the study (Maghen et al., 2018). Indeed, many religions hold good deeds and acts of kindness at the forefront of their doctrines. If transplant centers and medical professionals welcome “supererogatory” altruism, certainly spiritual motives can align with those criteria.

Spirituality also plays a significant role in the donation process itself. Religious communities and leaders can act as beacons of faith-based support for those who are considering donation. NDDs may weigh the risks and fears associated with losing a kidney by placing their trust in a higher power. For instance, a participant in one study reported that her faith in God helped to mitigate her fear that her daughter would need her kidney in the future by reasoning that it would all work out regardless (Maghen et al., 2018).

Seeing as many parents save their kidneys to fulfill this possibility, religious motivations may offer an alternative attitude towards anonymous donation.



As the Jesus Christians have demonstrated, there are situations in which spiritual motivations can be scrutinized from an ethical standpoint—particularly when potential donors present as a group. Jesus Christians split off from their families and shed their assets to serve with other members in a commune (Guardian News and Media, 2002), meaning that they are highly dependent on each other. This financial, emotional, and spiritual reliance suggests that group coercion may have fueled what they considered as religious motivations. In such cases, transplant professionals may perceive the basis of spiritually motivated organ donation (especially when prospective donors present en masse) as dangerous or illegitimate, and, as in the case of the Jesus Christians and Mayo Health Clinic, even end their consideration as candidates (Mueller et al., 2008).

Us For for Them

Some religious leaders have utilized their faiths to rally for donations in less problematic ways. Namely, Texas pastor Jon Lee’s ministry Us for Them calls for Christians to “prayerfully consider” living kidney donation (Us for Them, n.d.). Lee was inspired to shorten the kidney waitlist after he gave his own kidney in a paired donation for his brother-in-law. He credits his decision to faith-derived gratitude and the opportunity to grow in his spirituality.



Potential donors sign up to receive information through Lee’s email list, which offers spiritual and medical resources, but does not follow up with recipients on an individual basis. Us for Them is active in North Texas and, to my knowledge, has not previously been written about in the literature. Furthermore, the founder and the email recipient do not have a personal relationship, mitigating the social risks associated with choosing not to donate. By using an informational website as his medium, Lee creates a respectful distance between himself and potential donors. He also acknowledges that organ donation is not meant for every Christian, but that his message might resonate with those who are called to do so.

Unlike Dave McKay, Jon Lee’s ministry is not tied to one congregation, but to any church that requests to promote his cause—meaning that Lee’s message disseminates across several Christian audiences rather than tunneling in on one. This, combined with the relational gap between himself and potential donors, ensures that Lee’s leadership as pastor does not coerce his followers to participate. Whereas McKay maintains spiritual, communal, and financial authority in the Jesus Christians, Lee relies exclusively on education and faith-based support to guide Us for Them’s email recipients. His approach keeps the decision to donate contained, personal, and well-informed; recipients can choose to unsubscribe from his list if they are no longer interested in donating—it would be more difficult for a Jesus Christian to formally withdraw their consideration.

Conclusion

Motivations for organ donation can be religiously inspired so long as there is no evidence of coercion from spiritual groups or leaders. Transplant teams can distinguish between coercion and faith-based support by carefully analyzing donors’ social, familial, and financial influences within their religious contexts. In this regard, Us for Them serves as a contrast to the Jesus Christians. When donating seems to extrinsically benefit candidates for living organ donation, transplant clinics are ethically obligated to not proceed with the donor-recipient pairing.



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