Forced Organ Harvesting from Prisoners of Conscience: the Intersection of Medical Advocacy and Medical Ethics

by David Matas

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Medical ethics intersects with medical advocacy in various ways. One is advocacy to develop medical ethics locally. A second is advocacy for medical ethics in international instances. A third is the advocacy for the appropriate reaction to violations of medical ethics. I propose to go through each of these three intersections in turn for forced organ harvesting from prisoners of conscience in China.

Developing ethical standards

There are huge gaps in the ethics systems world-wide in dealing with the avoidance of complicity in organ transplant abuse abroad in general and with the avoidance of complicity in the killing in China of prisoners of conscience for their organs in particular. Virtually everywhere, ethical systems need to be developed to target this abuse systematically. Allow me to suggest nineteen ethical standards which need to be adopted to target this abuse, twelve drawn from standards developed in various countries grappling with transplant tourism into China and seven drawn from standards developed internationally.

1. Medical personnel should not go abroad with a patient for organ transplantation and receive compensation.

2. Medical personnel should not introduce patients to intermediaries or organ transplant brokers.

3. Medical personnel should not refer patients to a country where either
- the local law does not prohibit the sale of organs, or

- information on the source of organs is not transparent, or
- there are gross human rights violations and absence of the rule of law or
- there are known violations of medical ethics in organ transplantation.

4. Medical personnel should not contact foreign organ transplant institutions to broker organ transplantation.

5. A doctor should not refer a patient for an organ transplant outside the country without ascertaining beyond any doubt that the consent is given freely or voluntarily by the donor.

6. Physicians should not perform investigations in preparation for transplantation of a purchased organ.

7. Physicians should not prescribe medications which will be used during the transplantation of a purchased organ.

8. Physicians should not provide medical records to patients if they believe the information will be used in support of an abusive transplant performed in a system which violates international human rights standards and that there is a significant risk of harm either to the patient or to the organ source.

9. Patients should be counselled that, if they go to China for a transplant, someone may be killed for the organ they receive.

10. Patients should further be counselled that, if they go to China for a transplant, aftercare on return will be compromised because Chinese healthful officials do not provide records to patients of what was done and what is needed to be done.

11. Patients should be advised that health care providers at home may not be able to

obtain reliable clinical information from the centres abroad which performed the transplantations.

12. Patients should also be advised that, if they go to China, the doctor at home currently treating them may not continue to assist them, provided alternate care can be arranged.

International standards

The Transplantation Society, an international organization of transplant health professionals, in 2006 set out a policy that made an attempt to address the problem of engagement with Chinese transplant professionals. The Society recommended seven principles.

The first principle of the Society was that only those doctors who agree not to source organs from prisoners should be permitted to become members. There needs to be added to this statement the principle that anyone about whom there are reasonable grounds to believe has participated in sourcing organs from prisoners would, if not already a member, not be allowed to join, or, if already a member, have his or her membership revoked.

The second principle of the Society was that presentations of studies involving patient data or samples from recipients of organs from executed prisoners should not be accepted. This principle needs tweaking. The phrase "executed prisoners" should be instead "executed prisoners or prisoners of conscience". The principle should include publications as well.

The third principle of the Society was that health care personnel from countries which utilize organs from executed prisoners for transplants should be accepted as registrants in meetings of the Society. The principle should be instead that health care personnel from

countries which utilize organs from executed prisoners or prisoners of conscience for transplants should not be accepted as registrants in meetings unless they can establish that they themselves have not used and will not use utilize organs from executed prisoners or prisoners of conscience for transplants.

The fourth principle of the Society was that collaboration with clinical or experimental studies should not be considered if the study involves recipients of organs from executed prisoners. That principle is fine, with the caveat that to the phrase executed prisoners should be added the phrase "prisoners of conscience". As well, the onus should fall on those engaged in the studies to show beyond a reasonable doubt that there is no sourcing of organs from executed prisoners or prisoners of conscience.

The fifth principle of the Society was that members of the Society should accept invitations to give lectures or provide expertise to support transplant program activities in China as long as the participation does not promote the practice of transplantation of organs from executed prisoners. The principle should be instead that members of Society should not accept invitations to give lectures or provide expertise to support transplant program activities in China until it can be established beyond a reasonable doubt that China has stopped sourcing organs from prisoners of conscience or executed prisoners.

The sixth principle of the Society was that members of the Society should accept trainees from transplant programs that use organs from executed prisoners, provided care is taken that it is their intention that their clinical career will not involve sourcing organs from prisoners. The principle should be the reverse that members of the Society should not accept trainees from transplant programs which use organs from executed prisoners or prisoners of conscience.

The seventh principle of the Society was that international registries should accept data

from patients transplanted with organs from executed prisoners, provided the source of the organ is clearly identified and recorded as procured from an executed prisoner and provided also that the data are not incorporated in the total analysis of outcomes of transplantation or other scientific registry studies. The principle should be that international registries could accept data from patients transplanted with organs in countries which source organs from executed prisoners or prisoners of conscience, as long as the data are classified as problematic, until it is established beyond a reasonable doubt that they are not.

Ostracism or engagement

A basic question is whether there should be any interaction at all with organ transplant professionals abroad engaged in abuse. Should there be ostracism or engagement?

In 1977, the World Psychiatric Association condemned the Soviet Union by resolution for its abuse of psychiatry. The Soviets withdrew from the Association in 1983 when it faced almost certain expulsion.[1] They remained outside the outside the Association until the Soviet Union collapsed in 1991.

Today, transplant professionals globally face abuse of transplant surgery in Communist China. However, the global professional response has been nowhere near as strong.

At a time when the Government of China acknowledged that almost all its organs for transplants were coming from prisoners, albeit only prisoners sentenced to death for common crimes, the Transplantation Society refused to allow 35 Chinese participants for

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1 https://endtransplantabuse.org/david-matas-speaks-at-international-academy-of-law-mental-health-congress/

ethical reasons to attend the World Transplant Congress in San Francisco in July 2014.[2] Many invited overseas transplant experts failed to attend a transplant conference held October 2014 in Hangzhou, China.

After these two events and stung by them, the Government of China announced that, as of January 2015, they would cease using organs from prisoners sentenced to death. And that announcement, without a serious attempt at determination whether any change in fact happened, was, for The Transplantation Society, enough.

At a Congressional hearing on Chinese organ transplant abuse, Dr. Francis Delmonico, a former head of The Transplantation Society, in Washington DC in June 2016, was asked:

> "How do you independently verify that even though he [Huang Jiefu] may be very sincere that anything he says, zero foreign customers for organ trafficking in 2016, how do you independently verify that, when there has been such a backdrop of terrible duplicity, lies, and deception on the part of the government?"

The answer Delmonico gave was this:

> "I am not here to verify. That is not my job."

The Vatican hosted a Summit on Organ Trafficking and Transplant Tourism in February 2017. When researchers asked to be invited, the response from the Vatican was, and I quote,

> "The organizer intends for the Summit to be an academic exercise and not a

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[2] http://www.cmt.com.cn/detail/623923.html&usg=ALkJrhj1Ume7SWS_04UtatL3pWKYRbFxqw. See Matthew Robertson, "From Attack to Defense, China Changes Narrative on Organ Harvesting" Epoch Times, November 24, 2014, http://m.theepochtimes.com/n3/1099775-from-attack-to-defense-china-changes-narrative-on-organ-harvesting/?sidebar=hotarticle

> reprise of contentious political assertions."[3]

In the result, they invited none of researchers into transplant abuse in China and did invite Chinese Communist Party officials who propagandized against that research.

About Huang Jiefu, the chief Chinese Communist Party/state health official invited, Israeli transplant surgeon Dr. Jay Lavee said:

> "Given his personal record and the fact that he still does not admit the use of organs of prisoners of conscience, he should not have been invited,"

But he was invited anyways.

All too many global transplant professionals have been buying into Chinese propaganda hook line and sinker. They parrot the Party line that the research demonstrating mass killing of innocents for transplantation is based on rumour, though it is not. They echo the Party line that the research is unverifiable, though it is both verifiable and verified beyond any reasonable doubt. They repeat the Party claim that abuses are in the past, when they are not. They make the outlandish claim that disinterested researchers are political and that Chinese Communist Party officials are academics. They accept Theresienstadt/ Potemkin facades as reality.

Accordingly we are faced with not just with one reality, the mass killing in China of prisoners of conscience for their organs, but rather two, the second being the fact that all too many in the global transplant profession are determined to turn a blind eye to this first reality. To repeat the words of Francis Delmonico, they do not investigate, that is not their job. And they dismiss the research that has been done as politics.

The ethical issue the medical profession generally faces is how to deal with these two realities, not just the reality of transplant abuse in China, but also the reality that all but a

[3] E-mail dated 2017-01-10 21:06, Pontificia Accademia delle Scienze to Wendy Rogers

tiny minority of the transplant profession globally are unwilling to do anything about transplant abuse in China. My suggestion is fourfold.

One is to have the current leadership of The Transplantation Society change their position, no mean feat. The second is to change the leadership of the transplant profession, both nationally and internationally. Once the leaders of the transplant profession internationally or even in several countries, are committed to speaking out against transplant abuse in China, as Dr. Jay Lavee has done in Israel or Dr. Adnan Sharif has done in the UK, the global dynamics within the profession will change.

The third is to invoke the broader medical organizations, the national and international medical associations. The World Medical Association and its national counterparts are not compromised by past misdirection in the way that many in the transplant profession have been.

The fourth is for the medical profession to incorporate the ethical standards set out in this presentation or variations of them. Once these standards are adopted, each individual transplant professional would ethically be prevented from complicity in transplant abuse in China.

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