

ORGAN TRANSPLANTATION IN THE CHRISTIAN MORAL EVALUATION

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ABSTRACT

Organ transplant medicine faces not only technical problems but also moral and cultural ones. Future medical science must seriously consider the possibility of creating a true culture of solidarity and of the gift that can be expressed through organ transplantation. The free and conscious act of donation and organ transplantation must continue to be of high moral value in the future: it is a heroic service in the service of life, but it is also a precious opportunity to exercise and use Christian love and compassion for one's brothers and sisters to the end, i.e. to the point of self-donation.

Keywords: *transplant; gift; donor; retrieval; morality.*

INTRODUCTION

The issue of organ transplantation has become part of the daily life in contemporary society as a result of the great progress made in surgical techniques and medical sciences, arousing great interest due to the hope of even total healing that some people have gained from these extraordinary results. A burning, painful and difficult matter which has opened up a great deal of medical, legal, philosophical, psychological and no less theological debate on the subject. This is because the current culture on the issue of transplants is marked by numerous ambiguities. If from a normative-legal¹ point of view most of the aspects concerning organ transplantation have been clarified, from a moral-theological point of view, even if there is an almost unanimous agreement of the Christian denominations, it should be noted that, from this perspective, there are still many things to be explained and clarified. Thus, for example, the Orthodox Church in its ecumenical dimension did not provide a final answer, but locally² defined organ transplantation as a "*deed of love*,

¹ In Romania, a new law on the removal and transplantation of human tissues and organs was published in the Official Bulletin of January 13, 1998. The law comprises 5 chapters, which state, among other things, the purpose of the removal and transplantation of human tissues and organs and also what donor and recipient mean, etc. cf. Gheorghe SCRIPCARU, Aurora CIUCĂ, Vasile ASTĂRĂSTOAE, Călin SCRIPCARU, *Bioethics, life sciences and human rights*, Polirom, Iași, 1998, p. 140-143.

² See Document of the Holy Synod of the Greek Orthodox Church of December 10, 1999, *Fundamental Positions on the Morality of Transplantation*, paras. 8-9; Document of the Holy Synod of the Russian Orthodox Church, *Fundamentals of Social Doctrine*, Moscow, 2000, translated in French. Paris 2007, chap. 11, par. 7; see also: "Fundamentals of the Social Understanding of the Russian Orthodox Church", in: Ioan I. ICĂ jr., Germano MARANI, *Social Thinking of the Church*, Ed. Deisis, Sibiu, 2022, p. 46-248; Document of the Holy Synod of the Romanian Orthodox Church, *Organ Transplantation*, in: Opera social-filantropică/Bioetica/transplantul de organe, <https://patriarhia.ro/transplantul-de-organe-1451.html>; Dr. Marc ANDRONIKOF, "An Orthodox Perspective on Organ Transplantation", in: *Theological Review*, no. 1, (1998), Sibiu, pp. 105-110, here p. 105.

dedication and charity" addressed to one's fellow human being³. The Church thus blesses the work of doctors in their life-sustaining exercise, but in the wake of enthusiasm about the conquests of medicine, it cannot become a vehicle for advertising a slogan: "donate and save", because otherwise it would abandon its true purpose by falling into the spirit of consumerism and secularization⁴. Orthodox Christianity should not promote science without conscience and moral responsibility. This is why constant spiritual evaluation and active discernment of stated and unstated goals are necessary when it comes to medical research⁵. It is true that technological progress in the medical sciences has also brought an enthusiasm that has imposed itself on daily life, giving an even greater impetus to man's desire to acquire an earthly immortality, a tendency that carries with it the danger of losing his orientation towards the ultimate goal of his existence: becoming holy⁶. We can very well see how fluctuating and even limited this enthusiasm for organ transplants is when a statistical assessment is conducted on how many lives are saved by organ transplants compared to how many are destroyed by abortions and all the instruments of family planning⁷. According to Christian tradition, organ transplantation in its elementary forms has been practiced since Christian antiquity and the Church did not forbid it, but, on the contrary, approved it as something willed by God, as we can see in St. Spyridon in the 4th century, and in the 6th century in Rome at the time of Pope Felix IV (526-530), the leg transplant performed by the Christian doctors Cosmas and Damian⁸. There are countless examples, either from Holy Scripture (Jesus Sirach 38:1-9) or from Holy Tradition, of various miraculous healings. We will only add that the Church has never been against the medical act, nor has it ever urged its faithful to avoid medicine and medication. On the contrary, the Church has regarded medicine as a gift from God that comes to comfort the sick⁹, and the Christian doctor is considered a practicing member who knows that his act is charged with sacredness¹⁰. This can very well be seen throughout the history of the Church where we find saints¹¹, bishops and men of the Church who studied medicine or had medical knowledge, and last but not least from liturgical worship where we find a number of prayers and ecumenical prayers for the sick. Moreover, one of the seven Sacraments is dedicated to the sick.

³ See in this respect the study: Sebastian MOLDOVAN, "Organ transplantation and the Christian-Orthodox argument of love", in: *Romanian Journal of Bioethics*, Vol. 7, No. 4, October - December 2009, p. 84-95, here p. 91: "The moral evaluation of organ transplantation, which its social validation implies, requires the acknowledgement of the most profound anthropological changes it entails, and this calls for a broader perspective than that of the organ crisis. What the argument of sacrificial love helps us see is precisely the obviousness of the situation: organ transplantation is a confrontation with death, and therefore the moral issue is to assess our choices when faced with death. Organ transplantation is in fact an attempt at a new survival strategy for humanity, in addition to the natural one of procreation".

⁴ Georgios MANTZARIDIS, *Christian Morality*, Byzantine Publishing House, Bucharest, 2006, p. 473.

⁵ Costel CIULINARU, "Organ transplantation and the value of the human person", in *Studia UBB Bioethica*, LV, 1, 2010, p. 37-49, here p. 40.

⁶ Pr. prof. dr. John BRECK, *The Sacred Gift of Life*, Patmos, Cluj-Napoca, 2011, p. 309.

⁷ G. MANTZARIDIS, *Christian Morality*, p. 473.

⁸ ACTA SANCTORUM, Septembris 27, Tomus septimus, Societe des Bollandistes, 1760, p. 461, par. 187.

⁹ G. MANTZARIDIS, *Christian Morality*, p. 474.

¹⁰ Pavel CHIRILĂ, *The Concept of Christian Medicine*, Ed. Christiana, Bucharest, 2001, p.16-17.

¹¹ See the lives of St. Basilus Magnus and St. John Chrysostom, considered the protector of epilepsy sufferers; also equally St. Gregory of Nyssa; in the 5th century Nemesius of Emesa wrote a treatise, *On the Nature of Man*, highly appreciated in the Middle Ages for his outstanding medical knowledge: cf. Johannes QUASTEN, *Patrology*, vol. II, Marietti, Genoa, 1969, p. 354-358; Paul of Eghina: writes a medical encyclopaedia in which, for the first time, the disease of cancer is mentioned: cf. Nicolae Vătămanu-Gheorghe Brătescu, *A History of Medicine*, Albatros Publishing House, Bucharest, 1975, p. 156.

1. ATTITUDES IN THE CHRISTIAN WORLD FOR AND AGAINST ORGAN TRANSPLANTATION

The impressive scientific breakthroughs are most often seen as autonomous, merely the fruit of human intellectual prowess, unrelated to God¹². Thus, they can be used without any limit or moral norm because they are only human. If they serve man and the world, and are not merely an end in themselves, this entails the uniqueness and holiness of every human being¹³.

From a theological point of view, health corresponds to the normal state of human nature, that of the heavenly condition, and therefore it can be considered a commodity. But for man, bodily health cannot be an asset acquired forever. Moreover, in this world, it never actually exists in an absolute and permanent way, it is nothing but a partial and provisional equilibrium, and one might even say, a state of less illness. The very notion of ideal health escapes our human grasp because it cannot refer to any possible experience for us now. Health, in our present condition, is always, in some balance¹⁴.

The Holy Fathers equate human health to the state of perfection to which it was destined by its very nature. St. Basilus Magnus, in answering Question 55 of the Great Rules¹⁵, says that medicine is an art that comes from God to heal the body as a school and bestow wisdom on the soul. And he draws a very beautiful parallel between the healing of the body from suffering through the art of medicine and the cleansing of the soul from sins. If, to heal the body, - he says - we endure surgery, cauterization and drink bitter medicines, so, also, to heal the soul we must withstand the harshness of reprimanding words and the bitter medicines of epitaphs. What St. Basilus Magnus wants to point out, according to the biblical example in the New Testament where the Saviour first cures the soul of sins and then cures the sickness of the body, is that there is a close connection between the sickness of the body and the sickness of the soul. Medicine is an art in the vision of the Holy Father, but, like any earthly art, it is limited and, therefore, a good collaboration is necessary between the art of healing the body and the art of healing the soul, which is the spirit. Healing both body and soul - he says in the same question 55 - must be undertaken with gratitude towards God for His care which sometimes manifests itself unnoticed and, at other times, through tangible signs, so that we can readily acknowledge His grace¹⁶. True healing

¹² Mircea Gelu BUTA, Liliana BUTA, "The struggle for the ethics of life", in: *Studia UBB Bioethica*, LVII, 1, 2012, p. 25 – 31, here p. 28.

¹³ Pr. prof. dr. Leontin POPESCU, *Suffering as proof of freedom*, TRITONIC Publishing House, Bucharest, 2019, p. 23.

¹⁴ L. POPESCU, *Suffering as proof of freedom*, p. 23.

¹⁵ S. BASILIUS MAGNUS, "Regulae fusius tractatae", in: *PG*, 31, col. 890-1050, here col.1046D -1047A: "Et quemadmodum illic secari, uri, et amara medicamenta sumere non recusamus, corporis sanadicausa: ita etiam hic, sermonem obiurgatorium quantumvis secantem, et amarulenta reprehensionum remedia pro animae medela operae pretium est perferre [...] Atque hoc etiam, quod in morbis inveteratis, per longum tempus, perque auxilia simul dolorem creantia et varia, exspectatur sanitas indicio est, animae quoque peccata per sedulas preces et diuturnam poenitentiam, ac disciplinam severiorem, quam ratio ad sanationem nobis sufficientem esse monuerit, a nobis corrigi debere"; ("And, the same as in the case of medicine, we do not refuse to be cut, burnt and take bitter medicine in order to heal the body, so also here, no matter how sharp a speech of rebuke and bitter remedies of criticism, the effort of the soul is worth it [...] And, just as with chronic diseases, where cure requires much time and various treatments for pains, this is an indication that, in the same way, the sins of the soul must also be corrected by us through diligent prayers and prolonged penance and through more severe discipline, as reason also tells us what would suffice in order to heal")

¹⁶ S. BASILIUS MAGNUS, "Regulae fusius tractatae", in: *PG*, 31, col. 1047D: "Collatum autem nobis sanitatis beneficium, sive per vinum oleo admistum, ut in eo qui incidit in latrones, sive per ficus, ut in ezechia, cum gratiarum actionem recepimus. Nec quidquam differre arbitremur, sive modo onvisibili Deus nos curet, sive

is achieved when it concerns both soul and body, as we see in the New Testament, when Our Saviour Jesus Christ heals both soul and body. Therefore, according to the urging of the saints and ecclesial recommendations, every Christian will not avoid medicine and its benefits, but will always seek the remedy and the most skillful physician to cure any illness: simple, chronic or incurable¹⁷. Thus, the Church discovers the meaning of the spiritual benefit which the extension of life by transplantation should and is desirable to bring to the recipient, so that he does not seek only the extension of physical life, but, in this, he may discover the divine will which continues to give him time to do good in the world¹⁸.

The real organ and tissue transplants, however, were carried out in modern times¹⁹, as pharmaceutical developments in the field of immunology and anti-rejection drugs, particularly Cyclosporine²⁰, led to the creation of specialized transplant centers²¹. In these centers, less than 50 years after the first human transplant, some 350,000 kidney transplants, 40,000 liver transplants, 36,000 heart transplants, 4,200 lung transplants and around 1,600 pancreas transplants²² have been performed worldwide. In addition to these statistics, there are the very long so-called "waiting lists" of patients, each with a medical file containing all the clinical information needed to identify a patient who is compatible at the right time for a transplant with a high success rate. These great medical achievements in this regard cannot overlook the complex moral issues inherent in the whole transplantation issue. The consent of the donor and the recipient, the ascertainment of the death of the person from whom an organ is removed, the conditions under which an organ is harvested from a person who is still alive or from a dead body, are just a few of the moral issues to be faced in this field of activity. Moreover, the whole issue of organ transplantation can be said to be moral in

corporeum quiddam adhibeat: quae corporelia saepenumero efficacius non conducunt ad munus Domini intelligendum"; (*And good health has been bestowed on us, whether through wine mixed with oil, as in the case of the one who fell among robbers, or through figs, as in the case of Hezekiah, we receive them with gratitude. And let us not resolve to delay anything, whether God cares for us in an invisible way, or whether He uses a material buffer that often leads us to a more effective understanding of God's work.*)

¹⁷ S. IOANNES CHYSOSTOMUS, "Epistolae ad Olympiadem", in: *PG* 52, col. 549-596, here col. 590: "Quamobrem te oro, ut et varios peritosque medicos adhibeas, et iis medicamentis utaris, quae huiusmodi morbospellere queant"; (*Therefore, please hire various medical experts and use those medicines that can ward off such diseases*)

¹⁸ Ștefan ILOAIE, "Morality and Life. Documents of the Romanian Orthodox Church on bioethics", in: *Romanian Journal of Bioethics*, vol. 7, No. 2, April-June 2009, p.18-29, here p. 20.

¹⁹ In 1954, at the Birgham Hospital in Boston, the first kidney transplant between twins was performed; in 1962, at the same hospital, the first kidney transplant from a dead body was performed; in 1966, at the University of Minnesota in Minneapolis, the first pancreas transplant was performed; then in 1967, the first liver transplant was performed at Denver, and on December 13 of the same year, the first heart transplant was performed at Groote Shuur Hospital in Cape Town, South Africa - cf. Dionigi TETTAMANZI, *New Christian Bioethics*, Piemme, Casale Monferrato, ³2001, p. 488.

²⁰ Cf. Francesco ROSSI – Vincenzo CUOMO – Carlo RICCARDI, *Pharmacology*, Minerva Medica Editions, Turin, 2005, p. 745-748: "Cyclosporine together with Rapamycin are identified as those that hinder the transplant rejection process (selective immunosuppressants), as they act by blocking the signal of lymphocytes whose activation and proliferation processes they inhibit"; see also: Michele ARAMINI, *Bioethics for all*, Paoline Editions, Milan, 2008, p. 229; S. MOLDOVAN, "Organ transplantation and ...", p. 85.

²¹ Over the last 4 decades, some 1650 centres specialising in human organ transplantation have been registered worldwide. Cf. Mario CASCONI, *The Diakonia of life. Handbook of Bioethics*, EDUSC, Rome, ²2008, 428 p., p. 323.

²² M. CASCONI, *Diakonia of life...*, p. 324.

nature, because the whole dimension of accepting organ donation and the criteria of altruism and solidarity that define donation are moral in nature²³.

In contemporary times, the progress of biotechnology has generated numerous debates not only among specialists, but also at the level of public opinion, while many important issues concerning birth and death, patients' rights and medical responsibility, scientific ethics and moral impact are all issues that challenge opinions which often remain diverse and opposed. The current situation is well-known: the human transplant field is continually expanding, ever more frontiers of knowledge and research are being conquered and opened up. Beyond the practices that are now validated or are in the process of being validated, we are faced with the creation of a genuine "transplant medicine", the outcome of a "transplant mentality"²⁴. The various Christian views, developed over time with negative or reluctant undertones regarding scientific enthusiasm, both in the West and in the East, are also part of this path of transplant culture.

In the Catholic West, due to the advance of medical scientific research, centres, institutes, schools and faculties²⁵ dedicated to bioethical research have been created in various universities, which has led to an easier dialogue between religion and science.

Western moral theology, especially the Catholic one, at the time of the first transplant, was divided into two debate fronts²⁶: one side, which rejected transplantation on the grounds that man cannot arbitrarily make decisions regarding his own body, considering organ removal and transplantation as a mutilation of the human body; and the other side, which approved of transplantation, structured itself around three principles: the principle of love or charity, the principle of solidarity and the principle of the unity or wholeness of the human being²⁷. The body thus becomes the environment or place that invites man to design his own life according to the logic of proximity²⁸. Pope Pius XI was the first to express this view in his Encyclical *Casti connubii* on December 31, 1930²⁹. In a context dealing with the problems of the Christian family, the Roman Pontiff speaks of the inviolability and integrity of the human body, reacting against those who legitimise the intervention of doctors to deprive someone of the "natural faculty" of producing offspring. We find the same endorsement of the principle of physical integrity in Pope Pius XII's 1943 *Address to the first congress on the nervous system histopathology*³⁰, where, following in the footsteps of his

²³ Michele ARAMINI-Silvana DI NAUTA, *Organ transplantation ethics. For a donation culture*, Pauline Editions, Milan, 1998, p. 17.

²⁴ D. TETTAMANZI, *New Christian Bioethics*, p. 487.

²⁵ A simple internet search, at least for Italy, would yield a surprising number of departments and institutes dedicated to bioethical research, sponsored either by the church or the secular state.

²⁶ Cf. Giovanni Battista GUZZETTI, "Organ Transplantation in Morals and Law. Points Acquired and Discussed," in: *The Catholic School*, 84/4 (1956) 241-262; Giovanni Battista GUZZETTI, "Problems of the Fifth Commandment," in: *The Catholic School*, 86/3 (1958) 161-185.

²⁷ MAURIZIO CHIODI, *Ethics of Life. The challenges of practice and theoretical issues*, Glossa Editions, Milan, 2006, p. 375

²⁸ M. ARAMINI-S. DI NAUTA, *Organ transplantation ethics...*, p. 150.

²⁹ PIUS PP. XI, "Matrimonio christiano spectatis praesentibus familiae et societatis condicionibus, necessitatibus, erroribus, vitiis", in: *Acta Apostolicae Sedis*, volumen 22, Typis Polyglottis Vaticanis, Romae, 1930, p. 539-592, p. here p. 566: "Nobilis quidem castorum coniugum animus commenta haec, vel sola natura duce, ut vana et turpia respuit profecto atque contemnit; et hanc naturae vocem approbat sane atque confirmat cum Dei mandatum « Non moechaberis », tum illud Christi : «Omnis, qui viderit mulierem ad conce cupiscendum eam, iam moechatus est eam in corde suo». Nullae autem humanae consuetudines vel exempla prava, nullaque progressae humanitatis species poterunt unquam huius divini praecepti vim infirmare".

³⁰ PIUS PP. XII, "De mystico Iesu Christi corpore deque nostra in eo cum Christo coniunctione", in: *Acta Apostolicae Sedis*, volumen 35, Typis Polyglottis Vaticanis, Romae, 1943, p. 191-248, here p. 221: "Dum enim

predecessor, he reasserts the inability of a person to exercise control over his own body by depriving it of certain organs. We find the same attitude not only of acceptance, but rather of denial in a later speech in 1956 addressed to those who attended the meeting of doctors held in the town of "San Giovanni Rotondo" and who participated in the "Symposium" on the diseases affecting the "coronary arteries"³¹, where he again reiterated the principle of the wholeness and uniqueness of the human being. For all his intransigence in defending the inviolability of the integrity of the physical nature of the human person, Pius XII nevertheless acknowledges in this speech the legitimacy of organ transplants for patients in need, when he speaks of removing corneas from a dead body to be grafted onto the body of a living being in need³², giving the example of a Catholic priest (Don Gnochi) who donated corneas to two children: Silvio Colagrande and Amabile Battistello.

Later Pope John Paul II in a complex Encyclical on the value and inviolability of human life³³, with an emphasis on the 6th commandment of the Decalogue: "Thou shalt not kill", expresses two moral values: the unity of the human race and brotherly love which should be the foundation of any social relationship for the protection of human life³⁴. In this pastoral, John Paul II is resolute in his defence of the embryo and equally uncompromising against abortion and euthanasia³⁵, but, at the same time, he accepts organ donation as an

in naturali corpore unitatis principium ita partes iungit, ut propria, quam vocant, subsistentia singulae prorsus careant; contra in mystico Corpore mutuae coniunctionis vis, etiamsi intima, membra ita inter se copulat, ut singula omnino fruuntur persona propria"; also see: PIUS PP. XII, "At the First Congress of Histopathology of the Nervous System (September 14, 1952)," in: PIO XII, *Addresses to Physicians*, edited by F. Angelini, Rome, 1960, p. 197-198;

³¹ PIUS PP. XII, "Is qui interfuerunt Conventui medicorum, in oppido «San Giovanni Rotondo» habito, quique «Symposium» de morbis «arterias coronarias» afficientibus celebrarunt", in: *Acta Apostolicae Sedis*, volumen 48, Typis Polyglottis Vaticanis, Romae, 1956, p. 454-474, here p. 461: "To demonstrate that the extirpation of organs necessary to the transplantation performed from one living being to another is in conformity with nature and legal, it is considered on the same footing as the extirpation of a certain physical organ made in the interest of a total physical organism. The individual's limbs would be considered here as parts of the whole organism that is humanity, in the same way - or almost - as they are parts of the individual organism of man. It is then argued that if it is permitted, if necessary, to sacrifice a particular part of the body (hand, foot, eye, ear, kidney, sexual gland) to the organism of 'man', it would also be permitted to sacrifice such a particular part to the organism of 'humanity' (in the person of one of its sick and suffering members). The purpose of this argument, to remedy or at least mitigate the evil of others, is understandable and commendable, but the method proposed and the evidence on which it is based are wrong".

³² PIUS PP. XII, "Is qui interfuerunt Conventui medicorum ...", p. 460-461.

³³ IOANNES PAULUS PP II, "Evangelium vitae", in: *Acta Apostolicae Sedis*, volumen 87, Typis Polyglottis Vaticanis, Romae, 1995, p. 401-523.

³⁴ IOANNES PAULUS PP II, "Evangelium vitae", III57, p. 466: "Hoc in vitae iure omnis innocens homo ceteris cunctis est omnino par. Illa aequalitas fundamentum est cuiuslibet verae necessitudinis socialis, quae, ut talis reapse sit, haud potest quin veritati ipsi innitatur aequitativae, dum agnoscit unumquemque virum et feminam unamquamque tamquam personam non ut rem de qua quidlibet decerni liceat. Moralem sic ante regulam quae directam vetat hominis innocentis occisionem, « non dantur privilegia neque exceptiones: mundi esse dominum vel miserimum omnium in terra nihil refert: prae moralibus postulatis omnes sumus omnino aequales". ("By virtue of the right to life, every innocent human being is absolutely equal to all others. This equality underpins any genuine social relationship which, to be truly so, cannot but be based on truth and justice, acknowledging and protecting every man and woman as a person and not as something to be eliminated. Confronted with the moral norm that forbids the direct suppression of an innocent human being, "there are no privileges or exceptions for anyone. To be the master of the world or the last wretch on Earth makes no difference: we are all absolutely equal when it comes to moral requirements").

³⁵ IOANNIS PAULI PP II, "Evangelium vitae", III73, p. 486: Abortus ergo et euthanasia crimina sunt quae nulla humana lex potest rata facere. Huiusmodi leges non modo conscientiam non de vincunt, verum graviter nominatimque compellunt ut iisdem per conscientiae repugnantiam officiat. ("Abortion and euthanasia are

acceptable gesture that can provide health to people in need³⁶. Along the same lines, in another speech, this time addressed to surgeons involved in organ transplants, he reiterates the unity of the human race but also expresses the fact that not everything that is technically possible is morally acceptable³⁷. In the same speech to the surgeons, John Paul II acknowledges the irreversible cessation of all brain function as a criterion for declaring a person dead, thus providing important support for the cause of transplantation. Thus, he states: *”Considering the current parameters of death - whether we refer to “encephalic” signs or to more traditional cardio-respiratory signs - the Church does not make scientific choices, but limits itself to evangelical arguments in order to compare the data offered by medical science with a unitary understanding of the person according to the Christian perspective, highlighting similarities and possible contradictions, which could jeopardize respect for human dignity. From this perspective, one could say that the recent criterion for ascertaining death mentioned above, i.e. the total and irreversible cessation of all brain activity, if applied scrupulously, does not seem to be in contrast with the essential elements of a correct anthropological understanding. Consequently, the health professional, who has professional responsibility for such an assessment, can rely on them to achieve, on a case-by-case basis, that degree of certainty in ethical judgement which moral doctrine qualifies by the term ‘moral certainty’, certainty which is necessary and sufficient to be able to act in an ethically correct manner. Only in the presence of this certainty will it therefore be morally legitimate to activate the technical procedures necessary to obtain the removal of the organs to be transplanted, subject to the informed consent of the donor or his legal representatives.”*³⁸.

therefore crimes that no human law can claim to legitimise. Laws of this kind not only create no conscience obligation, but rather entail a serious and precise obligation to oppose them by conscientious objection”).

³⁶ IOANNES PAULUS PP II, “Evangelium vitae”, IV86, p. 498: “Quos inter plurimi ducenda est organorum donatio rationibus ethica disciplina probabilibus effecta, ut salutis vel etiam vitae ipsius opportunitas aegris praebeatur omni nonnumquam spe destitutis”. (*“Among these gestures, organ donation performed in ethically acceptable ways deserves special appreciation, as it offers a chance to health and even life to patients who are sometimes hopeless”*).

³⁷ IOANNES PAULUS PP II, “ALLOCUTIONES, II Ad eos qui conventui de chirurgicis transplantationibus interfuerunt”, in: *Acta Apostolicae Sedis*, volumen 92, Typis Polyglottis Vaticanis, Romae, 2000, p. 822-826, here p. 822-823: “In this area of medical science too the fundamental criterion must be the defence and promotion of the integral welfare of the human person, in keeping with that unique dignity which is ours by virtue of our humanity. Consequently, it is evident that every medical procedure performed on the human person is subject to limits: not just the limits of what it is technically possible, but also limits determined by respect for human nature itself, understood in its fullness: what is technically possible is not for that reason alone morally admissible”. (*“In fact, in this matter too, the fundamental criterion of assessment is the defence and promotion of the integral welfare of the human person, in accordance with their particular dignity. In this regard, it is worth recalling that any medical intervention on the human person is subject to limitations, which are not confined to the possible technical impossibility of performing it, but are related to respect for human nature itself, understood in its integral sense: this is technically possible, but for this reason it is not morally acceptable.”*).

³⁸ IOANNES PAULUS PP II, “ALLOCUTIONES, II Ad eos qui conventui de chirurgicis transplantationibus interfuerunt”, p. 824: “With regard to the parameters used today for ascertaining death — whether the “encephalic” signs or the more traditional cardio-respiratory signs — the Church does not make technical decisions. It limits herself to the Gospel duty of comparing the data offered by medical science with the Christian understanding of the unity of the person, pointing out the similarities and the possible conflicts capable of endangering respect for human dignity. We can say here that the criterion adopted in more recent times for ascertaining death, namely the complete and irreversible cessation of all brain activity, if rigorously applied, does not seem to contradict the essential elements of a sound anthropology. Therefore, a healthcare professional responsible for ascertaining death can use these criteria in each individual case as the basis for

Later, Benedict XVI calls for the utmost caution to avoid a situation where someone can be considered a dead body and not yet be in that condition, including the manipulation of the human embryo. He also seeks clarification on the removal of organs from a dead body where consent must be clearly expressed³⁹. Benedict XVI clearly calls for avoiding any abuse related to possible abstract understandings about the body, or trafficking the organs removed, so that the living person who donates will benefit from an adequate quality of life in the future⁴⁰. To the question of whether the Roman Catholic Church accepts organ transplantation, the Catechism of the Roman Catholic Church answers as follows: *”Organ transplantation is morally acceptable with the donor’s consent and without undue risk to the donor. For the noble act of organ donation after death, the actual death of the donor must be fully established. Organ transplantation complies with the moral law if the physical and mental harm and risks undergone by the donor are proportionate to the welfare sought for the recipient. Organ donation after death is a noble and meritorious act and should be encouraged as an expression of generous solidarity. It is not morally acceptable if the donor or his recipients have not given their explicit consent. It is also morally unacceptable to directly cause the mutilation or death of a human being, even with a view to delaying the death of others.”*⁴¹.

In contemporary times, the Western Catholic ecclesiastical authority who re-addresses the issue of transplantation and who synthesizes the views of his predecessors, is to be found in Pope Francis’ speech addressed to *Volunteer members of the Italian Association for the Donation of Organs, Tissues and Cells of the Human Body*, restating the three principles of love, solidarity and wholeness of the human being⁴².

In conclusion, Roman Catholic Moral Theology has been somewhat cautious about transplantation, on the one hand acknowledging human solidarity, but at first understanding transplantation as a threat to the human body, seeing it as a serious mutilation of the person. On the other hand, especially in recent times, Roman Catholic Moral Theology has been called upon to reflect on the meaning of the act of donation, thus acknowledging love for fellow human beings, the unity of the human race and the sanctity of life. The moral issues

achieving that degree of certainty in ethical judgement which moral teaching describes as “moral certainty”. This moral certainty is considered the necessary and sufficient basis for an ethically correct course of action. Only where such certainty exists, and where informed consent has already been given by the donor or the donor’s legal representatives, is it morally right to initiate the technical procedures required for the removal of organs for transplant”.

³⁹ BENEDICTUS XVI PP., “ALLOCUTIONES VII: Ad Congressum Internationalem de organorum donatione”, in: *Acta Apostolicae Sedis*, volumen 100, Typis Polyglottis Vaticanis, Romae, Novembris 2008, p. 802-805, here p. 803: “Informed consent is a prerequisite for freedom, as transplantation has the characteristics of a gift and is not interpreted as an act of coercion or exploitation”.

⁴⁰ BENEDICTUS XVI PP., “ALLOCUTIONES VII: ...”, p. 804.

⁴¹ CATECHISMO DELLA CHIESA CATTOLICA. COMPEDIO, San Paolo Editions, Milan, 2005, p. 129, n. 476-2296; https://www.vatican.va/archive/catechism_it/p3s2c2a5_it.htm#II.%20II%20rispetto%20della%20dignit%C3%A0%20delle%20persone

⁴² FRANCISCUS PP., “Ad voluntarios Consociationis Italicae pro Humani Corporis Membris, Textibus et Cellulis donandis (AIDO)”, in: *Acta Apostolicae Sedis*, volumen 111/5, Typis Polyglottis Vaticanis, Romae, 13 Aprilis 2019, p. 710-712, here p. 711: “It is therefore important to promote a donation culture which, through information, awareness and a constant and valued commitment, favours this gift of a part of one’s own body, without disproportionate risks or consequences, in donation during life, and of all organs after death. Out of our own death and gift can come the life and health of others, sick and suffering, helping to strengthen a culture of help, giving, hope and life. Confronted with the threats to life, which unfortunately we have to witness almost daily, as in the case of abortion and euthanasia - not to mention the beginning and end of life - society needs these concrete gestures of solidarity and generous love to make it clear that life is a sacred concept”.

debated in relation to organ transplantation have thus focused on three branches: the donor, the recipient and the gift received.

On the Eastern side, the Orthodox Church in particular, even if synthetic anthropological research was not unitary but local, as stated above, still had to provide an answer to the special achievements of medicine. Orthodox bioethicists, who have debated the issue of organ transplantation, have not raised any moral or spiritual objection to blocking this medical technique⁴³. Some orthodox theorists⁴⁴ have gone so far as to say that all parts of the human body except the brain are suitable for transplantation, which does not lead to transplantation or destruction of the person.

Orthodox theological debates⁴⁵ on organ transplantation have explored, as in the West, the principle of compassionate love, the unity of soul and body, the sanctity of life and death, the priority, necessity and purpose of transplantation, the moment of declaration and explicit ascertainment of death, brain death, the definition of living or dead donor, informed consent, human rights.

What hinders Orthodox reflection in welcoming organ transplantation without any reservation is the theology's understanding of the notion of the person as encompassing body and soul in equal measure, the moral and existential value of both being equal. The human body⁴⁶ cannot be reduced to its biological significance alone. It is not a container but an organ of the soul. Science studies the body as a material existence in the world, but its value is given only by its principle of unity: the soul.

Tertullian wrote about this as early as the second century: "But it is not because the body and the soul are two that they differ from each other; on the contrary, they are rather a pair, for they both form a unity, and no one can distinguish since by distinguishing the two elements, so as to think that one is lighter and the other more serious. Both body and soul are the work of God, the one molded with His hand, and the other with His breath. Since both

⁴³ JEAN-CLAUDE LARCHET, *The Christian end of our life, without pain, without suffering, in peace...*, Basilica, Bucharest, 2021, p. 254.

⁴⁴ HUGO TRISTRAM ENGELHARDT JR., *Fundamentals of Christian bioethics. Orthodox Perspective*, Deisis, Sibiu, 2005, p. 431.

⁴⁵ cf. Document of the Holy Synod of the Greek Orthodox Church of December 10, 1999, *Fundamental Positions on the Morality of Transplantation*, paras. 8-9; Document of the Holy Synod of the Russian Orthodox Church, *Fundamentals of Social Doctrine*, Moscow, 2000, trans. in English. Paris 2007, chap. 11, par. 7; see also: "Fundamentals of the Social Understanding of the Russian Orthodox Church", in: Ioan I. ICA jr., Germano MARANI, *Social Thinking of the Church*, Ed. Deisis, Sibiu, 2002, p. 46-248; Document of the Holy Synod of the Romanian Orthodox Church, *Organ Transplantation*, in: Opera social-filantropică/Bioetica/transplantul de organe, <https://patriarhia.ro/transplantul-de-organe-1451.html>; *DOCUMENT OF THE THEOLOGICAL COMMITTEE OF THE GERMAN ORTHODOX EPISCOPAL CONFERENCE (ADOPTED BY THE BISHOPS AT THEIR MEETING IN BERLIN ON FEBRUARY 22, 2014), ORGAN DONATION AND TRANSPLANTATION*, <https://www.cbrom.de/index.php/despre-noi/decizii-bisericessti/pozitii-obkd/632-donarea-si-transplantul-de-organe>; Pr. prof. dr. Vasile, RĂDUCĂ, "Organ Transplantation", in: *Ortodoxia Journal*, no. 4 (2004), p. 31-33; Dr. Marc ANDRONIKOF, "An Orthodox view on organ transplantation", in: *Theological Journal*, no. 1, (1998), Sibiu, p. 105-110; Sebastian MOLDOVAN, "Organ transplantation and the Christian-Orthodox argument of love", in: *Romanian Journal of Bioethics*, vol. 7, No. 4, October - December 2009, p. 84-95; Sebastian MOLDOVAN, "Transplantation, a kinship?", in: *Doctors and the Church*, vol. VII, Renașterea, Cluj-Napoca, 2009, p. 108-128; Costel CIULINARU, "Organ transplantation and the value of the human person", in: *Studia UBB Bioethica*, LV, 1, 2010, p. 37-49; Ștefan ILOAIE, "Morality and life. Documents of the Romanian Orthodox Church on bioethics", in: *Romanian Journal of Bioethics*, Vol. 7, No. 2, April-June 2009, p.18-29;

⁴⁶ See Leontin POPESCU, "Healing the body between medical practice and Christian moral theology", in: *Icon of Faith. International Journal of Interdisciplinary Scientific Research*, vol. 3 No. 5(2017), p. 69-81.

have their origin in the Lord, either of these sins offend the Lord equally. Or can you distinguish between the deeds of the flesh and those of the soul? Their union and combination are such in life and death, that they shall both rise again one day alike either to life or to judgment, because their guilt or their innocence has been of equal value.”⁴⁷.

The body is the expression of the individual in the different stages of life. The value of the human body lies not only in its biological superiority to everything around it, but above all in the fact that it carries within itself the special work of the soul with all the complexity of its rational activities and forms of sensitivity⁴⁸. “*There is no part of the human body,*” says Minucius Felix, “*which does not fulfil a need, or which does not constitute an adornment*”⁴⁹. In the light of the patristic texts, the soul is understood as the centre of human life, the root of the life of the body. The soul shows man to be an understanding and immortal being, the life of the body being a work that radiates from the soul, man being both body and soul⁵⁰. The relationship between body and soul is so intimate that no activity can be thought of as dissociated, as being solely of the soul or as being solely of the body, but according to the Church fathers, the body is the consort, the heir of the soul, but at the same time transcends its materiality in that, according to the Christian view, it is of a divine nature⁵¹. And, if this is true of earthly life, the same can be said of eternal life⁵².

Disease is not only a biological problem, but also an existential problem. It is not only suffering, pain and isolation, but also a faith challenge. Man may see another man as a mere “body”, but it will be almost impossible for him to experience himself only “bodily”. Any conscious experience of the self is always a whole, bodily-spiritual event and not just a bodily experience. The origin of an illness must always be attributed to the concurrence of different components: physical, psychological, social and moral. If the body is seen only as a reality in its own right, existing independently of the soul, illness can be seen as a simple malfunctioning of this mechanism, medicine being the science that deals with its repair. Once the mechanism has been restored to its regular functioning state, the soul will automatically be able to have the machine at its disposal to operate as it pleases. Healing at any risk is not the correct indicator to assess the quality of medical care. It is, however, an indicator of the efficiency of the medical system as a whole, considering that this system also includes the patient as a party contributing to their own interest in healing⁵³.

⁴⁷ QUINTUS SEPTIMIUS FLORENS TERTULLIANUS, “Liber de Poenitentia”, in: *PL* 01, 160-220, here, 1341: “*Sed non eo interse fifferunt, quod corpus et spiritus duo sunt; alioquin eo magis patia sunt, quia duo unum efficiunt: ne quis pro diversitate meteriarum peccata eorum discerunt, ut alterum altero levius aut gravius existimet. Siquidem et caro et spirituas, Dei res: alia, manu eius expressa; alia, afflatu eius consummata. Cum ero ex pari ad Dominum pertineant: quodcumque eorum deliquerit, ex pari Dominum offendit. An tu discernas actus carnis et spiritus? Quorum et in vita et in morte, et in resurrectione, tantum communionis atque consortii est ut pariter aut in vitam aut in iudicium suscitentur: quia scilicet pariter aut deliquerint aut innocenter egerint*”.

⁴⁸ Pr. prof. Dumitru STĂNILOAE, *Dogmatic Orthodox Theology*, vol. I, Publishing House of the Biblical and Mission Institute of the Romanian Orthodox Church, ³2003, p. 392.

⁴⁹ MARCUS MINUCIUS FELIX, “Octavius”, in: *PL*. 03, 231-366, here 287B: “*Nihil membrorum est, quod non et necessitatis causa sit, et decoris*”.

⁵⁰ Adrian Sorin MIHALACHE, *The Light of the Unseen*, vol. I, Basilica, Bucharest, 2016, p. 283; 285.

⁵¹ D. STĂNILOAE, *Dogmatic Orthodox Theology*, vol. I, ³2003, p. 191.

⁵² Q. S. F. TERTULLIANUS, *De resurrectione carnis*, in: *PL* 02, 837-934, here 851C: „Ita caro, dum ministra et famula animae deputatur, consors et cohaeredes invenitur. Si temporalium, cur non est aeternorum?”

⁵³ George Cristian CURCĂ, “Conceptual aspects of ethical liability and medical malpractice”, in: *Romanian Journal of Bioethics*, vol. 8, nr. 1, (2010) Iași, p. 51-59, here p. 54.

On the other hand, another root of this prejudice, whereby man is considered healthy only if his body does not suffer, stems from the implicit materialistic mentality, which considers as genuinely existing only that which can be somehow perceived by the senses (even if they are reinforced with all kinds of devices, amplifying their powers). The concepts of soul and body make the proper functioning of the human being possible. But man is more than that, he is a person. The definition of man as a person clearly reveals the essential relational dimension: man as a person is an "I" open to a "you", a being "with" and "for" another. This can be defined as the interpersonal space where organ transplantation can be chosen⁵⁴.

The theological evaluation of this concept has brought particular Orthodox reluctance especially in the case of heart transplantation⁵⁵, as the heart is considered in Orthodox Christianity as the centre and seat of self activity⁵⁶. This is why the mechanistic understanding of organ transplantation cannot be accepted by Orthodox theology, but only from the perspective of self-giving and self-sacrifice⁵⁷. Man is not created for technique, but technique has been created for man⁵⁸. We must also point out that the purpose of human life is not eternity and the prolongation of life sine die, but spiritual life, yet, by virtue of the love of the Spirit, any Christian can, under conditions of freedom and with respect for human dignity, donate to sustain the life of another who is in need.

2. WHAT IS AN ORGAN TRANSPLANT?

Most bioethical studies and treatises define organ transplantation as the surgical operation by which an organ or tissue taken from a donor⁵⁹, either from the same person or from a dead body, is introduced into the recipient's body. The parts taken from a donor can be: small pieces of tissue, skin, cornea, whole organs such as kidney, liver, pancreas, lungs or heart; or other major parts: marrow, bones, adrenal parts, etc. From a strictly technical

⁵⁴ D. TETTAMANZI, *New Christian Bioethics*, p. 493.

⁵⁵ J-C. LARCHET, *The Christian end of our life...*, p. 242-252. In this passage, Father Larchet introduces a trichotomous combination of the person as body, soul and spirit, which is proper to Protestant theology and less to Patristic theology, as we can see above in Tertullian; see also Dr. Marc ANDRONIKOF, "An Orthodox point of view on organ transplantation", in: *Theological Review*, no. 1, (1998), Sibiu, pp. 105-110, here 107: "Many 19th and 20th century theological studies, especially Russian ones, conclude that the heart is 'the centre of man's spiritual and psychological life'".

⁵⁶ J-C. LARCHET, *The Christian end of our life...*, p. 249; G. MANTZARIDIS, *Christian Morality*, p. 476. What needs to be said here is that theological interpretation must consider the spiritual meaning of the heart and not that of a physiological organ: cf. Arch. Spiridonos LOGOTHETIS, *The Heart in the Writings of the Holy Fathers*, Sofia, Bucharest, 2001, p. 21-22; A. S. MIHALACHE, *The Light of the Unseen I*, p. 292: "Ultimately, in the Patristic vision, the place through which man as a personal subject participates in communion, 'the centre of his soul and spiritual life', is the heart (kardia). As one can easily see, the heart has a spiritual meaning, not that of a physiological organ. It is the headquarters of the mind, the 'inner man', the centre of the human being, the root of the active faculties, of the intellect and of the will, the point from which all spiritual life originates and to which it returns."

⁵⁷ G. MANTZARIDIS, *Christian Morality*, p. 483.

⁵⁸ D. TETTAMANZI, *New Christian Bioethics*, p. 490.

⁵⁹ Lino CICCONE, *Bioethics. History, principles, issues*, Ares, Milan, 2003, 408 p., p. 258; M. CASONE, *Diakonia of life...*, p. 324; Giacomo PERICO, "Human transplants", in: Francesco Compagnoni, Giannino Piana, Salvatore Privitera, *New Dictionary of Moral Theology*, San Paolo, Turin, 1993, p. 1383-1391, here p. 1383; Sandro SPINSANTI, "Physical life", in: Tullio GOFFI-Giannino PIANA (coord), *Course on Morality 2*, Queriniana, Brescia, 1990, p. 127-281, here p. 236; Maurizio Pietro FAGGIONI, *Life in our hands. Handbook of Theological Bioethics*, Camillian Editions, Turin, 2004, p. 193; Lucreția TITIRICĂ, *Dictionary of terms for nurses*, Romanian Medical Life, Bucharest, 2008, p. 471.

point of view, there are three types of transplant⁶⁰: isotransplant: tissue transplant when the donor and recipient have the same genetic profile, in the case of twins; auto transplant: tissue transplant in/on the same body, the donor and recipient are the same person, in the case of burns or cosmetic surgery; Hom transplant or allotransplant: refers to the transplantation of tissue or of an organ from a living or deceased human donor to a human recipient, in the case of non-renewable organ transplantation; and Heter transplantation or xenotransplantation: the transfer of tissue or organs from an animal to a human, in the case of heart valve transplantation from pigs to humans⁶¹.

From the donor's point of view, the transplant can be from one living person to another, as in the case of kidney transplantation – and here, obviously, the donor's body will be required to retain functional integrity; and from a person declared dead, or from a dead body, as in the case of heart homotransplantation, where the donor must be definitely declared dead. In these cases, very different moral and legal questions and issues arise. The most common technical problems for a transplant are related to the difficulty of preserving the organs that have been removed for as long as possible, which is limited to a few hours, as well as compatibility problems between the organ removed and the recipient⁶².

From a moral point of view, there are some questions that we logically have to ask when talking about organ transplantation, namely: is any organ transplantation legal and absolutely necessary? Is there a limit to the practice of transplantation? Are all human organs suitable for transplantation? What is the safe time for organ removal, bearing in mind that some organs, in order to be successfully removed and transplanted, require life to still be present in them⁶³?

These simple questions lead us to the need to fundamentally reflect on what is technically possible and what is legal and moral to do about organ transplantation. From this point of view, science, which must be of help and service to man, must not reduce man to a mere object which can be arbitrarily disposed of. The human body can never be considered an end and a means in itself, and its exploitation contradicts the identity and dignity of the human being, defined as the unified entity of the physical and of the invisible spiritual part⁶⁴. According to Christian morality, the life of the human body constitutes the same fundamental value of the person as the spiritual life, even if the bodily life does not totally exhaust the reality of the person, which is of a transcendental nature, nevertheless the body is the necessary foundation of the individual's existence in time and space. The human being in its wholeness, body and soul, is morally inviolable. Therefore, the scientific equation that everything is possible and must be put into practice cannot be accepted⁶⁵.

Autotransplantation does not, one might say, raise major problems from the point of view of moral assessment, because it concerns healing parts of the same body, which have been destroyed or damaged by various accidents and which require surgery even of an aesthetic nature. The moral legality of such medical intervention is dictated by the same principle of the integrity of the individual, by virtue of which a person may sacrifice a part of

⁶⁰ Cf. M. CHIODI, *Ethics of Life...*, p. 371; G. PERICO, "Human transplants", p. 1383; Giacomo PERICO, *Problems of health care ethics*, Ancora, Milan, ²1992, p. 177-179.

⁶¹ M. CASCONI, *Diakonia of life...*, p. 325.

⁶² cfr. M. CHIODI, *Ethics of Life...*, p. 373; M. CASCONI, *Diakonia of life...*, p. 326.

⁶³ D. TETTAMANZI, *New Christian Bioethics*, p. 487; M. ARAMINI, *Bioethics for all*, p. 234; J-C. LARCHET, *The Christian end of our life...*, p. 264; S. SPINSANTI, "Physical life", p. 237; M. ARAMINI-S. DI NAUTA, *Organ transplantation ethics...*, p. 67.

⁶⁴ D. TETTAMANZI, *New Christian Bioethics*, p. 492.

⁶⁵ M. ARAMINI, *Bioethics for all*, p. 234.

their body in order to save the whole body. The removal of skin parts or other tissues from the same body to heal other parts that have been affected by accidents or disease is morally correct⁶⁶. The same principle of the individual's unity and wholeness can also be applied to cosmetic surgery, with the reservation that such interventions can be morally acceptable when a person suffers from a serious inner disorder due to a physical defect, and not in the case of the so-called "beauty transplant", which is a big commercial problem and has nothing to do with therapeutic transplantation⁶⁷. The same unwavering moral reserve is shown by ecclesial anthropology when speaking of organ transplants, which are not intended to save a life, but which, because of selfishness, are performed to counterfeit or build another body again. This is the case of the transplantation used to change genital organs, which has no moral, natural, cultural or social justification⁶⁸.

Major moral issues arise when we speak of homotransplantation, from one person to another where the gesture of donation must be granted the noble value of sacrifice and love in favour of one's fellow human being.

The principles to be observed at this point are the freedom and gratuitousness of donating an organ, in virtue of which there should be no constraint, so that the altering of one's own physical integrity through donation is a free and conscious gesture, expressing the value of sacrifice in favour of one's fellow human being.⁶⁹ It is very easy to imagine that there will be a lot of psychological pressure on the members of a family where there is a potential organ recipient. The urgency of a transplant to save someone's life, even in the case of relatives with a very high degree of compatibility, must be made by virtue of the actual free will choice, without any external or emotional obligation or constraint⁷⁰. This is the case of kidney transplantation where the question is: what indirect pressures prompted this gesture⁷¹?

Technically, this has led to informed (written) consent, which the donor can withdraw, if it is considered that the donation of an organ would seriously harm the preservation of their life. The donation of an organ from one living person to another must ensure the preservation of the donor's biological integrity and functionality⁷². Nothing can force someone to donate something of their body either during their lifetime or after their death. The body should not be treated mechanistically, as mere therapeutic material or as a spare parts shop⁷³. Therefore, what can be donated are double organs, such as kidneys, or renewable organs, such as blood, bone marrow and liver. It is against Christian morality for anyone to deliberately give up vital and irreplaceable organs, even for altruistic purposes. Donating one's own heart, for example, while one is alive, is forbidden because it results in certain death⁷⁴.

The moral debate becomes more articulate when we are talking - in the case of an organ taken from a dead body - about a potential donor who has not explicitly expressed himself in favour of the donation act. Technically, so-called presumed (assumed or silent) consent has been given, which is usually expressed by relatives in a state of shock and

⁶⁶ M. ARAMINI, *Bioethics for all*, p. 235; M. CASCONI, *Diakonia of life...*, p. 330.

⁶⁷ M. CASCONI, *Diakonia of life...*, p. 330.

⁶⁸ M. ARAMINI, *Bioethics for all*, p. 238.

⁶⁹ M. P. FAGGIONI, *Life in our hands...*, p. 198.

⁷⁰ J-C. LARCHET, *The Christian end of our life...*, p. 254.

⁷¹ Salvino LEONE, *Bioethics Handbook*, Sicilian Institute of Bioethics, Palermo, 2003, 367p., here p. 258-259.

⁷² M. CASCONI, *Diakonia of life...*, p. 331; M. CHIODI, *Ethics of Life...*, p. 381.

⁷³ G. MANTZARIDIS, *Christian Morality*, p. 482.

⁷⁴ S. SPINSANTI, "Physical Life", p. 236; L. CICCONE, *Bioethics...*, p. 258.

bereavement, bringing an even greater psychological and emotional burden. Christian morality does not agree with such consent, in the case of assumed (or silent) consent, considering the decision to transplant a violation of the integrity of the person and an annulment of the principle of self-sacrifice and brotherly love as expressed in the case of informed consent. At the same time, assumed consent unilaterally nullifies the role of the family in the case of so-called brain-dead or deceased persons, if they have not explicitly expressed their consent to organ removal during their lifetime⁷⁵.

The question of assumed consent necessarily intersects with that of respect and care for the earthly remains of the so-called "donor" and the question of whether abuse may be detected. In order to avoid possible abuse not only of the dead body, but even abuse of a person's entire life, it is necessary to establish who ascertains death and how an individual's death is declared with certainty; the lack of organs for transplant may lead some doctors with too few scruples not to be rigorous in doing everything possible to save a person's life, and thus rush to declare someone dead. The pressure that transplant medicine exerts on a patient can also lead to a sense of plundering, which makes potential donors and their family members feel vulnerable; the same is true of trafficking lifeless bodies because of organ shortages, not to mention in vitro fertilization techniques and the practice of abortion, which have led to the creation of veritable organ and tissue banks⁷⁶. All these are not only morally but also legally detrimental to the integrity and dignity of the human person.

From the Christian perspective, the human body after death cannot be abandoned or used as a mere object for any purpose. It is certainly no longer a living being, but it bears in it the imprint of the one who lived and, in its form, it retains a high symbolic value, a sign of a presence that we remember (memory). The human body is human precisely because it is the way and the place in which the individual discovers himself as a gift that is given for another⁷⁷. Consequently, after the actual ascertainment of death, if it does not have ante mortem consent for organ removal, the body cannot be used either for scientific research or for the removal of a possible organ for transplantation, but it must follow the natural course of respect found in all human cultures⁷⁸.

As for the **recipient** of an organ removed either from a person still alive or from a dead body, he too must give his free and informed consent, in the sense that he has the right to be informed on the type of intervention he will have to undergo and on the risks he will have to take and overcome. The technical, psychological, religious and cultural complexity of transplantation means that, when it comes to the recipient, this must be the only therapeutic and highly successful option for healing. Otherwise, the recipient may undergo unnecessary intervention and go through the so-called process of therapeutic rejection, which in the case of complete organs can even lead to the patient's death. Most Christian

⁷⁵ cf. Document of the Holy Synod of the Romanian Orthodox Church, *Organ Transplantation*, in: Opera social-filantropică/Bioetica/transplantul de organe, <https://patriarhia.ro/transplantul-de-organe-1451.html>; *DOCUMENT OF THE THEOLOGICAL COMMITTEE OF THE GERMAN ORTHODOX EPISCOPAL CONFERENCE (ADOPTED BY THE BISHOPS AT THEIR MEETING IN BERLIN ON 22 FEBRUARY 2014), ORGAN DONATION AND TRANSPLANTATION*, <https://www.cbrom.de/index.php/despre-noi/decizii-bisericessti/pozitii-obkd/632-donarea-si-transplantul-de-organe>; also see Beatrice IOAN, Vasile ASTĂRĂSTOAI, Cristina GAVRILOVICI, Mihaela VICOL, "Informed consent versus presumed consent in organ donation for transplantation", in *Doctors and the Church*, vol. VII, p. 42-53, Cluj-Napoca, Renaissance Publishing House, 2009, p. 42.

⁷⁶ M. P. FAGGIONI, *Life in our hands...*, p. 204.

⁷⁷ D. TETTAMANZI, *New Christian Bioethics*, p. 503.

⁷⁸ M. ARAMINI-S. DI NAUTA, *Organ transplantation ethics...*, p. 143-147.

moralists⁷⁹ share the view that there can be no obligation on the part of the recipient to undergo a transplant procedure even if they meet the technical requirements for transplantation and even more so when there is the slightest doubt about their survival after the transplant intervention. Transplantation with a high degree of rejection or experimental transplantation cannot be morally acceptable. Both the donor and the recipient must be guaranteed quality of life following such a therapeutic procedure⁸⁰.

Another aspect of moral contemplation focuses on the gift offered to be transplanted. For Christian morality, the organ removed for transplantation, or the gesture of donation cannot be described as "something, a thing or a mere object", but as sacrifice or offering. Christian morality rejects organ donation as a mere material or utilitarian gesture, or as a transfer of a "piece, part", an "exchange" in the mechanical sense, but considers the heart, liver, kidney, lung that can be transplanted as more than an organ, a muscle or a tissue: organ donation is morally the gesture of giving oneself for the life of one's fellow human being not only during life but also after death. In concrete terms, organ donation, morally speaking, is a concrete manifestation of the Christian commandment to love your fellow human being⁸¹. This is why the gesture of donating an organ must be based on this understanding of a free gift, without any emotional, psychological, economic or other constraints. That is why no one can be blamed if they do not perform this gesture⁸². Organ donation should always be a free and responsible gift and not an obligation.

3. ASCERTAINMENT OF DEATH

The ascertainment of death has been a hot debate in the case of organ removal and transplantation, with a wide range of opinions, often at odds.

Before tackling this complex issue, we should make it clear from the beginning that we are not dealing here with ontological death, which consists in the separation of the soul from the body, which for us, Christians, is a SACRAMENT and which, in the Christian faith, does not mean the absolute disappearance and destruction of the individual; on the contrary, man is destined to live eternal life via the soul and to rise again with the same body he has lived in. In this section of our debate, we are concerned with physical death or so-called biological death, which is found in the various clinical expressions of medicine and which morality uses to pass its judgments. This, however, puts us in a position to state with

⁷⁹ Pr. prof. dr. Vasile, RĂDUCĂ, "ORGAN TRANSPLANTATION", IN: ORTHODOXIA JOURNAL, NO. 4 (2004), P. 31-33; DR. MARC ANDRONIKOF, "A ORTHODOX VIEW ON ORGAN TRANSPLANTATION", IN: *THEOLOGICAL JOURNAL*, NO. 1, (1998), SIBIU, P. 105-110; SEBASTIAN MOLDOVAN, "ORGAN TRANSPLANTATION AND THE CHRISTIAN-ORTHODOX ARGUMENT OF LOVE", IN: *ROMANIAN JOURNAL OF BIOETHICS*, VOL. 7, NO. 4, OCTOBER - DECEMBER 2009, P. 84-95; SEBASTIAN MOLDOVAN, "TRANSPLANTATION, A KINSHIP?", IN: *DOCTORS AND THE CHURCH*, VOL. VII, RENĂȘTEREA, CLUJ-NAPOCA, 2009, P. 108-128; COSTEL CIULINARU, "ORGAN TRANSPLANTATION AND THE VALUE OF THE HUMAN PERSON", IN: *STUDIA UBB BIOETHICA*, LV, 1, 2010, P. 37-49; ȘTEFAN ILOAIE, "MORALITY AND LIFE. DOCUMENTS OF THE ROMANIAN ORTHODOX CHURCH ON BIOETHICS", IN: *ROMANIAN JOURNAL OF BIOETHICS*, VOL. 7, NO. 2, APRIL-JUNE 2009, P.18-29; DIONIGI TETTAMANZI, *NEW CHRISTIAN BIOETHICS*, PIEMME, CASALE MONFERRATO, ³2001; MARIO CASCONI, *DIAKONIA OF LIFE. BIOETHICS HANDBOOK*, EDUSC, ROME, ²2008; MAURIZIO CHIODI, *ETHICS OF LIFE. THE CHALLENGES OF PRACTICE AND THEORETICAL ISSUES*, GLOSSA EDITIONS, MILAN, 2006; MICHELE ARAMINI-SILVANA DI NAUTA, *ORGAN TRANSPLANT ETHICS. FOR A DONATION CULTURE*, PAOLINE EDITIONS, MILAN, 1998; LINO CICCONE, *BIOETHICS. HISTORY, PRINCIPLES, ISSUES*, ARES, MILAN, 2003.

⁸⁰ cf. M. ARAMINI, *Bioethics for all*, p. 236; M. CHIODI, *Ethics of life...*, p. 383-384; M. CASCONI, *Diakonia of life...*, p. 332.

⁸¹ cf. D. TETTAMANZI, *New Christian Bioethics*, p. 503; M. CHIODI, *Ethics of life...*, p. 385; S. SPINSANTI, "Physical life", p. 236.

⁸² cf. S. LEONE, *Bioethics Handbook*, p. 259; M. CASCONI, *Diakonia of life...*, p. 332.

the greatest certainty that it is not the task of morality, whether Christian, non-Christian or secular, to determine when a person can be declared physically or biologically dead, but, on the contrary, it is the task of medical science, which is called upon to give a just and well-founded verdict on the basis of what is legally established⁸³.

It is well known that certain organs - such as the kidney, pancreas, liver or heart - in order to be successfully transplanted, must experience a very short time between the cessation of heart beating and blood circulation and the moment of removal, which means that, from a moral point of view, there is some doubt about the actual death of the donor⁸⁴.

The classical principle for ascertaining physical death was, until the use of artificial resuscitation techniques, the cessation of the cardio-respiratory function, on the basis of which it was assumed that, when an individual was unable to breathe autonomously and their heart had stopped beating, they could be declared dead. This criterion was deemed to include cessation of brain function⁸⁵. This criterion has been overturned in modern times due to artificial resuscitation techniques which are able to keep the cardio-respiratory function active even for a long time, giving the impression that the patient in this situation is still alive. This has led modern medicine to regard the brain as the central organ for sustaining life rather than the heart, as it used to be. The cessation of brain activity - the only organ that cannot function artificially and which also supports the cardio-respiratory function -, brain death or clinical death becomes the criterion that can attest to biological death⁸⁶. This re-opens the moral debate on the definition of what being human means. What defines man as a human being? the heart? breathing? the brain? Or some other organ that is part of the human being?

From an Orthodox point of view, it is not possible to equate the irreversible cessation of brain function, expressed by medical research as the actual death of the person, with what Church anthropology understands in terms of the separation of the soul from the body. Human death is not simply organic disintegration. Man is a multi-dimensional reality that cannot be reduced to somatic structures whose degradation in no way fully encompasses the complexity of human death, just as the life of the body does not fully encompass the complexity of human life⁸⁷. In medicine, for example, brain necrosis means the cessation of the soul's possible active manifestation, but not in moral research, where it cannot necessarily be equated with the soul's separation from/leaving the body⁸⁸. From the ecclesiastical point of view, it is not possible to firmly state whether the exit of the soul from

⁸³ The document of the Holy Synod of the Romanian Orthodox Church is very clear from this point of view; cf. Document of the Holy Synod of the Romanian Orthodox Church, *Organ Transplantation*, in: *Opera social-filantropică/Bioetica/transplantul de organe*, <https://patriarhia.ro/transplantul-de-organe-1451.html>; see also Archbishop IRINEU POP Bistrițeanu, *Course on Bioethics*, Renaissance Publishing House, Cluj-Napoca, 2005, p. 67; M. CASCONI, *Diakonia of Life...*, p. 335.

⁸⁴ The Romanian Orthodox Church mentions three conditions to be simultaneously fulfilled in order to avoid possible errors in ascertaining physical death: brain death, heart cessation, lack of spontaneous breathing; cf. Document of the Holy Synod of the Romanian Orthodox Church, *Organ Transplantation*, in: *Opera social-filantropică/Bioetica/transplantul de organe*, <https://patriarhia.ro/transplantul-de-organe-1451.html>; also see J-C. LARCHET, *The Christian end of our life...*, p. 273; M. P. FAGGIONI, *Life in our hands...*, p. 200; S. SPINSANTI, "Physical life", p. 237;

⁸⁵ G. MANTZARIDIS, *Christian Morality*, p. 501.

⁸⁶ cf. Archbishop IRINEU, *Course on Bioethics*, p. 67; D. TETTAMANZI, *New Christian Bioethics*, p. 496; M. CASCONI, *Diakonia of Life...*, p. 335.

⁸⁷ M. P. FAGGIONI, *Life in our hands...*, p. 211.

⁸⁸ Valer BEL, "Organ transplantation between necessity and abuse", in *Doctors and the Church*, vol. VII, Cluj-Napoca, Renaissance Publishing House, 2009, 103.

the body occurs at the same time as, after, or following the cessation of cerebral activity. Even for medical science, the onset of death is a process that occurs progressively, in successive stages; the first cells to die are the neurons, and then the most differentiated and sensitive cells as a result of the lack of oxygen in the blood⁸⁹. In other words, it is not possible to define death by pragmatic parameters in order to directly indicate when a person is no longer a personal presence⁹⁰. That is why Orthodox theology ranks the moment when the soul leaves the body, even detached from the modern devices, among the moments full of mystery and sacredness.

The Church always looks at man in his eschatological dichotomous unity: soul and body in the individual's quest for eternal life. In Eastern patristic teaching, man is never evaluated without a body, both during his earthly life and after death⁹¹. Therefore, none of his organs, smaller or larger in importance for the support of his biological life, can exclusively contain the soul of the human being, they are rather "ornaments"⁹², instruments through which the soul manifests itself, contains and activates them, and their role is determined by their relational function that they perform or from which they deviate. An organ must never be seen separately from the system that connects it to the other organs of the body: namely the whole individual⁹³.

According to the most authoritative bioethicists⁹⁴, a pronouncement of physical death should be issued when the team of doctors assessing the patient's condition is not the same as the team that will perform the retrieval and transplantation. In this case, all three conditions that can ascertain death must also be taken into account: cessation of heartbeat, lack of autonomous breathing and irreversible cessation of all brain functions⁹⁵. Avoiding only one of these conditions can lead to doubt and confusion regarding the medical act.

4. XENOTRANSPLANTATION OR ANIMAL-TO-HUMAN ORGAN TRANSPLANTATION

Replacement surgery, as transplant surgery is also called, is the therapy that can choose between different human pathologies. However, the limiting factor to the number of transplants that can be performed is the shortage of human organs and tissues. Studies in the 1990s led to the conclusion that one of the most promising approaches for the treatment of serious pathologies in humans could become transplantation of organs and tissues from animals to humans, which could, in fact, eliminate the serious problem of human donor shortage, even though there are many difficulties to be faced in using these techniques⁹⁶.

⁸⁹ Yan YANG, Karl HERRUP, "Paved with Good Intentions: The Link between Cell Cycle and Cell Death in the Mammalian Central Nervous System", in: Agata COPANI-Ferdinand NICOLETTI, *Cell-Cycle. Mechanism and Neuronal Cell Death*, Kluwer Academic/Plenum Publisher, New York, 2005, p. 22-29, here p. 23; Dumbravă Dan PERJU, *Bioethics and Medical Responsibility*, Hipparrion Publishing House, Cluj-Napoca, 1996, p. 12.

⁹⁰ M. P. FAGGIONI, *Life in our hands...*, p. 211.

⁹¹ M. ANDRONIKOF, "An Orthodox view...", p. 106.

⁹² M. MINUCIUS FELIX, "Octavius", col. 287B.

⁹³ M. ANDRONIKOF, "An Orthodox view...", p. 108; Archbishop IRINEU, *Course on Bioethics*, p. 63; G. MANTZARIDIS, *Christian Morality*, p. 478; J-C. LARCHET, *The Christian end of our life...*, p. 273.

⁹⁴ Archbishop IRINEU Pop Bistrițeanu; Jean-Claude LARCHET; Dr. Marc ANDRONIKOF; Georgios MANTZARIDIS; Dionigi TETTAMANZI; Mario CASCONI; Maurizio CHIODI; Lino CICCONE.

⁹⁵ Cf. Document of the Holy Synod of the Romanian Orthodox Church, *Organ Transplantation*, in: Opera social-filantropică/Bioetica/transplantul de organe, <https://patriarhia.ro/transplantul-de-organe-1451.html>; D. TETTAMANZI, *New Christian Bioethics*, p. 496.

⁹⁶ M. CASCONI, *Diakonia of life...*, p. 340; D. TETTAMANZI, *New Christian Bioethics*, p. 505; M. P. FAGGIONI, *Life in our hands...*, p. 206.

A problem for the full functionality of the transplanted animal organ in humans is the molecular compatibility of the proteins produced with the human body and whether the transplanted organ can be controlled by the recipient body. The reasons why organ cells transplanted between different species rapidly lose their functionality are a result of the complex range of reactions and processes produced after transplantation by antibody molecules in the recipient's blood that bind to the tissue of the transplanted organ. Antibody binding activates specific proteins in the blood called complement proteins, which lead to the destruction of the transplanted tissue or organ. Such immediate rejection of foreign tissue destroys the capillaries of the transplanted body, causing massive bleeding. Another problem, in addition to the immunological one, stems from the possibility of infection with pathogens present in animals; in fact, animals from which an organ has been removed may harbor pathogenic organisms that are potentially harmful to the human species⁹⁷.

In an attempt to overcome the problem of rejection, numerous studies⁹⁸ have been carried out using transgenic, i.e. genetically modified animals, a field which is becoming ever more science fiction. As far as animal-to-human transplantation is concerned, it has been concluded that the pig may be the animal of choice because the morphological and functional characteristics of its organs are similar to those of humans⁹⁹.

One of the particular bioethical issues specific to xenotransplantation focus on all the experimental genetic modification interventions to which donor animals are subjected, which can sometimes be uncontrollable and which could bring significant changes to the biodiversity and balance of the animal world in the first place, but also on the contamination risk of the recipient, its family members and the human population with new infectious agents of animal origin. There is also increasing talk of ensuring that the recipient's psychological and genetic identity is preserved without the transplanted organ posing a threat in this respect. Finally, there is the question of informed consent of the recipient and, secondly, of family members. As these are experimental transplants, it is necessary to exclude minors and people who, because of a physical deficiency from the outset, cannot cope with such a transplant.

In addition to scientific issues, xenotransplantation raises other questions that require theological, anthropological, psychological and ethical considerations, as well as consideration of legal and procedural issues.

Moral questioning in the use of animals for transplantation would not raise principle-related problems, but a moral evaluation is necessary, given that Christian theology regards man as the most important creature and the centre of all creation. In the Christian view, expressed in the first chapters of Genesis, it is clear how God established a hierarchy of values among creatures. Man, created in the image and likeness of God, is placed at the centre and summit of creation, not only because all that exists is destined for him, but above all because, mirroring the radiance of the divine image and imitating his Creator in love, it is his duty that, through him, all creation should attain complete perfection. From this perspective, out of all creatures, only man can be and is a person¹⁰⁰: his personal dignity

⁹⁷ M. P. FAGGIONI, *Life in our hands...*, p. 206.

⁹⁸ M. CASCONI, *Diakonia of life...*, p. 340.

⁹⁹ M. CASCONI, *Diakonia of life...*, p. 340.

¹⁰⁰ MANLIUS SEVERINUS BOETIUS, "Liber de persona et duabus naturis", in: *PL* 64, 1337D-1354D, 1343B: "Hence, it is clear that there can be no person in lifeless bodies; no one says that there is a person in stone, in lifeless things. There is no person in the tree or in beings without intelligence and reason, in the horse or the ox or the other animals that lead their lives dumb and without reason, living only according to their senses. But we say that there is a person in man, in God, in the angel."

demands that he should always be considered and treated as a definitive end and not as a purpose or means of use for others¹⁰¹. This is why it is not possible to equate humans and animals, even though nowadays there are many legal decisions that rightly speak of the obligation to respect animals. It is true that this is why we must not go to either extreme: either by overestimating respect for animals to the detriment of man, or by leaving them at the mercy of human free will to be used without any particular moral limit¹⁰². By his particular manner of creation, man has a dominion over creation, but it is an ontological dominion, subordinated to the wise and loving plan of the Creator. St. Gregory of Nyssa states in this regard: „It is so pleasing to see the emperor's posture, straight, facing the sky, and looking upwards, which is of course a sign of nobility and denotes that the man has been given a royal dignity. For man alone among all that was created in this way, while in all living creatures the body posture is downwards, towards the earth, it is clear that they are destined to obey, whereas man has been given the power to rule”¹⁰³.

This shows that man was created not to be considered separate from the other creation of the world, but he is and remains part of the same creation. "The sages call man," St. Gregory of Nyssa again states, "a microcosm or a small world, because, within himself, man is made up of the same elements, which the whole universe is composed of and completes itself"¹⁰⁴. Therefore, man cannot arbitrarily "rule" over other creatures, reducing them to a kind of demeaning and destructive slavery in order to satisfy his desires, but has the right to use creatures in relation to the original destination willed by the Creator. From the very beginning, according to the Creator's command from the moment he gives each one a name, man has used animals for his primary needs (food, work, clothing, etc.), in a kind of natural 'cooperation' that has constantly marked the various stages throughout the progress and development of civilization¹⁰⁵. Based on these considerations, the use of a donor animal for perceived human welfare can be accepted subject to those conditions that do not morally and legally fall into the category of abuse: such as unnecessary suffering to animals; ignoring the precautionary principle in introducing uncontrollable genetic modifications (transgenesis) that may cause unnecessary pain or significantly alter the biodiversity and species balance of the animal world.

The difficult issue in the case of xenotransplantation is protecting the identity of the human subject who receives an animal organ which raises doubts as to whether the implant can objectively alter the person's identity¹⁰⁶.

¹⁰¹ D. TETTAMANZI, *New Christian Bioethics*, p. 506.

¹⁰² M. CASCONE, *Diakonia of life...*, p. 341.

¹⁰³ S. GREGORIUS NYSSENUS, "De hominis opificio", in: *PG* 45, 123-257, here 143B: "Convienunt et illa imperatori, regiaeque Dignitatis indicia sunt, quod recta homini figura tributa sit, qua ad coelum tendit, ac sursum spectat. Nam quod solus homo inter alias res reatas huiusmodi sit, reliquis omnibus corpore deorsum vergentibus: clarissime demonstrat, quanto potestas naturae supra caetera eminentis praestantior illis sit, que se huius imperio submittunt".

¹⁰⁴ S. GREGORIUS NYSSENUS: "De anima et resurrectione dialogus", in: *PG* 46, 11-160, here 27C: "Sapientibus homo parvus quidam esse mundus, qui in sese haec elementa contineat, ex quibus reurm universitas constat atque completa est".

Alexander GANOCZY, "Creation", in: *THEOLOGICAL ENCYCLOPEDIA*, Queriniana, Brescia, ²1990, p. 157-164, here p. 162.

¹⁰⁵ Giovanni RUSSO, *Animal bioethics*, Elle Di Ci, Leuman-Turin, 1998

¹⁰⁶ Maurizio Pietro FAGGIONI, "The Ethical Problems of Xenotransplantation," in: *Studia Moralia* 41 (2003) p. 243-275.

CONCLUSION

Organ transplantation is certainly a revolutionary opportunity to save human life with great legal, cultural, sociological and moral resonances. Transplant medicine shows how profound the dialogue between science and theology is, which used to be so controversial in the past. The medical world has thus become an interesting place of interdisciplinary crossroads, a place where the natural, human and religious sciences, with their corresponding personalities, come closer together and dedicate themselves to helping the sick/suffering person. From this point of view, the greatest challenge is precisely the ability to integrate the various skills in order to provide the patient with the best possible care. This is only possible if the human being is considered not as an individual but as a person, as an original and unrepeatable "unicum" who offers himself as self-sacrifice and gift. The model followed by the Church is that of the Merciful Samaritan, which translates into philanthropy and responsibility. Giving in sacrifice and service does not mean self-denial and cancellation of the person, but, on the contrary, affirmation. Sacrifice gives new content and radiance to the person, transfiguring and ennobling them.

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