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Title: Forced Organ Harvesting  
Introduced by: Eric Larson, MD, for the Kent County Delegation  
Original Author: Eric Larson, MD  
Referred to: Reference Committee E  
House Action: **REFERRED**

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Whereas, it is well established within medical ethics that patients have autonomy and have ultimate decision making for their body, and

Whereas, solid organ transplantation has been a practice commonly performed to treat patients with organ failure, and

Whereas, the procurement of solid organs for transplantation in the United State requires informed consent from the patient prior to death or from qualified decision makers if the patient is incapacitated, and

Whereas, China has been involved in solid organ transplantation for years with no organized organ procurement system facilitating the acquiring and transplantation of solid organs, and

Whereas, there are numerous credible and proven reports validated throughout various national governments including the United States verifying the procurement of solid organs against the will of political prisoners in China, and

Whereas, since China has no voluntary system for procuring and matching donors to recipients nearly all the tens of thousands of organs transplanted were procured without consent from the donors; and

Whereas, it is well documented that these solid organs originate from the Chinese prison population who are usually political prisoners secondary to their religious beliefs or ethnicities, and

Whereas, since virtually all of the organ transplants are procured from patients who did not consent, collaborating in the education or research of transplants with the Chinese is unethical; therefore be it

RESOLVED: That MSMS denounce the practice of forced organ harvesting and programs and policies that assist with the education and research of Chinese nationals who participate in China’s organ transplant programs; and be it further

RESOLVED: That MSMS lobby the state of Michigan for legislation to prohibit the use of public money and/or institutions from participating in the training of Chinese transplant surgeons or collaboration with Chinese transplant research; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to lobby for federal legislation to prohibit the use of public money and/or institutions from participating in the training of Chinese transplant surgeons or collaboration with Chinese transplant research; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to denounce the practice of forced organ harvesting and programs and policies that assist Chinese nationals in their transplant surgery training or any collaboration of research in transplant surgery.

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WAYS AND MEANS COMMITTEE FISCAL NOTE: \$25,000 or more as this resolution requires legislative advocacy.

**Relevant MSMS Policy:** None

**Relevant AMA Policy:**

Ethical Procurement of Organs for Transplantation H-370.967

Our AMA will continue to monitor ethical issues related to organ transplantation and develop additional policy as necessary.

Surrogate Consent for Living Organ Donation H-370.964

Our AMA opposes the practice of surrogate consent for living organ donation from patients in a persistent vegetative state.

Ethical Issues in the Procurement of Organs Following Cardiac Death H-370.975

The Pittsburgh Protocol: The following guidelines have been adopted:

The Pittsburgh protocol, in which organs are removed for transplantation from patients who have had life-sustaining treatment withdrawn, may be ethically acceptable and should be pursued as a pilot project. The pilot project should (1) determine the protocol's acceptability to the public, and (2) identify the number and usability of organs that may be procured through this approach. The protocol currently has provisions for limiting conflicts of interest and ensuring voluntary consent. It is critical that the health care team's conflict of interest in caring for potential donors at the end of life be minimized, as the protocol currently provides, through maintaining the separation of providers caring for the patient at the end of life and providers responsible for organ transplantation. In addition to the provisions currently contained in the protocol, the following additional safeguards are recommended:

- (a) To protect against undue conflicts of interest, the protocol should explicitly warn members of the health care team to be sensitive to the possibility that organ donation decisions may influence life-sustaining treatment decisions when the decisions are made by surrogates. Further, if there is some reason to suspect undue influence, then the health care team members should be required, not merely encouraged, to obtain a full ethics consultation.
- (b) The recipients of organs procured under the Pittsburgh protocol should be informed of the source of the organs as well as any potential defects in the quality of the organs, so that they may decide with their physicians whether to accept the organs or wait for more suitable ones.
- (c) Clear clinical criteria should be developed to ensure that only appropriate candidates, whose organs are reasonably likely to be suitable for transplantation, are considered eligible to donate organs under the Pittsburgh protocol.

Removing Financial Barriers to Living Organ Donation H-370.965

1. Our AMA supports federal and state laws that remove financial barriers to living organ donation, such as: (a) provisions for expenses involved in the donation incurred by the organ donor; (b) providing access to health care coverage of any medical expense related to the donation; (c) provisions for expenses incurred after the donation as a consequence of donation; (d) prohibiting employment discrimination on the basis of living donor status; (e) prohibiting the use of living donor status as the sole basis for denying or limiting health, life, and disability and long-term care insurance coverage; and (f) provisions to encourage paid leave for organ donation.
2. Our AMA supports legislation expanding paid leave for organ donation.
3. Our AMA advocates that live organ donation surgery be classified as a serious health condition under the Family and Medical Leave Act.

AMA Code of Medical Ethics – Chapter 6: Opinions on organ procurement & transplantation (<https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-organ-procurement-transplantation>)