

# The Questions of Compulsory Organ Donation: The Trolley Dilemma - A Discussion From Ethical, Legal, and Social-Economical Perspectives

Khoa Tran<sup>1</sup>, Anh Tuyet Nguyen<sup>2</sup>

<sup>1</sup>II Year Student B.A Legal Studies, University Abu Dhabi, Saadiyat Marina District, Abu Dhabi, United Arab Emirates, <sup>2</sup>I Year Student BBA, University of the People, Pasadena, California, United States

## Abstract

The Covid-19 pandemic has inflicted disastrous damages on various aspects of human lives, especially the healthcare sector. The shortage of beds, medical staff, and other facilities in hospitals posed an acute dilemma over who should be given precedence in the treatment process and whether a more seriously ill person should sacrifice for people with less severe illness. With an interpretative approach, this short research article discusses the above questions by using compulsory organ donations as a proxy. After evaluating the compulsory organ donation from the ethical aspect, researchers then dig into the issue from legal and socioeconomic perspectives. The authors are convinced by Kant and Nozick's proposals on ethics and justice regarding organ donation and patient sacrifice. The research also found out that the problem is not merely limited to the question of morality but also extended to an opt-out system for ensuring social welfare. Finally, the paper encourages medical practitioners, legislators, and social activists to make decisions about medical-legal issues based on interdisciplinary views.

**Keywords:** organ donation, trolley dilemma, human rights, moral perspectives, social-economical perspectives, legal perspectives, opt-out system.

## Introduction

While medicine saves human lives, and jurisprudence protects people from injustices in society, philosophy is a tool for each citizen to reflect objectively and critically on the ethical values that medicine and jurisprudence are pursuing. The onset of the novel Covid-19 pandemic forces medical practitioners, legislators, and society into these moral thoughts. The Covid-19 has put hospitals under pressure in terms of the shortage of equipment and facilities worldwide. Normally, intensive care units (ICUs) are fully occupied, so under the Covid-19

circumstance, they have to suffer from the acute shortage of ICU bed availability and ventilators because about 10% of patients with Covid-19 will require ventilatory support in some forms<sup>32</sup>. It is reported that many US states have extremely low bed numbers<sup>17</sup>. Medical staff's care and the distribution of face masks and other medical resources are also taken into strict consideration to deliver to the right people. In the broad picture, these inadequate resources lead to the ethical dilemma of what kinds of people should be prioritized and who should sacrifice others' lives. Specifically, this results in whether we should sacrifice people with more severe illness to save those with a higher possibility to survive.

---

### Corresponding author:

**Khoa Tran**

Designations: Mr.

Address: New York University Abu Dhabi, Abu Dhabi, United Arab Emirates.

Email ID: khoa.tran@nyu.edu

Orcid ID: 0000-0001-8000-1027

To explore the concept of sacrificing people for social benefit, this research will use compulsory organ donation as a proxy. Organ donation saves lives. This practice helps sick citizens a second chance to live a healthy life. However, many citizens are dying, waiting for an organ. Should the government force a citizen

to give compulsory organ donation to save more lives in society? With the current medical ethics and in compliance with international laws, no institution or doctor is allowed to force a citizen to donate his organs to others without permission and approval from him or his family in his will<sup>14</sup>. From the perspective of a legal researcher and a philosopher, the research agrees but does not accept that the present medical rules and laws are apparent.

## Literature Review

Scholars around the world have addressed the questions of organ donation from both theoretical and empirical perspectives. Theoretically, various research concentrates on the impacts of culture and religion on human's acceptance toward organ donation. Culturally in China, for example, Liu indicates that family factors, the experience of blood donation, and willingness to accept a donated deceased organ have a significant impact on organ donation decisions<sup>19</sup>. From the religious perspectives, the paper of Kobus points out that treatment with organs taken from living and deceased people gains support from a majority of Judaism's followers<sup>18</sup>. Padela also reported that Muslim followers' attitudes toward organ donation and religion are closely linked despite their lack of in-depth knowledge about Islamic perspectives on organ donation<sup>22</sup>. From an ethical and moral perspective, Schweikart makes a re-examination of whether a medically justifiable homicide is a legal action in compliance with the "dead donor rule," whose prerequisite is that donors must be dead<sup>26</sup>. Rissman suggests approaches in building a framework that ethically and legally safeguards the rights of people with disorders of consciousness<sup>24</sup>.

Empirically, the educational level also affects the people's attitudes towards organ donations as the young with secondary and higher education are more likely to approve organ donation<sup>18</sup>. However, the perspectives of medical students regarding organ donation are different across the world. In 2019, only 37% of Spanish veterinary students favored presumed consent law<sup>21</sup>. Meanwhile, deceased organ donations are supported by most Chinese medical students in China<sup>19</sup>. On the other side, research conducted by Tarzi indicates that the laws and legislation related to organ donation are

still foreign among most people in Syria; however, over three-fourths of respondents were willing to donate their organs<sup>27</sup>. Regardless of the attitude, the organ shortage is a significant problem. For example, in the United States, the number of patients on the waiting list was 95,000, and patient deaths were over 6,300 in 2006<sup>1</sup>. In 2014, the United Kingdom had 457 patient deaths due to organ shortage<sup>1,16</sup>. Many scholars suggest and qualitatively illustrate that institutional improvement can address the shortage issues; however, many moral and legal actions prevent such implementation.

An observation on previous papers indicates a literature gap that research on attitude, awareness, and policy implementation is mostly done empirically rather than theoretically. Besides, theoretical questions relied on religious debate and belief rather than philosophical and moral aspects. Therefore, this research will discuss the dilemma in a more thorough approach with ethical, jurisdiction, and social-economics perspectives.

## Methodology

This research employs interpretive research as a method for analysis. In legal research, interpretivism offers a philosophical explanation of how institutional practice, such as legal action and practices, can modify legal rights and obligations. In legal research, this approach has been employed by Ronald Dworkin, Ripstein, and Gardner. Unlike the prevalent empirical research, which purely results in descriptive information about organ donation, interpretivism allows the researchers to explore conscience and moral value that cannot be measured with numbers. This method allows the researchers to investigate the rationale and motive force that solidifies the law development, social acceptance process, and clinicians' moral experience in humanitarian work<sup>13</sup>.

This short research article will review the above question in a multi-dimensional and critical way from the perspective of moral ethics, legal jurisprudence, and socio-economics. We will explore the Golden Rule, Kant's morality, Utilitarianism, United Nations Universal Declaration of Human Rights, Robert Nozick, and John Rawls' principles of justice on the question of compulsory organ donation. The multi-dimensional and

critical analysis will highlight the controversial nature of organ donations and their position in a network of legal, economic, and social issues. This paper emphasizes that scholars should not view organ donation limitedly in its medical-legal scope; its solutions should account for all other moral, political, and economic factors and principles, preventing negative consequences in policy implementation.

### **Compulsory Organ donations from the moral ethics' perspectives:**

The debate of saving a mildly sick person by sacrificing a more seriously ill one is not a new question in the world of ethics and philosophy: Trolley Dilemma. Philippa Foot introduced the first thought-provoking version of the trolley problem in 1967. Suppose you are the points operator of a trolley traveling towards five men working on the track and has no breaks. On the side track, however, there is just one working man. If the driver diverts the trolley to the side track, one man will be killed to sacrifice for saving five men. Will a normal person make such a decision? Various scholars approach this question from cultural and empirical analysis. For example, the large Moral-Machine Survey, after analyzing the decisions made by 70,000 participants from 42 countries, reveals that the choice depended on their cultural milieu. While most residents in western countries agreed on sacrificing one individual to save the lives of several others, the figures in some east Asian countries are remarkably lower<sup>3</sup>. Rather than investigating empirical research like previous researchers with the trolley problem, the study initiated a philosophical conversation on compulsory organ donations.

We want to start with the concept of the "Golden Rule." The Golden Rule can be summed up as follows: "Do unto others as you would have others do unto you"<sup>7</sup>. A typical example is that we should contribute money and materials to support residents in flooded areas because we wish that if one day we get caught in a natural disaster, everyone will come to help us. The Golden Rule Principle is taught and widely used by many moral and religious ideas such as Confucianism, Buddhism, Christianity, and many other great religions. From the ethical perspective of the Golden Rule, each of

us will form our answer. We do not support compulsory organ donation because we do not want others to decide on our own lives. At the same time, we do not want to be abandoned by the doctor because of our more severe illness. In general, the choice in this answer comes from conscience and personal desires.

However, we cannot deny Kant's reasonableness and persuasion. Kant's morality is counterintuitive. Kant believes that if something is good, it should be universal - that is, it cannot be accurate in one situation but false in another. We want to summarize Kant's statement as follows: "Take action if you think the whole society is acting like you, and society will flourish."<sup>11</sup>. At first glance, Kant's statement might be similar to the Golden Rule, but in fact, these principles are different. Humans want to conduct many actions that are not ethical and do not bring general good values to society. For example, a student wants other friends to let him copy the papers during the exam and also wants to help other friends in similar cases. With the Golden Rule, we accept the above activities; however, Kant will refuse. From Kant's perspective, we should support compulsory organ donation and sacrifice the more seriously ill person to save the less. The reason is that compulsory organ donation saves more people. For example, the brain might die; however, the heart, liver, and kidney are still working and can save three lives. Kant's ethics statements are concerned with objective morality (morality is good for society, not necessarily with intuition). For Kant, morality is a common standard of society rather than conscience<sup>11</sup>. We point out Kant's argument not to show agreement but to show reasonableness and persuasion for action contrary to current medical and jurisprudence's apparent ethics.

We also recognize the gaps in both ethical points of view. Firstly, critics can argue that Kant is not in favor of compulsory organ donation because most people consider this to be the right thing - an objective ethical standard. For Kant, the evaluation of a good or bad action does not come from the result of that action but from the motivation that drives that action<sup>2</sup>. Suppose a thief steals money from a household, for example, but accidentally helps hospitalize the owner of a house with a heart attack. In that case, the thief is still doing evil deeds

because he has an immoral purpose. Secondly, it will be superficial when we make decisions by considering only the number of lives and socio-economic benefits. According to the scholars of Utilitarianism, the right thing lies in the sum of social joy<sup>31</sup>. In other words, it is not the criterion of who is less ill and who is seriously ill but saving whom to bring more joy to their family in particular and society in general that counts. Finally, in the first three short paragraphs, we look at the ethical question in a separate aspect from other social and ethical problems. At the same time, we also only see the problem from the subjective and objective perspective of each individual (ours, that of Kant, and that of the scholars of Utilitarianism). However, personalization, problem differentiation, and ethicism will not answer the question from a social perspective.

#### **Compulsory Organ donations from the legals' perspectives:**

Since ethics is inadequate, we want to look at organ donation and the dilemma of sacrificing the sick from a jurisprudence perspective. Laws are the rules that govern and control human behavior<sup>29</sup>. The laws are created to limit the Golden Rule's subjectivity and mandate Kant's objective moral standards. In the legal theories, human rights and equality are two important concepts. Regarding organ donation from a clinically dead person, equality and human rights are still existent but not critical to him. However, in other circumstances such as equality in court and 30 basic human rights, these two concepts are the minimum rights for each citizen's life. Because of the inclusiveness of the two concepts above, it is impossible to declare a law on compulsory organ donation without taking these two principles into account.

First, we need to review equal rights in every human being. In fact, everyone is born unequal: some are born into a noble family, some are poor, some are geniuses, some are ignorant, some are good, and some are disabled. Regardless of the above inequalities, equal rights are necessary because the law equally values every life<sup>28</sup>. In the court, life's value of a seriously ill person and a healthy person is entirely similar, so asking for help from a more ill person to cure a milder patient is meaningless. The legal answer is an objection. However,

this statement has many shortcomings. If a critically ill person is a critically ill war crime, a critically ill death row inmate, or a critically ill president, will the balance change? The answer is yes in most cases and no for some countries. Basically, all people have the right to equal treatment under the same circumstances. The difference when saving an ordinary person, a president, or a death row inmate lies in the category of economic, political, and moral inequality, not the law<sup>34</sup>. The saying: "Make sacrifices for the leader," is not in pure law but the politics of law. This should be analyzed and concentrated in another ethical and political research; however, we mention it to acknowledge our legal arguments' shortcomings critically.

Moreover, articles 3 and 30 of the 1948 United Nations Universal Declaration of Human Rights also influence the development of the compulsory organ donation law. Article 3 states: "Everyone has the right to life, liberty, and security of person." With Article 30, we have: "Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein." Those two articles reiterate that international legal standards aimed at ensuring the minimum living needs of a human being. Legislators cannot impose compulsory organ donation on citizens. Directly forcing citizens to donate organs or the fact that a doctor saves a less sick patient and sacrifices the more sick person is a violation of article 30 of the 1948 United Nations Universal Declaration of Human Rights<sup>30</sup>. From a philosophical perspective, the prohibition of compulsory organ donation as the current law is tied to minimal human rights. If a country, like Vietnam, forces compulsory organ donation, it creates false premises that infringe upon the Vietnamese citizens' right to life, freedom, and safety. Since the law aims to build a fair, orderly, and safe society, it does not impose compulsory organ donation on citizens.

There is currently an innovation in organ donation law. Started in 1987 by Singapore and notably Spain, UK, Australia, and Belgium, there is an opt-out system for organ donation<sup>33</sup>. Under the opt-out system, it is a default that all citizens will donate organs if an

unfortunate incident occurs to them unless they say they don't want to. This rule of law does not force people to donate organs (since they have the right to refuse), but they will be automatically deemed to donate organs. This principle solves the legal inconsistencies outlined above. Many scientific studies from the British Medical Journal have provided evidence that the opt-out system's principle has solved the shortage of organs for surgery in many countries, such as the UK and Singapore<sup>8,9</sup>. For example, researchers found that the donation rates double in an opt-out system than in an opt-in system in Singapore<sup>15</sup>. The opt-out system is an innovative legal solution that might solve the organ shortage issues in the future.

On the other side, there is criticism about the opt-out system also. The first argument is organ donation should be viewed as a gift rather than a mandatory act. Without an informative system for citizens about their rights to opt-out, there is no difference between the opt-out system and the compulsory organ donation system. Pope Benedict XVI was concerned that the process of organ acquisition would terminate the informed consent. In other words, he worries that in an opt-out system, organ donation is not a gift but an abusive act. He mentions: "... In these cases, informed consent is a precondition of freedom so that the transplant can be characterised as being a gift and not interpreted as a coercive or abusive act". Supporting Pope Benedict XVI, Austriaco has called for catholic believers and institutions to "... reject presumed consent and not cooperate with an unjust system of organ procurement." These are some major counter-argument for the effectiveness of an opt-out system<sup>23</sup>. Moreover, various regions and countries, such as Wales, do not experience an increase in organ supply over two years after implementing an opt-out system<sup>12</sup>; hence, this legal innovation might not purely be a solution to organ shortage. Critics and researchers believe, both theoretically and empirically, that the government should initiate programs to encourage citizens and families to support organ donation rather than an opt-out system, such as investing in physicians and nurses to persuade families into organ donation. If the government cannot ensure the family wishes and individual autonomy, the legislation will not create stability and justice in society<sup>25</sup>.

### **Compulsory Organ donations from the social-economic perspectives:**

Law is closely intertwined with constant socio-economic development and must be adapted to accommodate changes<sup>10</sup>. For example, the law of justice and human rights are not inherently human rights throughout human history<sup>5</sup>. These values are built up and reflect the desire of society after various revolutions and wars. If we only look at the problem of sacrificing the sick and donating organs from jurisprudence and ethics' perspective, we will not see the impact of the transformation in society. As mentioned above, political and economic factors can influence organ donation and save lives. A politician or a tycoon will impact society and bring more socio-economic benefits to the whole country. They are also people who have more resources, power, and money to acquire doctors on their side. If viewed from the social and economic perspective, is the above action considered unjust and contrary to the above principles of equality, human rights, and ethics?

Firstly, Scott Andrew suggests moving organ donation into a free market mechanism. In other words, all citizens have the right to sell and trade the organs of their own will. Based on Adam Smith's Invisible hand and the law of demand and supply, a competitive market will drive down the cost of organ and medical procedures. He argues that with a free market, the total number of quality organs will increase, and the total cost of transplantation will reduce. This policy also increased the chances of survival for the 10000 Americans on waiting lists. However, this suggestion also faces many potential consequences. Firstly, this economic mechanism does not benefit the most underprivileged. The affluent firms might abusively buy organs from the poor, damaging their health and making profits from other mishaps. Secondly, selling organ legitimacy might increase criminal activities, such as human trafficking and organ harvesting. The increase in crimes will create instability in society. Hence, this is not a well-tailored solution for organ shortages<sup>6</sup>.

On a lesser extreme of freedom, we can investigate Robert Nozick's principles. Nozick does not support compulsory organ donation. He believes in self-ownership rights- where it is a human right to have

bodily integrity, and one has full control of one's own body and life. However, according to Robert Nozick, justice is accomplished only if people enjoy what he has<sup>20</sup>. More understandably, justice is not to save both the seriously ill and the mildly ill but is the right to hire a doctor to treat for him when the person has money from hard work and a legitimate source of income. From the socio-economic perspective, Nozick's view of justice and ethics creates the premise to promote a free society and economy when each citizen is responsible for himself and benefits from what he strives to achieve. Nozick's position at first sounds more unscrupulous than the philosophical, ethical, and juridical theories ever discussed. However, he is reflecting on the current situation and the principles of working society.

In the United States, however, not everyone agrees with Nozick's justice. This is because none of us can decide on our parents' wealth or our personal well-being at birth. If we had the right to choose the definition of a fair society from its infancy, what kind of society would we want? Another great American philosopher, John Rawls, said: "Injustice in the world is inevitable, however, justice will be exercised when we give priority to helping the least fortunate."<sup>4</sup> Actions that embody John Rawls' ideology are philanthropy, welfare policies that support the poor or lower taxes for low-income people. If we look at the issue of sacrificing the sick under Rawls' eyes, society should prioritize saving the sicker over the mildly ill. Rawls's argument gives us a new perspective on organ donation equity and gives us a new moral dimension. A society and an economy operating from Rawls' perspective will bring more love and sharing than Nozick's. Rawls, of course, is not entirely true. For example, are people happy to be taxed higher than another friend because they work harder and are more talented? We think these issues need answering through the ethics and reflection of each person.

### Conclusion

This research has both theoretical and practical implications. From the theoretical perspective, by analyzing, evaluating, and critically thinking about many philosophical ideas related to ethics, human behavior, law, and socio-economics, we have brought out many exciting and contemplative aspects of organ donation

and sacrifices of more seriously ill people. These two problems are not merely a question of morality but also associated with other problems in society. For the current lawmakers, perhaps the international government follows the Golden Principle, everyone's fairness and human rights and is closer to John Rawls' ideology of justice. However, we are convinced and agree with Kant and Nozick's proposals on ethics and justice surrounding organ donation and patient sacrifice.

We also support using an opt-out system to deal with the quandary related to organ donation for its effectiveness in saving lives and bringing about social welfare. Going beyond the scope of compulsory organ donation, the research encourages medical practitioners, legislators, and social activists to develop interdisciplinary views in the medical-legal decision-making process. Without a multi-perspective analysis, policymakers may not account fully for all the drawbacks or potential moral consequences from their polities. Above all, legal and medical practitioners are also watching the socio-economic change, and maybe there will be new legal principles and initiatives that promote the fairness, justice, and ethics of organ donation but still ensure the source of organs to save people in danger.

### Limitation and Suggestion for Future Research:

In this short research article, the authors first explore philosophical and moral analysis related to compulsory organ donation rather than empirical data. To increase the rigor of the analysis, future scholars should investigate these philosophical discussions from a positivist's perspective. Secondly, this paper's philosophical discussion is Western-centric; hence, it does not reflect the moral and ethical values across the world. In subsequent research, researchers should investigate moral and ethical thought from eastern's perspectives, such as Islamism, Confucianism, and Hinduism. Finally, a more country centric analysis, such as Vietnam or India, on political and legal aspects should be concentrated by researchers also. The country centric view can account for the specific economic, political, and cultural context of a community, enhancing the practical application of the research.

**Ethical Clearance:** Taken from institutional ethics committee.

**Source of Funding:** Self.

**Conflict of Interest:** Nil

### References

1. Abouna G. Organ Shortage Crisis: Problems and Possible Solutions. *Transplantation Proceedings*. 2008;40(1):34–8.
2. Alvarez M. Reasons for Action: Justification, Motivation, Explanation [Internet]. *Stanford Encyclopedia of Philosophy*. Stanford University; 2016 [cited 2020Dec28]. Available from: <https://plato.stanford.edu/archives/win2017/entries/reasons-just-vs-expl/>
3. Awad E, Dsouza S, Shariff A, Rahwan I, Bonnefon J-F. Universals and variations in moral decisions made in 42 countries by 70,000 participants. *Proceedings of the National Academy of Sciences*. 2020;117(5):2332–7.
4. Barata A, Cabrita MJ. What principle of difference for a truly egalitarian social democracy? Rereading Rawls after social democracy's failures. *Palgrave Communications*. 2019;5(1).
5. Blaauw J. Human Rights in History Textbooks. *Globalisation, Human Rights Education and Reforms*. 2016;:251–63.
6. Block WE. Organ Transplant: Using the Free Market Solves the Problem. *Journal of Clinical Research & Bioethics*. 2011;02(03).
7. Burton BK, Goldsby M. The Golden Rule and Business Ethics: An Examination. *Journal of Business Ethics*. 2005;56(4):371–83.
8. Chin JLL, Kwok TH. After presumed consent: a review of organ donation in Singapore. *Indian Journal of Medical Ethics*. 2014;
9. English V, Johnson E, Sadler BL, Sadler AM. Is an opt-out system likely to increase organ donation? *The BMJ*. 2019;:1967.
10. Ginsburg T, Pistor K, Wellons PA, Jayasuriya K, Brown RS, Gutterman A. Does Law Matter for Economic Development? Evidence From East Asia. *Law & Society Review*. 2000;34(3):829.
11. Guyer P. Kant's Morality of Law and Morality of Freedom. *Kant and Critique: New Essays in Honor of WH Werkmeister*. 1993;:43–89.
12. Hawkes N. Welsh opt-out law fails to increase organ donations. *The BMJ*. 2017;
13. Hunt MR. Strengths and Challenges in the Use of Interpretive Description: Reflections Arising From a Study of the Moral Experience of Health Professionals in Humanitarian Work. *Qualitative Health Research*. 2009;19(9):1284–92.
14. Hurley R. China's forced organ harvesting constitutes crimes against humanity, informal London tribunal finds. *Bmj*. 2019;:l4287.
15. Johnson EJ, Goldstein D. Do Defaults Save Lives? *Science*. 2003;302(5649):1338–9.
16. Johnston C. Shortage of organ donations led to 457 deaths last year, says NHS [Internet]. *The Guardian*. *Guardian News and Media*; 2017 [cited 2020Dec28]. Available from: <https://www.theguardian.com/society/2017/sep/04/silence-transplants-deadly-organs-shortage-nhs>
17. Jones RP. Would the United States Have Had Too Few Beds for Universal Emergency Care in the Event of a More Widespread Covid-19 Epidemic? *International Journal of Environmental Research and Public Health*. 2020;17(14):5210.
18. Kobus G, Małyszko J, Bachórzewska-Gajewska H. Opinions of Followers of Judaism Residing in the Northeastern Part of Poland on Organ Donation. *Transplantation Proceedings*. 2020;52(10):2895–8.
19. Liu C, Liu S, Liu B. Medical Students' Attitudes Toward Deceased Organ Donation in China: A Cross Section Cohort Study. *Transplantation Proceedings*. 2020;52(10):2890–4.
20. Mack E. Robert Nozick's Political Philosophy [Internet]. *Stanford Encyclopedia of Philosophy*. Stanford University; 2018 [cited 2020Dec28]. Available from: <https://plato.stanford.edu/entries/nozick-political/>
21. Martínez-Alarcón L, Ríos A, Ramis G, Gómez-Laguna J, Moll X, Falceto V, et al. Veterinary Spanish Students' Attitude Toward Presumed Consent in Organ Donation. *Transplantation Proceedings*. 2019;51(9):3004–7.
22. Padela AI, Duivenbode R, Quinn M. The Development and Validation of the Islamic Knowledge of Living Organ Donation Knowledge Scale for Measuring Organ Donation Knowledge Among Muslim Communities. *Progress in Transplantation*. 2020;30(4):315–21.
23. Prabhu PK. Is presumed consent an ethically

- acceptable way of obtaining organs for transplant? *Journal of the Intensive Care Society*. 2018;20(2):92–7.
24. Rissman L, Paquette ET. Ethical and legal considerations related to disorders of consciousness. *Current Opinion in Pediatrics*. 2020; Publish Ahead of Print.
  25. Sadler AM, Sadler BL. Will an opt-out organ transplant law save lives? [Internet]. *The BMJ*. 2019 [cited 2020Dec28]. Available from: <https://blogs.bmj.com/bmj/2018/09/06/will-an-opt-out-organ-transplant-law-save-lives/>
  26. Schweikart SJ. Reexamining the Flawed Legal Basis of the “Dead Donor Rule” as a Foundation for Organ Donation Policy. *AMA Journal of Ethics*. 2020Dec;22(12).
  27. Tarzi M, Asaad M, Tarabishi J, Zayegh O, Hamza R, Alhamid A, et al. Attitudes towards organ donation in Syria: a cross-sectional study. *BMC Medical Ethics*. 2020;21(1).
  28. Thomsen FK. Concept, Principle, And Norm—Equality Before The Law Reconsidered. *Legal Theory*. 2018;24(2):103–34.
  29. Todorov JC. Laws and the Complex Control of Behavior. *Behavior and Social Issues*. 2005;14(2):86–91.
  30. Universal Declaration of Human Rights [Internet]. United Nations. United Nations; [cited 2020Dec28]. Available from: <https://www.un.org/en/universal-declaration-human-rights/>
  31. Veenhoven R. Greater Happiness for a Greater Number. *Journal of Happiness Studies*. 2010;11(5):605–29.
  32. Vincent J-L, Creteur J. Ethical aspects of the COVID-19 crisis: How to deal with an overwhelming shortage of acute beds. *European Heart Journal: Acute Cardiovascular Care*. 2020;9(3):248–52.
  33. Willis BH, Quigley M. Opt-out organ donation: on evidence and public policy. *Journal of the Royal Society of Medicine*. 2013;107(2):56–60.
  34. Xian W, Xu X, Li J, Sun J, Fu H, Wu S, et al. Health care inequality under different medical insurance schemes in a socioeconomically underdeveloped region of China: a propensity score matching analysis. *BMC Public Health*. 2019;19(1).