

Forced Organ Harvesting: Expanding the Dead Donor Rule

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INTRODUCTION

The nonconsensual taking of a human organ to use in transplantation medicine violates ethical principles, including autonomy, informed consent, and human rights, as well as criminal laws. When such an organ harvesting is not just nonconsensual, but performed in a way that causes a death or uses the pretense of brain death without meeting the criteria, it also violates the dead donor¹ rule.² The dead donor rule is both ethical and legal. It prevents organ retrieval that would predictably cause the death of the organ donor.³ Retrieval of a vital organ is permissible only after a declaration of death.⁴ Forced organ harvesting may breach the dead donor rule as it stands. A reimagined, broader dead donor rule could consider a larger timeframe in the forced organ harvesting context. In doing so, the broad dead donor rule could cover intent, premeditation, aiding and abetting, and due diligence failures.

A broad definition of forced organ harvesting is “the removal of one or more organs from a person by means of coercion, abduction, deception, fraud, or abuse of power. . .”⁵ A more targeted definition is “[t]he killing of a person so that their organs may be removed without their free, voluntary and informed consent and transplanted into another person.”⁶ In the global organ harvesting context, forced organ harvesting violates the World Health Organization (WHO) Guiding Principle 3, which says “live organ donors should be acting willingly, free of any undue influence or coercion.”⁷ Furthermore, WHO states live donors should be “genetically, legally, or emotionally” attached to the recipient. Guiding Principle 1 applies to deceased donors, covers consent, and permits donation absent any known objections by the deceased.⁸ Principle 7 says, “Physicians and other health professionals should not engage in transplantation procedures, and health insurers and other payers should not cover such procedures if the cells, tissues or organs concerned have been obtained through exploitation or coercion of, or payment to, the donor or the next of kin of a deceased donor.”⁹ There are underground markets in which organ hunters prey on the local poor in

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countries with low wages and widespread poverty¹⁰ and human trafficking that targets migrants for the purpose of organ harvesting.¹¹

This paper explores forced harvesting under the backdrop of the dead donor rule, arguing that a human rights violation so egregious requires holding even distant participants in the chain of events accountable. By interfering with resources necessary to carry out bad acts, legislation and corporate and institutional policies can act as powerful deterrents. A broader dead donor rule would highlight the premeditation and intent evidenced well before the act of organ retrieval.

I. Background and Evidence

In China, there is evidence that people incarcerated for religious beliefs and practices (Falun Gong) and ethnic minorities (Uyghurs) have been subjects of forced organ harvesting. A tribunal (the China Tribunal) found beyond a reasonable doubt that China engaged in forced organ harvesting.¹² Additionally, eight UN Special Rapporteurs found a system of subjecting political prisoners and prisoners of conscience to blood tests and radiological examinations to determine the fitness of their organs.¹³ As early as 2006, investigators found evidence of forced organ harvesting from Falun Gong practitioners.¹⁴ Over a million Uyghurs are in custody there, and there is ample evidence of biometric data collection.¹⁵ An Uyghur tribunal found evidence of genocide.¹⁶ “China is the only country in the world to have an industrial-scale organ trafficking practice that harvests organs from executed prisoners of conscience.”¹⁷

Witnesses testified to the removal of organs from live people without ample anesthesia,¹⁸ summonses to the execution grounds for organ removal,¹⁹ methods of causing death for the purpose of organ procurement,²⁰ removing eyes from prisoners who were alive,²¹ and forcing live prisoners into operating rooms.²²

The current extent of executions to harvest organs from prisoners of conscience in China is unknown. The Chinese press has suggested surgeons in China will perform 50,000 organ transplants this year.²³ Doctors Against Forced Organ Harvesting (DAFOR) concluded, “[f]orced organ harvesting from living people has occurred and continues to occur unabated in China.”²⁴ China continues to advertise in multiple languages to attract transplant tourists.²⁵ Wait times for organs seem to remain in the weeks.²⁶ In the United States, it is common to wait three to five years.²⁷

II. The Nascent System of Voluntary Organ Donation in China

In China, throughout the 1990s and early 2000s, the supply of organs for transplant was low, and there was not a national system to register as a donor. A 1984 act permitted death row prisoners to donate organs.²⁸ In 2005, a Vice Minister acknowledged that 95 percent of all organ transplants used organs from death row prisoners.²⁹ In 2007 the planning of a voluntary system to harvest organs after cardiac death emerged. According to a Chinese publication, China adopted brain death criteria in 2013.³⁰ There had been public opposition due partly to cultural unfamiliarity with it.³¹ Cultural values about death made it more difficult to adopt a universal brain death definition. Both Buddhist and Confucian beliefs contradicted brain death.³² Circulatory death was traditionally culturally accepted.³³ The Ministry of Health announced that by 2015 organ harvesting would be purely voluntary and that prisoners would not be the source of organs.³⁴

There are cultural barriers to voluntary donation partly due to a Confucian belief that bodies return to ancestors intact and other cultural and religious beliefs about respect for the dead.³⁵ An emphasis on family and community over the individual posed another barrier to the Western approach to organ donation. Public awareness and insufficient healthcare professional knowledge about the process of organ donation

are also barriers to voluntary donation.³⁶ Although the Chinese government claims its current system is voluntary and no longer exploits prisoners,³⁷ vast evidence contradicts the credibility of the voluntary transplant program in China.³⁸

III. Dead Donor Rule: A Source of Bioethical Debate

It seems tedious to apply this ethical foundation to something as glaring as forced organ harvesting. But the dead donor rule is a widely held recognition that it is not right to kill one person to save another.³⁹ It acts as a prohibition on killing for the sake of organ retrieval and imposes a technical requirement which influences laws on how death is declared. The dead donor rule prevents organ harvesting that causes death by prohibiting harvesting any organ which the donor agreed to donate only after death prior to an official declaration of death.

There is an ongoing ethical debate about the dead donor rule. Many in bioethics and transplant medicine would justify removing organs in specific situations prior to a declaration of death, abandoning the rule.⁴⁰ Some use utilitarian arguments to justify causing the death of someone who is unconscious and on life support irreversibly. Journal articles suggest that the discussion has moved to one of timing and organ retrieval.⁴¹ Robert Truog and Franklin Miller are critics of the dead donor rule, arguing that, in practice, it is not strictly obeyed: removing organs while a brain-dead donor is still on mechanical ventilation and has a beating heart and removing organs right after life support is removed and cardio-pulmonary death is declared both might not truly meet the requirement of the dead donor rule, making following the rule “a dubious norm.”⁴² Miller and Truog question the concept of brain death, citing evidence of whole body integrated functions that continue indefinitely. They challenge cardio-pulmonary death, asserting that the definition includes as dead, those who could be resuscitated. Their hearts could resume beating with medical intervention. Stopping life support causes death only in those whose lives are sustained by it. Some stipulate that the organ retrieval must not itself cause the death. Some would rejigger the cause of death: Daniel Callahan suggests that the underlying condition causes the death despite removal of life support.⁴³ But logically, a person could continue life support and be alive, so clearly, removing life support does cause death. Something else would have caused brain death or the circumstance that landed the person on mechanical ventilation. To be more accurate, one could say X caused the irreversible coma and removing life support caused the death itself.

Miller and Truog take the position that because withdrawal of life support does cause death, the dead donor rule should be defunct as insincere. To them, retrieving vital organs from a technically alive donor should be permissible under limited conditions. They look to the autonomous choices of the donor or the surrogate (an autonomy-based argument). They appreciate the demand for organs and the ability to save lives, drawing attention to those in need of organs. Live donor organ retrieval arguably presents a slippery slope, especially if a potential donor is close to death, but not so close to label it imminent. They say physicians would not be obligated to follow the orders of a healthy person wishing to have vital organs removed, perhaps to save a close friend or relative. Similarly, Radcliffe-Richards, et al. argue that there is no reason to worry about the slippery slope of people choosing death so they can sell their vital organs, whether for money for their decedents or their creditors.⁴⁴

The movement toward permissibility and increased acceptance of medical aid in dying also influence the organ donation arena. The slippery slope toward the end of life has potential to become a realistic concern. Older adults or other people close to death may want to donate a vital organ, like their heart, to a young relative in need. That could greatly influence the timing of a decision to end one's life.

IV. Relating the Dead Donor Rule to Forced Organ Harvesting

There is well documented evidence that in China organs have been removed before a declaration of death.⁴⁵ But one thing the dead donor rule does not explicitly cover is intent and the period prior to the events leading to death. It tends to apply to a near-death situation and is primarily studied in its relationship to organ donation. It is about death more than it is about life. Robertson and Lavee investigated data on transplantation of vital organs in China and they document cases where the declaration of death was a pretense, insincere, and incorrect. Their aim was to investigate whether the prisoners were in fact dead prior to organ harvesting.⁴⁶ (The China Tribunal found that organs have been removed from live prisoners and that organ harvesting has been the cause of death.) They are further concerned with the possible role of doctors as executioners, or at least as complicit in the execution as the organ harvesting so closely follows it.

V. A Broader Dead Donor Rule

A presumed ethical precursor to the dead donor rule may also be an important ethical extension of the rule: the dead donor rule must also prohibit killing a person who is not otherwise near death for the purpose of post-death organ harvesting. In China, extra-judicial killings of prisoners of conscience are premeditated — there is ample evidence of blood tests and radiology to ensure organ compatibility and health.⁴⁷ To have effective ethical force, the dead donor rule should have an obvious application in preventing intentional killing for an organ retrieval, not just killing by way of organ retrieval. When we picture the dead donor rule, bioethicists tend to envision a person on life support who will either be taken off it and stop breathing or who will be declared brain dead. But the dead donor rule should apply to healthy people subject to persecution at the point when the perpetrator lays the ground for the later killing. At that point, many organizations and people may be complicit or unknowingly contributing to forced organ harvesting.

In this iteration of the dead donor rule, complicity in its violations would be widespread. The dead donor rule could address the initial action of ordering a blood or radiology test or collecting any biometric data. Trained physicians and healthcare technicians perform such tests. Under my proposed stretch of the dead donor rule, they too would be complicit in the very early steps that eventually lead to killing a person for their organs. I argue these steps are part of forced organ harvesting and violate the dead donor rule. The donor is very much alive in the months and years preceding the killing. A conspiracy of indifference toward life, religious persecution, ethnic discrimination, a desire to expand organ transplant tourism, and intent to kill can violate this broader dead donor rule.

The dead donor rule does not usually apply to the timing of the *thought of* organ removal, nor the beginning of the chain of events that leads to it. It is usually saved for the very detailed determination of what may count as death so that physicians may remove vital and other organs, with the consent of the donor.⁴⁸

But I argue that declaring death at the time of retrieval may not be enough. Contributing to the death, even by actions months or years in advance, matter too. Perhaps being on the deathbed awaiting a certain death must be distinguished from going about one's business only to wind up a victim of forced organ harvesting. Both may well be declared dead before organ retrieval, but the likeness stops there. The person targeted for future organ retrieval to satisfy a growing transplant tourism business or local demand is unlike the altruistic person on his deathbed.

While it may seem like the dead donor rule is merely a bioethics rule, it does inform the law. And it has ethical heft. It may be worth expanding it to the arena of human trafficking for the sake of organ removal

and forced organ harvesting.⁴⁹ The dead donor rule is really meant to ensure that death was properly declared to protect life, something that must be protected from an earlier point.

VI. Complicity: Meaning and Application

Human rights due diligence refers to actions that people or institutions must take to ensure they are not contributing to a human rights violation. To advise on how to mitigate risk of involvement or contribution to human rights violations, Global Rights Compliance published an advisory that describes human rights due diligence as “[t]he proactive conduct of a medical institution and transplant-associated entity to identify and manage human rights risks and adverse human rights impacts along their entire value and supply chain.”⁵⁰ Many people and organizations enable forced organ harvesting. They may be unwittingly complicit or knowingly aiding and abetting criminal activity. For example, some suppliers of medical equipment and immunosuppressants may inadvertently contribute to human rights abuses in transplantation in China, or in other countries where organs were harvested without consent, under duress, or during human trafficking. According to Global Rights Compliance, “China in the first half of 2021 alone imported ‘a total value of about 24 billion U.S. dollars’ worth of medical technology equipment’, with the United States and Germany among the top import sources.”⁵¹ The companies supplying the equipment may be able to slow or stop the harm by failing to supply necessary equipment and drugs. Internal due diligence policies would help companies analyze their suppliers and purchasers. Corporations, educational institutions, and other entities in the transplantation supply chain, medical education, insurance, or publishing must engage in human rights due diligence. The Global Rights Compliance advisory suggests that journals should not include any ill-gotten research. Laws should regulate corporations and target the supply chain also. All actors in the chain of supply, etc. are leading to the death of the nonconsenting victim. They are doing so while the victim is alive.

The Stop Forced Organ Harvesting Act of 2023, pending in the United States, would hold any person or entity that “funds, sponsors, or otherwise facilitates forced organ harvesting or trafficking in persons for purposes of the removal of organs” responsible. The pending legislation states that:

It shall be the policy of the United States—

- (1) to combat international trafficking in persons for purposes of the removal of organs;
- (2) to promote the establishment of voluntary organ donation systems with effective enforcement mechanisms in bilateral diplomatic meetings and in international health forums;
- (3) to promote the dignity and security of human life in accordance with the Universal Declaration of Human Rights, adopted on December 10, 1948; and
- (4) to hold accountable persons implicated, including members of the Chinese Communist Party, in forced organ harvesting and trafficking in persons for purposes of the removal of organs.⁵²

The Act calls on the President to provide Congress a list of such people or entities and to sanction them by property blocking, and, in the case of non-US citizens, passport and visa denial or revocation. The Act includes a reporting requirement under the Foreign Assistance Act of 1961 that includes an assessment of entities engaged in or supporting forced organ harvesting.⁵³ The law may have a meaningful impact on forced organ harvesting. Other countries have taken or are in the process of legal approaches as well.⁵⁴

Countries should consider legislation to prevent transplant tourism, criminalize complicity, and require human rights due diligence. An expanded dead donor rule supports legal and policy remedies to prevent enabling people to carry out forced organ harvesting.

VII. Do Bioethicists Mention Human Rights Abuses and Forced Organ Harvesting Enough?

As a field, bioethics literature often focuses on the need for more organs, the pain and suffering of those on organ transplant waitlists, and fairness in allocating organs or deciding who belongs on which waitlist and why. However, some bioethicists have drawn attention to forced organ harvesting in China. Notably, several articles noted the ethical breaches and called on academic journals to turn away articles on transplantation from China as they are based on the unethical practice of executing prisoners of conscience for their organs.⁵⁵ The call for such a boycott was originally published in a *Lancet* article in 2011.⁵⁶ There is some acknowledgement that China cares about how other countries perceive it,⁵⁷ which could lead to either improvements in human rights or cover-ups of violations. Ill-gotten research has long been in the bioethics purview with significant commentary on abuses in Tuskegee and the Holocaust.⁵⁸ Human research subjects are protected by the Declaration of Helsinki, which requires acting in the best interests of research subjects and informed consent among other protections.⁵⁹ The Declaration of Helsinki is directed at physicians and requires subjects enroll in medical research voluntarily. The Declaration does not explicitly cover other healthcare professionals, but its requirements are well accepted broadly in health care.

CONCLUSION

The dead donor rule in its current form really does not cover the life of a non-injured healthy person at an earlier point. If it could be reimagined, we could highlight the link between persecution for being a member of a group like Falun Gong practitioners or Uyghurs as the start of the process that leads to a nonconsensual organ retrieval whether after a proper declaration of death or not. It is obviously not *ethically enough* to ensure an execution is complete before the organs are harvested. It is abuse of the dead donor rule to have such a circumstance meet its ethical requirement. And obviously killing people for their beliefs or ethnicity (and extra-judicial killings generally) is not an ethically acceptable action for many reasons. The deaths are intentionally orchestrated, but people and companies who may have no knowledge of their role or the role of physicians they train or equipment they sell are enablers. An expanded dead donor rule helps highlight a longer timeframe and expanded scope of complicity. The organ perfusion equipment or pharmaceuticals manufactured in the United States today must not end up enabling forced organ harvesting. With an expanded ethical rule, the “donor is not dead” may become “the donor would not be dead if not for. . .” the host of illegal acts, arrests without cause, forced detention in labor camps, extra-judicial killings, lacking human rights due diligence, and inattention to this important topic. The expanded dead donor rule may also appeal to the bioethics community and justify more attention to laws and policies like the Stop Forced Organ Harvesting Act of 2023.

¹ The word “donor” in this paper describes any person from whom organs are retrieved regardless of compensation, force, or exploitation in keeping with the bioethics literature and the phrase “dead donor rule”.

² Robertson, M.P., Lavee J. (2022). Execution by organ procurement: Breaching the dead donor rule in China. *Am J Transplant*, Vol.22,1804– 1812. doi:10.1111/ajt.16969.

³ Robertson, J. A. (1999). Delimiting the donor: the dead donor rule. *Hastings Center Report*, 29(6), 6-14.

⁴ Retrieval of non-vital organs which the donor consents to donate post-death (whether opt-in, opt-out, presumed, or explicit according to local law) also trigger the dead donor rule.

⁵ The Stop Forced Organ Harvesting Act of 2023, H.R. 1154, 118th Congress (2023), <https://www.congress.gov/bill/118th-congress/house-bill/1154>.

⁶ Do No Harm: Mitigating Human Rights Risks when Interacting with International Medical Institutions & Professionals in Transplantation Medicine, Global Rights Compliance, Legal Advisory Report, April 2022, <https://globalrightscpliance.com/project/do-no-harm-policy-guidance-and-legal-advisory-report/>.

⁷ WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, as endorsed by the sixty-third World Health Assembly in May 2010, in Resolution WHA63.22 <https://apps.who.int/iris/bitstream/handle/10665/341814/WHO-HTP-EHT-CPR-2010.01-eng.pdf?sequence=1>.

⁸ WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation (2010).

⁹ WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation (2010).

¹⁰ Promchertchoo, Pichayada (Oct. 19, 2019). Kidney for sale: Inside Philippines' illegal organ trade. <https://www.channelnewsasia.com/asia/kidney-for-sale-philippines-illegal-organ-trade-857551>; Widodo, W. and Wiwik Utami (2021), The Causes of Indonesian People Selling Covered Kidneys from a Criminology and Economic Perspective: Analysis Based on Rational Choice Theory. *European Journal of Political Science Studies*, Vol 5, Issue 1.

¹¹ Van Reisen, M., & Mawere, M. (Eds.). (2017). *Human trafficking and trauma in the digital era: The ongoing tragedy of the trade in refugees from Eritrea*. African Books Collective.

¹² The Independent Tribunal into Forced Organ Harvesting from Prisoners of Conscience in China (China Tribunal) (2020). https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf

¹³ UN Office of the High Commissioner, Press Release, China: UN human Rights experts alarmed by 'organ harvesting' allegations (UN OTHCHR, 14 June 2021), <https://www.ohchr.org/en/press-releases/2021/06/china-un-human-rights-experts-alarmed-organ-harvesting-allegations>.

¹⁴ David Matas and David Kilgour, *Bloody Harvest. The killing of Falun Gong for their organs* (Seraphim Editions 2009).

¹⁵ How China is crushing the Uyghurs, *The Economist*, video documentary, July 9, 2019, <https://youtu.be/GRBcP5Brffl>.

¹⁶ Uyghur Tribunal, Judgment (9 December 2021) (Uyghur Tribunal Judgment) para 1, <https://uyghurtribunal.com/wp-content/uploads/2022/01/Uyghur-Tribunal-Judgment-9th-Dec-21.pdf>.

¹⁷ Ali Iqbal and Aliya Khan, Killing prisoners for transplants: Forced organ harvesting in China, *The Conversation*

Published: July 28, 2022. <https://theconversation.com/killing-prisoners-for-transplants-forced-organ-harvesting-in-china-161999>

¹⁸ Testimony demonstrated surgeries to remove vital organs from live people, killing them, sometimes without ample anesthesia to prevent wakefulness and pain. China Tribunal (2020), p. 416-417. https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf; Robertson MP, Lavee J. (2022), Execution by organ procurement: Breaching the dead donor rule in China. *Am J Transplant*, Vol.22,1804– 1812. doi:10.1111/ajt.16969.

¹⁹ Doctors reported being summoned to execution grounds and told to harvest organs amid uncertainty that the prisoner was in fact dead. China Tribunal (2020), p. 52-53.

²⁰In testimony to the China Tribunal, Dr. Huige Li noted four methods of organ harvesting from live prisoners: incomplete execution by shooting, after lethal injection prior to death, execution by removal of the heart, and after a determination of brain death prior to an intubation (pretense of brain death). China Tribunal (2020), pp. 54-55. https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf

²¹ A former military medical student described removing organs from a live prisoner in the late 1990s. He further described his inability to remove the eyes of a live man and his witnessing another doctor forcefully remove the man's eyes. China Tribunal (2020), p. 330.

²² In 2006, a nurse testified that her ex-husband, a surgeon, removed the eyes of 2,000 Falun Gong practitioners in one hospital between 2001 and 2003. She described the Falun Gong labor-camp prisoners as being forced into operating rooms where they were given a shot to stop their hearts. Other doctors removed other organs. DAFOH Special Report, 2022. <https://epochpage.com/wp-content/uploads/sites/3/2022/12/DAFOH-Special-Report-2022.pdf>

²³ Robertson MP, Lavee J. (2022), Execution by organ procurement: Breaching the dead donor rule in China. *Am J Transplant*, Vol.22,1804– 1812. doi:10.1111/ajt.16969.

²⁴ DAFOH Special Report, 2022. <https://epochpage.com/wp-content/uploads/sites/3/2022/12/DAFOH-Special-Report-2022.pdf>; DAFOH's physicians were nominated for a Nobel Prize for their work to stop forced organ harvesting. Šučur, A., & Gajović, S. (2016). Nobel Peace Prize nomination for Doctors Against Forced Organ Harvesting (DAFOH) - a recognition of upholding ethical practices in medicine. *Croatian medical journal*, 57(3), 219–222. <https://doi.org/10.3325/cmj.2016.57.219>

²⁵ Robertson and Lavee (2022).

²⁶ Stop Organ Harvesting in China, website (organization of the Falun Dafa). <https://www.stoporganharvesting.org/short-waiting-times/>

²⁷ National Kidney Foundation, The Kidney Transplant Waitlist – What You Need to Know, <https://www.kidney.org/atoz/content/transplant-waitlist>

²⁸ Wu, Y., Elliott, R., Li, L., Yang, T., Bai, Y., & Ma, W. (2018). Cadaveric organ donation in China: a crossroads for ethics and sociocultural factors. *Medicine*, 97(10).

²⁹ Wu, Elliott, et al., (2018).

³⁰ Su, Y. Y., Chen, W. B., Liu, G., Fan, L. L., Zhang, Y., Ye, H., ... & Jiang, M. D. (2018). An investigation and suggestions for the improvement of brain death determination in China. *Chinese Medical Journal*, 131(24), 2910-2914.

³¹ Huang, J., Millis, J. M., Mao, Y., Millis, M. A., Sang, X., & Zhong, S. (2012). A pilot programme of organ donation after cardiac death in China. *The Lancet*, 379(9818), 862-865.

³² Yang, Q., & Miller, G. (2015). East–west differences in perception of brain death: Review of history, current understandings, and directions for future research. *Journal of bioethical inquiry*, 12, 211-225.

³³ Huang, J., Millis, J. M., Mao, Y., Millis, M. A., Sang, X., & Zhong, S. (2015). Voluntary organ donation system adapted to Chinese cultural values and social reality. *Liver Transplantation*, 21(4), 419-422.

³⁴ Huang, Millis, et al. (2015).

³⁵ Wu, X., & Fang, Q. (2013). Financial compensation for deceased organ donation in China. *Journal of Medical Ethics*, 39(6), 378-379.

³⁶ An, N., Shi, Y., Jiang, Y., & Zhao, L. (2016). Organ donation in China: the major progress and the continuing problem. *Journal of biomedical research*, 30(2), 81.

³⁷ Shi, B. Y., Liu, Z. J., & Yu, T. (2020). Development of the organ donation and transplantation system in China. *Chinese medical journal*, 133(07), 760-765.

³⁸ Robertson, M. P., Hinde, R. L., & Lavee, J. (2019). Analysis of official deceased organ donation data casts doubt on the credibility of China's organ transplant reform. *BMC Medical Ethics*, 20(1), 1-20.

³⁹ Miller, F.G. and Sade, R. M. (2014). Consequences of the Dead Donor Rule. *The Annals of thoracic surgery*, 97(4), 1131–1132. <https://doi.org/10.1016/j.athoracsur.2014.01.003>

⁴⁰ For example, Miller and Sade (2014) and Miller and Truog (2008).

⁴¹ Omelianchuk, A. How (not) to think of the 'dead-donor' rule. *Theor Med Bioeth* 39, 1–25 (2018). <https://doi-org.ezproxy.cul.columbia.edu/10.1007/s11017-018-9432-5>

⁴² Miller, F.G. and Truog, R.D. (2008), Rethinking the Ethics of Vital Organ Donations. *Hastings Center Report*. 38: 38-46.

⁴³ Miller and Truog, (2008), p. 40, citing Callahan, D., The Troubled Dream of Life, p. 77.

⁴⁴ Radcliffe-Richards, J., Daar, A.S., Guttman, R.D., Hoffenberg, R., Kennedy, I., Lock, M., Sells, R.A., Tilney, N. (1998), The Case for Allowing Kidney Sales, *The Lancet*, Vol 351, p. 279. (Authored by members of the International Forum for Transplant Ethics.)

⁴⁵ Robertson and Lavee, (2022).

⁴⁶ Robertson and Lavee, (2022).

⁴⁷ China Tribunal (2020).

⁴⁸ Consent varies by local law and may be explicit or presumed and use an opt-in or opt-out system and may or may not require the signoff by a close family member.

⁴⁹ Bain, Christina, Mari, Joseph. June 26, 2018, Organ Trafficking: The Unseen Form of Human Trafficking, *ACAMS Today*, <https://www.acamstoday.org/organ-trafficking-the-unseen-form-of-human-trafficking/>; Stammers, T. (2022), "2: Organ trafficking: a neglected aspect of modern slavery", *Modern Slavery and Human Trafficking*, Bristol, UK: Policy Press. <https://bristoluniversitypressdigital.com/view/book/978144736>.

⁵⁰ Do No Harm: Mitigating Human Rights Risks when Interacting with International Medical Institutions & Professionals in Transplantation Medicine, Global Rights Compliance, Legal Advisory Report, April 2022, <https://globalrightscpliance.com/project/do-no-harm-policy-guidance-and-legal-advisory-report/>.

⁵¹ Global Rights Compliance, p. 22.

⁵² The Stop Forced Organ Harvesting Act of 2023, H.R. 1154, 118th Congress (2023). <https://www.congress.gov/bill/118th-congress/house-bill/1154>.

⁵³ The Stop Forced Organ Harvesting Act of 2023, H.R. 1154, 118th Congress (2023), <https://www.congress.gov/bill/118th-congress/house-bill/1154>.

⁵⁴ Global Rights Compliance notes that Belgium, France (passed law on human rights due diligence in the value supply chain), United Kingdom, United States, Canada, Australia, and New Zealand have legal approaches, resolutions, and pending laws. p. 45.

⁵⁵ For example, Caplan, A.L. (2020), The ethics of the unmentionable *Journal of Medical Ethics* 2020;**46**:687-688.

⁵⁶ Caplan, A.L. , Danovitch, G., Shapiro M., et al. (2011) Time for a boycott of Chinese science and medicine pertaining to organ transplantation. *Lancet*, 378(9798):1218. doi:10.1016/S0140-6736(11)61536-5

⁵⁷ Robertson and Lavee.

⁵⁸ Smolin, D. M. (2011). The Tuskegee syphilis experiment, social change, and the future of bioethics. *Faulkner L. Rev.*, 3, 229;

Gallin, S., & Bedzow, I. (2020). Holocaust as an inflection point in the development of bioethics and research ethics. *Handbook of research ethics and scientific integrity*, 1071-1090.

⁵⁹ World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects, adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, and amended multiple times, most recently by the 64th WMA General Assembly, Fortaleza, Brazil, October 2013. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>