

### 3. Just Lungs

Born with cystic fibrosis, 10-year-old Sarah was nearing death and in need of a lung transplant. Given that her death appeared imminent, her parents first petitioned the Secretary of Health and Human Services, and then the court system in her home state of Pennsylvania, to have her placed on the adult lung transplant list. There was much public support for her plight, not to mention publicity. A federal judge relented. Sarah received a double lung transplant soon thereafter.

After the decision, both experts and the public continued to debate whether this was the appropriate course of action. Transplant lists and prioritization rules are made with great care by professionals in the field. Medical evidence and expertise are used to decide which types of patients should be placed at the top of the waiting lists. Inevitably, some difficult decisions and judgment calls must be made, as organs are scarce.

Advocates argued that Sarah shouldn't be deprived of an adult lung just because of her age, as this amounted to discrimination. Others argued that this judge's decision subverted a careful process that is typically based on medical facts and considerations of fairness. Opponents of the decision also argued that adult organs are often too large for children and many medical risks may result from using them. Still others questioned the parents' motivations in appealing to the media, politicians and the courts to garner attention to their daughter's circumstances.

#### Study Questions for Just Lungs

1. What sort of criteria should we have in deciding how to allocate scarce medical resources like organs? Are there rules or principles we can adopt so as to consistently guide us in determining who gets the scarce resource?
2. Does the allocation of scarce medical resources like organs differ from the allocation of other resources and goods—say, for example, basic goods like education and housing? How does it differ? How should these differences influence what sorts of rules or principles we take to guide our decisions in how to allocate organs, as opposed to the allocation of other goods?
3. Certain procedures—like organ allocation procedures—can be called fair. That is, the procedures themselves are fair. One condition for a procedure being fair is that the rules by which the procedure is conducted be fair. Since existing organ transplant rules are rigorously devised by health professionals, and have worked for some time, it might be argued that existing procedures of organ allocation fair. Does Sarah's case give us reason to think that existing organ

allocation procedures are unfair? Does Sarah's success in procuring an organ undermine the fairness of existing procedures of organ allocation?

4. It might be argued that organ transplants are strictly a medical matter. As such, they should strictly be decided according to rules devised by health professionals, and arbitrated by health professionals. Legal intervention is thus inappropriate. Is this right? Under what circumstances—if any—should medical issues respond to legal intervention?