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死刑犯器官捐贈倫理議題 –
海峽兩岸醫療團隊觀點之初探與比較
Contemporary Ethical Dilemma Related to
Organ Transplantation from the Perspectives of
Health Professionals

研 究 報 告

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* 本研究報告僅供參考，不代表本署意見，依合約之規定：

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以下根據上次審查意見逐一說明，供委員參酌，謝謝您們的協助及指導。

一、成果報告過度摘要性，不具完整性。

Ans: 由於研究者一開始以為成果報告只交類似國科會的摘要性及相關附件，而未交完整全文，在此致歉；此次附上完整之成果報告全文供參酌。

二、報告中無大陸地區人士直接訪問資料，亦未說明意見取得的來源。

Ans: 大陸地區共有三家醫院在器官捐贈手術居領先地位，其中負責器官移植(含死刑犯)之四位醫師及兩位護理人員代表參與本研究，並完成訪談，請參文中 Method 說明。

三、成果報告中缺乏兩岸差異的分析比較，因此無法達成原訂計畫目標的兩岸觀點初探與比較。

Ans: 兩岸個案看法異同的分析資料與造成差異的分析，在本文章中的結果與討論部分有作說明，供委員參酌。

四、死刑犯器官捐贈僅屬於器官捐贈來源之一部，本案研究團隊所提出之建議應僅及於死刑犯器官捐部分，其研究成果是否能放大至整體器官捐贈問題之政策參考仍值得商榷。

Ans: 研究成果的應用部分已重新修訂，請參考摘要及討論中 Implication 之說明。

五、個案建議中有關”增強專業能力”，”處理複雜問題能力””促進跨領域及學門有效合作”等用詞過於籠統含糊，應更精確定義。又訪問對象病為包含捐贈或受贈者家屬，個案建議二後段的理論基礎令人質疑。

Ans: 上述觀念涉及質性研究法將個案提供之看法轉化成抽象的概念方式呈現。這些概念內含的項目在文章中結果及討論的應用中有作進一步說明。

六、以成果摘要內容論，個案建議方向與原計畫研究重點距離很遠且不夠具體，難以評估政策之參考性。

Ans: 經過修正後，個案建議之策略將有助器官移植專業人員及政府相關部門了解，目前兩岸器官移植團隊針對死刑犯器官捐贈議題最關切的挑戰及背景因素。如此一來，有助產官學專家學者實際了解目前改革現況，並進一步共同根據文中十大建議，逐一推動改進方案

七、如果報告真的尚未完成，則本屬當然不能撥尾款結案，應要求其趕快完成。

Ans: 本研究截至目前已完成。有關選樣、資料蒐集過程、研究結果、討論部分及對未來之建議、致謝、文獻、個案基本資料表及附件，皆已呈現在本文中，供委員參考。目前本文已在進一步撰寫，預備投稿國際期刊。

**Contemporary Ethical Dilemma Related to Organ Transplantation
from the Perspectives of Health Professionals**

[DOH93-TD-M-113-044 (2)]

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Contemporary Ethical Dilemma Related to Organ Transplantation from the Perspectives of Health Professionals

中文摘要

目的 本研究計劃目的為：(1) 比較目前及未來五年，海峽兩岸醫療相關人員所處理死刑犯器官移植所面臨的挑戰；及 (2) 針對這些挑戰提出將來建議方案。

方法 本研究採質性探索性研究法。針對死刑犯器官移植問題，以目的取樣自海峽兩岸從事器官移植相關醫療人員，如醫師、器官移植協調護理師、護理人員、社會工作人員、醫學宗教專家、及醫學法律專家收案。以華人文化及死刑犯器官移植專業，發展出半結構問卷訪談收集資料。並以嚴謹之十一層次質性內容分析法分析質性資料。

結果 共有105名來自海峽兩岸從事器官移植醫療相關人員參與本研究，其中95名來自臺灣，6名來自大陸。包括外科醫師 (n=18; 臺灣 n=14; 大陸 n=4)、護理人員 (n=42; 臺灣 n=40; 大陸 n=2)、器官移植協調護士 (n=10臺灣)、器官移植相關研究員 (n=5臺灣)、社工 (n=10臺灣)、醫學宗教專家 (n=15臺灣)、及醫學法律專家 (n=5臺灣)。

針對死刑犯器官移植問題，海峽兩岸器官移植醫療團隊人員認為，目前及未來五年內，將面臨的挑戰包括：(1) 醫界與社會民眾質疑死刑犯器捐之動機，對其接受度不足 (100%, n=95臺灣; 100%, n=6大陸); (2) 移植者擔心受社會排斥 (89%, n=85臺灣; 50%, n=3大陸); (3) 接觸死刑犯不易 (100%, n=95臺灣); (4) 願協助勸捐死刑犯之醫療及社會學專業人士與志工不多且動機不夠 (37%, n=35臺灣); (5) 醫療團隊、社會潛在器贈者、移植者家屬等需協助以尋找器官移植的生命及社會意義 (32%, n=30臺灣); (6) 醫療人員、死刑犯及移植者之家屬需協助以面對日益複雜的器官移植與死刑犯相關法律問題 (26%, n=25臺灣); (7) 醫療人員、移植者與家屬擔心日後受死刑犯家屬在經濟及身心靈方面的脅迫 (23%, n=22臺灣); 及 (8) 死刑犯家庭成員 (含血緣關係與姻親關係之家屬) 出現“器官移植後症候群”並調適困難 (11%, n=5臺灣)。

關於上述所面臨的挑戰，個案建議下列十項因應對策：

1. 醫療團隊針對上述議題有計畫的分組增強基礎與臨床醫學、社會科學教育與實務能力以培養醫療照護人員處理器官移植相關複雜問題的能力；
2. 臺灣政府應主動催生一個推動小組以長期負責推動此議題；
3. 臺灣器官移植領袖應主動有計畫的促進跨領域及學門有效合作包括器官醫療團隊、非器官移植之醫療團隊、社會學家、經濟專家、社會福祉促進者、媒

體以及社會大眾；團隊成員應包括來自社會團體、政府機構、志工團體、器官捐贈者的家屬以及移植者的家屬等；

4. 成立或利用現有臨床實證中心，收集死刑犯器官移植問題得國內及國際資料，並成立資料庫。可進行系統性文獻查證，以提供政策擬定、決策及教育資源；
5. 針對死刑犯器官移植問題，指定臺灣及大陸各一個合作中心。依照上述區域性及國際性挑戰，逐一擬定近期、中期及長期行動計畫；
6. 定期向民眾宣導死刑犯願意接受器官捐贈的正向動機及影響，藉以澄清誤解、疑慮、產生正確認知；
7. 針對在監獄及醫院中，死刑犯器官移植流程各階段的實際問題，請有實際經驗的團隊仔細進行系統評估；在既定時間內逐項改善；
8. 鼓勵針對死刑犯器官移植問題有興趣的學生及民眾參與做義工，應重視他們的觀察及建議，並納入改善參考。他們如何接觸、勸導、死刑犯及家屬願意捐贈器官過程中的顧慮、實際照顧過程中的需要、開發出來的資源，及所發展出來的策略等等寶貴的經驗，皆須加以累積；
9. 針對死刑犯器官移植問題的推動小組可與其他專業、慈善及人權團體共同合辦尊榮善心活動及成果慶祝發表會。藉此定期引起社會大眾的興趣熱情及投入；及
10. 確立各項議題的客觀指標及執行方案以定期評值相關效益。

結論 近五年及未來趨勢，海峽兩岸醫療人員及民眾會有更積極之全方位互動。台灣政府應協助醫療團隊成立推動小組，並在臺灣及大陸各指定一個合作中心，帶動並促進海峽兩岸團隊的合作。針對流程各階段實際需要，確立各項議題的客觀指標及執行方案以定期評值相關效益。針對勸捐死刑犯衍生之醫療及社會學挑戰，兩岸器捐醫療人員需結合政府及民間的倫理、人類社會科學資源專家，整合其知識體系，交換智慧，互相合作以共同面對器官移植照護品質所面臨的挑戰。如此，將有效促使海峽兩岸人民更加珍惜健康與生命價值，使死刑犯捐贈器官的善意得以落實、接續生命，創造更美好祥和的社會文化。

中文關鍵詞：海峽兩岸死刑犯器官移植議題、跨領域團隊觀點、目前及未來挑戰、因應對策

Contemporary Ethical Dilemma Related to Organ Transplantation from the Perspectives of Health Professionals

Abstract

Purpose. The purposes of this study were (a) to compare the most challenging organ transplant (OT) related ethical dilemma for prisons with death penalty (PDP) perceived by OT health professionals in Taiwan and Mainland China (MC); and (b) to explore the suggested protocols to manage these challenges in the future.

Method. An explorative qualitative research design was used. A purposive sample including OT health professionals such as transplant surgeons, coordinating nurses, registered nurses, OT researchers, social workers, medical religious and legal experts in Taiwan was obtained. The narrative data were gathered through semi-structured interviews. Taiwan's subjects received face-to-face interview, and MC's subjects received telephone interview. Qualitative data were analyzed by content analysis.

Results. A total of 105 subjects participated in this project (95 from Taiwan & 10 from MC). They were surgeons (n = 18, 14 in Taiwan, 4 in MC), registered nurses (n = 42, 40 in Taiwan, 2 in MC), OT coordinating nurses (n = 10 Taiwan), OT researchers (n = 5 Taiwan), social workers (n = 10 Taiwan), medical religious experts (n = 15 Taiwan), and medical legal experts (n = 5 Taiwan).

Eight most challenging OT health issues were reported by two groups of subjects in Taiwan and Mainland China. They were: (a) legitimacy in motivation and effectiveness questioned by medical societies and public (100%, n = 95 Taiwan; 100%, n = 6 MC); (b) recipients' worrying about rejection from the public (89%, n = 85 Taiwan; 50%, n = 3 MC); (c) difficulties in approaching PDP (100%, n = 95 Taiwan); (d) difficulties in organizing OT health professionals and volunteers willing to help PDP (37%, n = 35 Taiwan); (e) questioning about meaning of life and social contribution of PDP as donor source (32%, n = 30 Taiwan); (f) lack of competency in managing complex legal dilemma related to PDP's OT issues (26%, n = 25 Taiwan); (g) OTHP's and recipients' families' worries about the threat from PDPs and their families (23%, n = 22 Taiwan); and (h) difficulties in coping with "post-organ donation syndrome" for the PDP's families (11%, n = 5 Taiwan).

Ten future directions in managing the aforementioned challenges were suggested. Firstly, OTHPs should be grouped to empower their epistemology system in basic science and social science as well as empirical competence according to each specific challenge raised.

Secondly, Taiwan's government should take an initiative in facilitating the formation of a task group to work on this issue in the long run.

Thirdly, Taiwan's OTHP leaders may take the lead in fostering collaborative efforts among medical societies, social science scholars, economic and social well-being experts, media and public.

Fourthly, an evidence-based center for OT social science issues would be helpful in establishing national and international patient profiles. The attempted services may include providing systematically literature review for clinical and policy decision making as well as educational resources.

Fifthly, the collaboration centers across Taiwan's strait are suggested to be identified for further collaboration. The collaboration plans can be further developed according to each specific challenge, in addition to local and international needs within time frames of short-term, middle term and long-term.

Sixthly, the positive benefits of PDP's donation wills and the related evidence may be periodically announced to the public. With this effort, the related concerns and myths may have better opportunities to be clarified.

Seventhly, the procedures of PDP's organ harvesting and donation practiced in the jails and health institutes need to be carefully evaluated and improved according to time frame.

Eighthly, the students and public are motivated to serve as volunteers to participate in this issue. Their observations and suggestions should be valued and adopted. Their empirical and conceptual experiences in approaching PDP and their significant others, introducing concept of OT, their specific concerns and needs, related strategies and resources and so on need to be carefully collected.

Ninthly, the task group members may invite other professional and humanistic groups to periodically hold "honoring goodness activities" and celebrate the achievement. By doing these, the public's interest, passion, and devotion would be reinforced.

Finally, the reliable assessment tools and evaluation criteria specific to each challenge and strategies within each time frame need to be clearly identified and closely monitored.

The following background context were revealed which might have attributed to these discrepancies need to be further understood: (a) Single vs. multiple focus of conceptions of PDP's organ donation; (b) governmental vs. health-professional oriented business; (c) merits of organ donation are proclaimed by law vs. individual wills; and (d) concepts of legitimacy vs. arguing merits of PDP's organ donation.

Conclusions. In the past five years and the near future, the interaction across

Taiwan Strait would be more aggressive. Taiwan will foster people across Taiwan Strait to search for value of life and better quality of life. Many Taiwan organ recipients underwent OT in Mainland China and returned Taiwan from long-term care. Meanwhile, more and more Taiwan's recipients need to stay in Mainland China for their professional career. Without the collaborative wisdom shared by the experts across Taiwan Strait, the challenges in medical and social sciences derived from PDP's OT issues would continue to leave for puzzle.

Keywords: organ transplantation of prisons with death penalty, ethical dilemma & challenges, suggestion, interdisciplinary health professional's perspective

Contemporary Ethical Dilemma Related to Organ Transplantation from the Perspectives of Health Professionals

Introduction

Since 1950 American health professionals successfully performed the first kidney transplant (KT), organ transplantation (OT) has become a common surgical modality for most of patients with end-stage organ failure (ESOF). The ethical dilemmas derived from OT have been long-term debated in legal, religious, and medical aspects.

The critical decisions of OT are based on the wills of donors and their families as well as health care providers' professional judgment. The decision-making always involves process going along consultation with medical, economic, religious, moral, and legal perspectives.

The shortage of donated organ obviously reflected in the longer OT waiting name list in these two decades, the use of prisoners with death penalty (PDP) as available OT donors are proposed in some countries. Both Taiwan and Mainland China (MC) have legal protection of PDP and have performed for years. Nevertheless, the practical executive procedure using PDP as one of donor sources have been argued.

The primary debate came from the professional judgment of brain death. The conceptual and practical definitions of the concepts of brain death and life are not identical between medical professionalism and religious beliefs, and the discrepancies exist. The opposite persons cited that most of Western societies such as USA proclaim against the use of PDP as source of organ donation. The international human right groups ever criticized the legitimacy of using PDP in Taiwan and MC. The supports mainly come from the patients with ESOE and their significant others stressed the need of survival and human rights of living with quality of life. These discrepancies have become more and more critical.

Nevertheless, most of contemporary reports stressed on single point of view of DP as donor source. Current literature lacked of adequate evidence of in-depth discussion from related disciplinarians focusing on PDP related particular questions. The purposes of this project were to (a) explore the most challenging OT related ethical dilemma for perceived by OT health professionals; and (b) to explore the suggested protocols for these challenges.

METHOD

Design

A descriptive qualitative research design was used. Data were collected by semi-structured interviews and analysis by thematic content analysis (Yang, Gau, Shiau, Hu & Shih, 2004).

Sample

A purposive sampling method was used. The subjects were recruited from health institutes with experiences of performing PDP as donor source in Taiwan or Mainland China (MC). The inclusion criteria were: (a) age older than 18 years old; (b) conscious clear; (c) able to speak in Mandarin or Taiwanese; and (d) being willing to participate in this project.

The subjects who were Taiwan's health professionals in Taiwan came from seven OT-leading health institutes including four in northern, one in middle and two in southern Taiwan.

The subjects who were health professionals in MC included six OT health professionals from three OT-leading health institutes in MC. Since OT medicine has not commonly accepted by the public in MC, the OT health professionals in MC limited to four surgeons and two nurses in the surgical floor units. They agreed to participate in the project when they planed to attend a seminar in 2004 in Taiwan. Nevertheless, in the past 12 months, the relationship between Taiwan and Mainland China became more uneven, their planed schedules were cancelled due to their status as official leaders in their political parties. With their agreement their responses to each specific semi-structured questions were collected through telephone interviews.

Research Procedure

The research procedures encompassed three stages: subject recruitment and interview guide developing, data collection, and data analysis stages.

Subject recruitment and interview guide developing stage

In this stage, several tasks were accomplished. They were: (a) searching for the subjects from seven target populations (Taiwan's and MC's health professionals, Taiwan's social workers, Taiwan's medical-lawyer, Taiwan's religious representatives, Taiwan's death prison ready for execution and their family members) and obtaining

their agreement in participation; (b) critical literature review; (c) developing the semi-structured interview through the debates of multidisciplinary experts with extensive and critical literature review; and (d) designing and offering best faculty members of a 18-weeks training course to enhance the qualitative research analysis competence for the research team members (Table 1).

The development of the interview guide encompasses two stages: critical and extensive literature review stages, and expert debating-agreement stage. In the first stage, the extensive reference listed in the proposal was critically reviewed and the draft of the interview guide was developed. In the second stage, 10 experts from the OT health professionals, medical-lawyer, religious affiliation, social workers, researchers familiar with Chinese culture and multiple qualitative research were invited to discuss about the meaning, ethical/medical/cultural philosophies and values, literality, and sequential flow of the interview questions.

The philosophical ethical value-loaded semi-structured interview guide in this qualitative study encompasses 10 questions: seven questions (no 1-4, 8-10) were designed for all the subjects, in addition to one question (no. 5-7) which was designed specific to the subject's professional status such as medical professional, medical-lawyer, or religious representative (see Appendix).

Data collection stage

Three tasks were accomplished. They were: (a) 120 interviews were collected with the subjects; (b) careful transcription and translation; and (c) performing respondents' confirmation for the quality of the interview contents.

Each interview lasted from 40-90 minutes (with a mean duration of 52 minutes). It is because surgeons and nurses were very busy. In order not to interrupt Taiwan's subjects' busy business agenda, some of them need to have 2-3 times of interviews to complete the discussed issues.

Specific research procedures, such as tape-recording and transcription from Mandarin or Taiwanese into English were utilized. Several interviewing techniques based on grounded theory were also successfully implemented. These included strategies for watching, such as passive presence (Schatzman and Strauss, 1973), and strategies for listening, such as chronology ("...and then?" or "when was that?"), detail ("tell me more about that" or "that's very interesting"), clarification ("I don't quite understand" or "you said earlier..."), and explanation ("why?" or "how

come?") (Schatzman and Strauss, 1973). In addition, when asking questions or listening to the informants' descriptions, the investigator kept reminding herself to be aware of the circumstances related to questions concerning "who", "where", "what", "when", and "how" (DeVault, 1990; Manen, 1990; Schatzman and Strauss, 1973; Strauss and Corbin, 1990).

Some strategies related to issues of culture and language were also employed to manage the subjects' difficulties in describing their perceptions (Charmaz, 1990; Manen, 1990; Patton, 1980; Shih and Chu, 1999; Ying, 1990). For instance, during the interviews some informants often "got stuck" (DeVault, 1990) when expressing or distinguishing the differences between their psychological feelings and meanings such as being anxious, worried, fearful, angry, hopeless, being unable to concentrate, having lost their spirit, and having an empty mind. Some informants would say, "Well, it's so hard for me to describe it". Or, "I don't know how to say that". In order to overcome this problem, subjects who had difficulty describing their feelings and thoughts in their native tongue were encouraged to *try* to describe their perceptions *in their own way* or *in their own words*, as fully as possible, even though what they said might still have been "incomplete." In addition, the principal investigators encouraged the informants to try to *give a name* to describe what they were saying. Furthermore, the investigators began collecting the terms and words which the informants used to describe their symptoms, perceptions and experiences. Then, the investigators contrasted the meanings and types of these terms to examine the similarities and differences between these terms (Shih, 1997; Spradley, 1979).

Data analysis stage

The data were first transcribed from audiotape in the nurse's native language (Mandarin or Taiwanese) using written Chinese. The accuracy of the data translation was checked by translating the English version back into Chinese, and then having it reviewed by other investigators and two insider-outsiders acquainted with Taiwanese, Mandarin, and English language and culture. In order to keep the categories, themes, and concepts firmly "grounded" in the subjects' actual experiences, a unique mode of between-method triangulation design encompassing descriptive and inferential statistics and qualitative thematic analysis was used. First, data were analyzed by content analysis strategies, and the percentage of the subjects' responses in each category was presented. Secondly, the themes framing the context of this phenomenon were analyzed by thematic analysis, using inductive and deductive reasoning for a conceptual analysis based on the subjects' narrative descriptions (Im and Meleis, 1999; Shih, 1995ab, 1997; Shih and Chu, 1999; Shih and Huang, 1996;

Shih et al., 1997, 1998, 1998ab). It took a total of 16 months to complete the study.

Trustworthiness

Several strategies were used to enhance the trustworthiness of this qualitative study. They were: (a) careful use of multiple observation and interview techniques, such as listening, chronology, gathering additional information, clarification, and explanation; (b) accurate transcriptions and translations; (c) strategies managing subjects' difficulties in describing their conceptions and perceptions related to issues of disease, language, and culture; (d) detailed description of the observation, interview, and reflective memos as well as journals; (e) confirmation with the respondents including the subjects, their colleagues, and their patients when necessary; (f) searching for negative cases; and (g) careful data analysis (de Vault, 1990; Emerso & Pollner, 1983; Guba & Lincoln, 1994; Lincoln & Cuba, 1985; Hammersley & Atkinson, 1990; Manen, 1990; Shih & Chu, 1999; Strauss & Corbin, 1990; Streubert & Carpenter, 1999; Yin, 1990).

RESULTS

Subject demographics

A total of 105 subjects (95 in Taiwan, 6 in MC) participated in this project. They were surgeons ($n = 18$, 14 in Taiwan, 4 in MC), registered nurses ($n = 42$, 40 in Taiwan, 2 in MC), coordinating nurses ($n = 10$), OT researchers ($n = 5$), social workers ($n = 10$), medical religious experts ($n = 15$), and medical legal experts ($n = 5$). The mean age of subjects was 32.4 ($SD = 5.8$) years. Sixty-five percent of the subjects ($n = 68$) were female. Seventy-six percent of the subjects ($n = 80$) received college education. The subjects' clinical OT health care experiences ranged from 2 to 35 years ($M = 5.7$, $SD = 3.2$) (Table 2).

Contemporary Most Challenging OT Health Issues Across Taiwan Strait

Eight most challenging OT health issues were reported by two groups of subjects in Taiwan and Mainland China. They were: (a) legitimacy in motivation and effectiveness questioned by medical societies and public (100%, $n = 95$ Taiwan; 100%, $n = 6$ MC); (b) recipients' worrying about rejection from the public (89%, $n = 85$ Taiwan; 50%, $n = 3$ MC); (c) difficulties in approaching PDP (100%, $n = 95$ Taiwan); (d) difficulties in organizing OT health professionals and volunteers willing to help PDP (37%, $n = 35$ Taiwan); (e) questioning about meaning of life and social

contribution of PDP as donor source (32%, n = 30 Taiwan); (f) lack of competency in managing complex legal dilemma related to PDP's OT issues (26%, n = 25 Taiwan); (g) OTHP's and recipients' families' worries about the threat from PDPs and their families (23%, n = 22 Taiwan); and (h) difficulties in coping with "post-organ donation syndrome" for the PDP's families (11%, n = 5 Taiwan).

Legitimacy in Motivation and Effectiveness Questioned by Medical Societies and Public

All of Taiwan's and MC's subjects concerned about the legitimacy in motivation and effectiveness of using PDP as donor source. This concern was often questioned by medical societies and public.

Recipients' Worrying about Rejection from the Public

Both Taiwan's (89%, n = 85) and MC's (50%, n = 3) subjects reported that another ethical dilemma was related to the organ recipients' worrying about social rejection and isolation from the public.

Difficulties in Approaching PDP

All of Taiwan's subjects cited that approaching PDPs in the jails all over Taiwan was the most difficult challenge in this issue. On the contrast, MC's subjects reported that the personnel in particular jails who had formal or informal agreement with them would take an initiative in advance in informing the OT health professionals (OTHP) of the availability of potential donors such as PDP cases.

Difficulties in Organizing OTHP and volunteers willing to help PDP

Thirty-seven percent of Taiwan's subjects (n = 35) reported difficulties in organizing OTHP and volunteers who were willing to help PDP. On the contrast, MC's subjects did not take this issue into consideration.

Questioning about Meaning of Life and Social Contribution of PDP as Donor Source

Still 32% (n = 30) Taiwan's subjects were more conservative about this issue. They questioned about meaning of life and social contribution by using PDP as donor source. Rather, all of the MC's subjects believed that under PDP's living wills, their donation of organ would have positive impacts of one's perceptions of personal life values in addition to positive social concept of contribution. As such, they did not

worry about this perspective.

Lack of Competency in Managing Complex Legal Dilemma Related to PDP's OT Issues

Twenty-six percent of Taiwan's subjects ($n = 25$) worried about the OTHP's competency in managing complex legal dilemma related to PDP's OT issues if this was the case. They called for the help in managing this issue from experienced professional lawyers with free charge. On the contrast, MC's subjects reported that the PDP's legal problems would have been managed by their government, and they had no part in this concern.

OTHP's and Recipients' Families' Worries about the Threat from PDPs and Their Families

Twenty-three percent of Taiwan's subjects ($n = 22$) concerned that OTHP's and recipients' families' would worry about the threat from PDPs and/or their families before and after organ harvesting surgeries. These subjects were OTHP and layers who used to have empirical caring experiences with the organ donors. Again, MC's subjects reported that since most of PDP's families did not know that PDP was one of donor source, the former would have no opportunities to threaten the recipients or their families.

Difficulties in Coping with "Post-Organ Donation Syndrome" for the PDP's Families

Eleven percent of Taiwan's subjects ($n = 5$) worried about "post-organ donation syndrome" which might be experienced by the PDP's families. This issue was expressed by the OTCN, RNs and the social workers who worked closely with organ donors. Nevertheless, none of MC's subjects reported having information of this syndrome, nor did they follow up the donors' significant others after organ donation surgery. MC's subjects reported that they were not strictly required to inform PDP's families of the fact that PDP's would be donor source.

Future Directions in Managing the Contemporary Challenges

Ten strategies coping with the aforementioned challenges were proposed and need to be further elaborated in the future. Firstly, OTHPs should be grouped to empower their epistemology system in basic science and social science as well as empirical competence according to each specific challenge raised.

Secondly, Taiwan's government should take an initiative in facilitating the formation of a task group to work on this issue in the long run.

Thirdly, Taiwan's OTHP leaders may take the lead in the task group to systematically foster collaborative efforts among medical societies, social science scholars, economic and social well-being experts, media and public.

Fourthly, an evidence-based center for OT social science issues would be helpful in establishing national and international patient profiles. The attempted services may include providing systematically literature review for clinical and policy decision making as well as educational resources. The experienced researchers need to be invited to help task group leaders to manage data and provide necessary consultation, such as current trend issues, what we have known and what we should but have not done yet.

Fifthly, the collaboration centers across Taiwan's strait are suggested to be identified for further collaboration. The related collaboration plans can be further developed according to each specific challenge, in addition to local and international needs within time frames of short-term, middle term and long-term.

Sixthly, the positive benefits of PDP's donation will and the related evidence may be periodically announced to the public. With this effort, the related concerns and myths may have better opportunities to be clarified.

Seventhly, the procedures of PDP's organ harvesting and donation practiced in the jails and health institutes need to be carefully evaluated and improved according to time frame.

Eighthly, the students and public are motivated to serve as volunteers to participate in this issue. Their observations and suggestions should be valued and adopted. Additionally, their empirical and conceptual experiences in approaching PDP and their significant others (family members and close friends), introducing concept of OT, their specific concerns and needs, related strategies and resources and so on need to be carefully collected. All available forms of basic and social science techniques such as literature, audio-visual, voice-mail, performing arts and so on should be taken into consideration in order to catch the spirits of giving-and-taking embedded in PDP's donation.

Ninthly, the task group members may invite other professional and humanistic groups to hold academic or non-academic activities to periodically hold “honoring goodness activities” and celebrate the achievement. By doing these, the public’s interest, passion, and devotion would be reinforced.

Finally, the reliable assessment tools and evaluation criteria specific to each challenge and strategies within each time frame need to be clearly identified and closely monitored.

DISCUSSION

Several different perceptions of the ethical dilemmas of PDP’s issues between Taiwan’s and Mainland China’s subjects exist. Several background context might have attributed to these discrepancies need to be further understood. They are: (a) Single vs. multiple focus of conceptions of PDP’s organ donation; (b) governmental vs. health-professional oriented business; (c) merits of organ donation are proclaimed by law vs. individual wills; and (d) concepts of legitimacy vs. arguing merits of PDP’s organ donation.

Single vs. Multiple Focuses of Conceptions of PDP’s Organ Donation

It seems that MC’s OT surgeons and nurses framed their serve from single professional aspect. They focus on the technical knowledge and skills in pre-operative and operative stages. They pay less attention to the post-operative stage. In addition, their concept of health, caring and recovery are more limited to bio-physic-pathological aspects. On the contrary, Taiwan’s PDP’s health team members are multidisciplinary. Their caring for the PDP’S subjects encompassed pre-operative, operative and post-operative stages. The concepts of clients in Taiwan’s team are involved with the PDP and their significant others.

Governmental vs. Health-Professional Oriented Business

According to MC’s subjects, their local governmental officials or personnel would take in initiative in referring the opportunities of PDP’s organ harvesting surgeries. And, under a regular agreement, both local jail personnel and OTHP in MC performed the PDP’s organ donation as one of routinely business. In other words, the particular local jail personnel would help the OTHP complete the necessary procedures. On the contrary, Taiwan’s jail personnel regarded PDP’s donation is not their business. The OTHP need to put a lot of efforts to contact

different local jails for the potential PDP candidates. Meanwhile, Taiwan's OTHPs need to prepare for the whole procedures with limited expectations of the local jail personnel's help.

Merits of Organ Donation are Proclaimed by Law vs. Individual Wills

According to MC's subjects' responses, the decision of using PDPD as donor source may come from PDP's living will or with no PDP's consent under certain conditions. Nor, should the decision on organ donation be affected by PDP's significant others since the latter might not be informed of the fact of organ donation. In other words, the governmental power might have overridden the individual's living wills. In Taiwan, PDP's decision on organ donation is protected by the law. PDP's organ donation must be obtained under his/her consciousness with living wills in addition to his/her family members if they are available. Without the consent forms from the PDP him/herself and his/her significant others, and the national and local jail chef's permission, the organ donation surgeries would be illegal.

Concepts of Legitimacy vs. Arguing Merits of PDP's Organ Donation

MC's subjects had positive thinking and expectations for the PDP's donation. In other words, it would only have positive outcomes from PDP's donation proclaimed by the OTHPs and MC's government. On the contrary, the merits of PDP's donation are still argued in medical and non-medical societies in Taiwan. The discrepancies still exist between health professionals, religious believers, lawyers and economists and human right workers. Taiwan's religious believers have not reached a common consensus yet.

The biggest discrepancies come from different perspectives of after-death held by Buddhists. Some of them believed that PDP would accumulate merits and credits in after-life and then contribute to his/her next life cycle. However, some Buddhists worried about the damage to PDP's physical body would contribute to the psychological and spiritual pain in his/her after-life and then lead to a worse next cycle. Christians and Catholics hold similar beliefs that their souls would not be devalued or influenced by the organ harvesting surgeries. Before their bodies vanished, their souls have fly to their God's place and protected by their Gods. In addition, it is a good and right decision to help others by donating their physical bodies (Shih, Lai, Lin et al, 2001bc).

Limitations

Some limitations were inherent in this project. First, the major limitation lies in the representativeness of the sample. Two group sample size was unequal. It is because the OT team members in MC are only surgeons and nurses; Taiwan's OT's team members are involved with multi-disciplinary experts. Meanwhile, few MC's OTHPs were comfortable to participate in collaborative social science study with Taiwan's OTHP. Meanwhile, most of Taiwan's subjects were nurses. Their perceptions of ethical dilemmas and related challenges may be different from other professionals. Another limitation rests on different ways of interviews. Taiwan's group received face-to-face, rather MC's group received telephone interview due to the uncontrollable political situation. The latter's responses might then not have time to be clarified and offered further in-depth explanation.

The last limitation limited to cultural issue. Since the concept of clients, meaning and value of life and organ donation, quality of care, professional missions are influenced by cultural conceptions, valid cross-cultural comparisons cannot be made until the study is replicated in another culture.

Implication

Several strategies were suggested by the subjects oriented in the future. Firstly, OTHPs should be grouped to empower their epistemology system in basic science and social science as well as empirical competence according to each specific challenge raised. The epistemology system for OT encompasses bio-physiological and psycho-socio-spiritual knowledge and skills. The bio-physiological knowledge include complex pre-operative, and postoperative intrusive and non-intrusive examination, therapeutic nursing and caring medical protocols. The psycho-socio-spiritual knowledge includes preoperative and post-operative assessment and support for PDPs and their family members in the aspects of psychological/mental health/psychiatric status, economic condition and law issues. The OTHPs are suggested to be grouped to contribute their professional knowledge and experiences according to uncover and discuss the related needs in each specific stage.

Secondly, Taiwan's government should take an initiative in facilitating the formation of a task group to work on this issue in the long run. It is because the problems and expectations related to PDP's organ donation issue were more complicated in Taiwan than in MC. In order to effectively lead the medical professionals and communicate with personnels in MC, one of the governmental

administrators with medical background who serves in Taiwan's Department of Health would be a good candidate.

Thirdly, Taiwan's senior OTHP leaders with experiences of PDP's organ donation experiences are suggested to help the leader of the task group to invite the following experts to participate in the collaborative plans to work out the each related challenges: health professionals (physicians, surgeons, OTCNs, RN & psychologists/mental health/psychiatric consultants), social workers, religious representatives (Buddhists, Taoists, Christians in particular), economists, media reporters, and public representatives.

Fourthly, an evidence-based center for OT social science issues would be helpful in establishing national and international patient profiles. The attempted services may include providing systematically literature review for clinical and policy decision making as well as educational resources. The experienced researchers need to be invited to help task group leaders to manage data and provide necessary consultation, such as current trend issues, what we have known and what we should but have not done yet.

Fifthly, two collaboration centers in both Taiwan and MC should be delegated to work together to develop the further collaboration plans. The plans may encompass strategies managing specific challenge in particular stages across the process. Meanwhile, the scopes of collaboration plan could encompass PDP's related local and international issues. The progression status and effectiveness of outcomes should be closely monitored and reported.

Sixthly, the positive benefits of PDP's donation wills and the related evidence may be periodically announced to the public. With this effort, the related concerns and myths may have better opportunities to be clarified. The good wills of PDPs and their families would be acknowledged and appreciated. Additionally, the public's interest and passion for PDPs and their family members may be further aroused.

Seventhly, the current major medical, tangible and religious difficulties such as different PDP's organ harvesting and donation procedures in different jails and hospitals, the poor transportation system between institutes during traffic hours, lack of effective communication systems, and the hesitation from some Buddhists' leaders in particular, need to be effectively managed within particular time frame.

Eighthly, the students and public are motivated to serve as volunteers to

participate in this issue. Their observations and suggestions should be valued and adopted. Additionally, their empirical and conceptual experiences in approaching PDP and their significant others (family members and close friends), introducing concept of OT, their specific concerns and needs, related strategies and resources and so on need to be carefully collected. All available forms of basic and social science techniques such as literature, audio-visual, voice-mail, performing arts and so on should be taken into consideration in order to catch the spirits of giving-and-taking embedded in PDP's donation.

Ninthly, the task group members may invite other professional and humanistic groups to hold academic or non-academic activities to periodically hold "honoring goodness activities" and celebrate the achievement. By doing these, the public's interest, passion, and devotion would be reinforced.

Finally, the reliable assessment tools and evaluation criteria specific to each challenge and strategies within each time frame need to be clearly identified and closely monitored.

Suggestions for Future Research

The future researchers are suggested to (a) compare the different ethical challenges related to death prisons with different demographic data; (b) collecting case analysis based on each PDP's empirical experiences; (c) testing the feasibility of the proposed caring protocols for PDP's organ donation cases; (d) identifying stage-specific difficulties and needs in specific disciplinary; (e) exploring PDP's significant other's perspectives of PDP's donation and reveal in-depth and holistic background contexts; (f) exploring the acceptable collaborative caring models for Taiwan's potential recipients who are interested in undergoing PDP's organ donation surgery in Mainland China; and (g) organizing potential OT professional, political, and economic resources in managing the discrepancies related to PDP's organ donation issue between Taiwan and Mainland China.

CONCLUSIONS

In conclusion, this project identified 8 important ethical challenges and multiple aspects of interdisciplinary suggestions in empirical and research aspects. These findings are novice to the contemporary international OT epistemology system. In the coming five years, the governmental and public interactions between Taiwan and Mainland China should be more aggressive in collaboration in managing the ethical

dilemmas and other practical issues related to PDP's organ donation.

In order to deal with PDP' issues effectively, Taiwan's government is strongly suggested to help foster a task group, an evidence-based center and two identified collaboration centers in Taiwan and MC. Taiwan's task group would take the lead in fostering multidisciplinary collaborations in governmental, professional and public dimensions. OTHPs should be grouped to empower their epistemology system in basic science and social science as well as empirical competence according to each specific challenge raised. Without the collaborative wisdom shared by the experts across Taiwan Strait, not only the PDP's kind motivation in organ donation would not be fulfilled, but also the related practical and ethical challenges would continue to leave for puzzles.

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Table 1

TAIPEI MEDICAL UNIVERSITY COLLEGE OF NURSING

Qualitative Nursing Research

SPRING SEMESTER September 21, 2004 – January 17, 2005

COURSE HOURS Monday 9-12 am

CLASS ROOM 醫學綜合大樓 13 樓討論室 (四)

FACULTY Fu-Jin Shih, DNSc, RN (Tel: 2736-1661 ext. 6312)

Shwu Jiuan Liu, PhD, RN (Tel: 2736-1661 ext. 6324)

2004/11/22

Wk	Date	Place	Subject	Lecturer	Reporter
1	9/21(二) 8 am	5 樓會議室	課程介紹	施富金 教授 劉淑娟 教授	
2	9/28		放 假		
3	10/18 10/25	研究生室 II	質性研究的哲理背景與研究法的關係 颱風假	施富金 教授	林秋芬
4	11/1	5 樓會議室	當代質性研究方法分類	施富金 教授	曾翠華
5	11/4 (四)	1 樓校史館	質性研究過程	施富金 教授	廖彥琦
6	11/8	5樓會議室	常用質性研究資料蒐集方法	施富金 教授	趙國萍
7	11/15	討論室(四)	質性研究嚴謹度之建構及倫理考量	劉淑娟 教授	林秋芬
8	11/22	討論室(四)	質性內容分析法 (Qualitative Content Analysis)	施富金 教授	曾翠華
9	11/29	討論室(四)	焦點團體研究法 (Focus Group Research Method)	劉淑娟 教授	廖彥琦
10	12/6	討論室(四)	行動研究法 (Action Research Method)	劉淑娟 教授	趙國萍
11	12/13	討論室(四)	德爾菲研究法 (Delphi Research Method)	劉淑娟 教授	林秋芬
12	12/16 (四)	討論室(二)	歷史研究法 (History Research Method)	施富金 教授	廖彥琦
13	12/20	討論室(四)	詮釋學 (Hermeneutics)	劉淑娟 教授	曾翠華
14	12/27	討論室(四)	現象學 (Phenomenology)	劉淑娟 教授	趙國萍
15	2005/1/3	討論室(四)	民族誌學 (Ethnography)	劉淑娟 教授	林秋芬
16	12/23 (四)	討論室(二)	茁根理論學 (Grounded Theory)	施富金 教授	曾翠華
17	2005/1/10	討論室(四)	• 泛質性資料分析法 (Qualitative Meta-Analysis) • 綜合研究法 (Triangulation Research Method)	施富金 教授	廖彥琦
18	2005/1/17	討論室(四)	• 質性研究發展趨勢 • 如何成功發表質性研究論文 • 課程評值	施富金 教授 劉淑娟 教授	趙國萍

Table 2 Sample demographics (n = 105)

Demographics	M (SD)	Range	n	%
Age (years)	32.4 (5.8)	25-29	41	39
			39 (TW)	37 (TW)
			2 (MC)	2 (MC)
		30-39	38	36
			36 (TW)	34 (TW)
			2 (MC)	2 (MC)
		40-49	18	17
			17 (TW)	16 (TW)
			1 (MC)	1 (MC)
		50-59	6 (TW)	6 (TW)
		≥60	2	2
			1 (TW)	1 (TW)
			1 (MC)	1 (MC)
Gender		Female	68	65
			66 (TW)	(TW)
			2 (MC)	(MC)
		Male	37	35
			33 (TW)	31(TW)
			4 (MC)	4 (MC)
Marital status		Single	63	60
			62 (TW)	59 (TW)
			1 (MC)	1 (MC)
		Married	38	36
			33 (TW)	31 (TW)
			5 (MC)	5 (MC)
		Separate or divorced	4 (TW)	4 (TW)
Education completed		Graduate	7 (TW)	7 (TW)
		College	56	53
			52 (TW)	49 (TW)
			4 (MC)	4 (MC)
		Professional vocational school	42	40
			40 (TW)	38 (TW)
			2 (MC)	2 (MC)
Religious affiliation		None	18	17
			13 (TW)	12 (TW)
			5 (MC)	5 (MC)
		Buddhism	30 (TW)	29 (TW)
		Taoism	15	14
			14 (TW)	13 (TW)
			1 (MC)	1 (MC)
		Confucianism	28 (TW)	27 (TW)
		Christianity	14 (TW)	13 (TW)

(cont'd)

Demographics	M (SD)	Range	n	%
Profession		Surgeon	18	17
			14 (TW)	13 (TW)
			4 (MC)	4 (MC)
		Registered nurse	42	40
			40 (TW)	38 (TW)
			2 (MC)	2 (MC)
		OT coordinating nurse	10 (TW)	10 (TW)
		OT researcher	5 (TW)	5 (TW)
		Social worker	10 (TW)	10 (TW)
		Medical religious expert	15 (TW)	14 (TW)
		Medical legal expert	5 (TW)	5 (TW)
Total professional experience (years)		<2	10 (TW)	10 (TW)
		2-4	30	29
			28 (TW)	27 (TW)
			2 (MC)	2 (MC)
		5-6	28	27
			27 (TW)	26 (TW)
			1 (MC)	1 (MC)
		7-8	15 (TW)	14 (TW)
		9-10	12 (TW)	11 (TW)
		11-20	6	6
			5 (TW)	5 (TW)
			1 (MC)	1 (MC)
		21-30	2	2
			1 (TW)	1 (TW)
			1 (MC)	1 (MC)
		>30	2	2
			1 (TW)	1 (TW)
			1 (MC)	1 (MC)
Clinical OT experience (months)	5.7 (3.2)	2-12	84	80
			81 (TW)	77 (TW)
			3 (MC)	3 (MC)
		13-24	17	16
			16 (TW)	15 (TW)
			1 (MC)	1 (MC)
		25-35	4	4
			2 (TW)	2 (TW)
			2 (MC)	2 (MC)

* Note. TW=TAIWAN; MC= Mainland China

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Appendix A

訪談指引

- 一、針對死刑犯器官捐贈議題，請問您(醫師、護理人員、宗教界人士、法律界人士、社工)認為海峽兩岸目前面臨何種倫理困境？
- 二、您認為海峽兩岸死刑犯本人會顧慮何種器捐相關議題？我們如何協助他/她克服憂慮、樂意器捐呢？
- 三、您認為死刑犯家屬會顧慮何種器捐相關議題？我們如何協助他/她克服憂慮、樂意器捐呢？
- 四、您認為社會大眾會顧慮何種器捐相關議題？我們如何協助他/她克服憂慮、樂意器捐呢？
- 五、您認為其他醫界人士會顧慮何種器捐相關議題？我們如何協助他/她克服憂慮、樂意器捐呢？
- 六、您認為其他宗教界人士會顧慮何種器捐相關議題？我們如何協助他/她克服憂慮、樂意器捐呢？
- 七、您認為其他法律界人士會顧慮何種器捐相關議題？我們如何協助他/她克服憂慮、樂意器捐呢？
- 八、您認為受贈者及他/她的家屬願意接受死刑犯捐贈器官嗎？他們會有什麼顧慮？您建議的對策呢？
- 九、您認為海峽兩岸政府機關及現有相關法令足夠支持死刑犯器捐的善意嗎？有何限制？您建議的對策呢？
- 十、您認為海峽兩岸醫界及社會領導人應如何合作、整合問題、有計劃地推動死刑犯器捐之美意呢？