
| RESEARCH ARTICLE

Ethical Challenges and Understanding of Organ Donation and Transplants in Tanzania

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| ABSTRACT

It is an undeniable reality that many people are currently alive thanks to organ transplants and donations. Consequently, numerous individuals have been cured of health complications resulting from Acute Organ Failure through these interventions. In addition to this success, transplant teams and communities worldwide assert that the primary challenge facing this field is the disproportion between the number of viable organs needed and the available sources. This issue creates significant tensions and ongoing debates among scholars, as some maintain secular views while others adhere to non-secular opinions on the topic. The arguments put forward by these schools of bioethics introduce social, ethical, and legal complexities. As a result of this tension, many African countries, including Tanzania, find themselves in a difficult position regarding which standpoint will resolve these ethical, social, and legal issues while being compatible with their local context. This article elucidates the ethical complexities of organ transplants and donations in Tanzania. A qualitative method of data collection has been used to comprehend the ethical complexities of organ donation and transplants. Thus, researchers used the exploratory method and phenomenological method to explore and evaluate the subject matter. To address these complexities, the researchers observed that a significant number of Tanzanians are unaware of organ transplants and donations. Therefore, health education on organ donation should be enhanced for the majority through various means, including social media platforms.

| KEYWORDS

Acute Organ Failure, Organ Transplants and Donations, Ethical Medicine

| ARTICLE INFORMATION

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1. Introduction

This paper aims to present ethical issues surrounding organ transplants, a miraculous science of our times. Thus, to develop this topic fully, this work concentrates on the following subtopics: background, statement of the problem, objectives, methodology, literature review, and conclusion.

1.1 Background of the study

The science of organ transplantation, as Cary and Erick present, has modernized the medical and health sector throughout the globe (Deck & Kimbrough, 2010: 2.). Stephen McNally et al. (2005: 631) point out that, through biotechnological development, organ transplantation has changed our classical understanding of the human body and its nature. The new paradigm overturns the classical notion of organ failure [where there were no other options to cure organ failure problems] as currently, it can be replaced by a new organ, often allowing a patient to resume his or her normal lifestyle. Therefore, as many people are currently surviving because of this science, Linda Wright et al. (2008: 145) contend that organ transplantation is both a life-extending and a life-serving medical procedure.

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Transplant of organs historically, as Jonsen, A. R. (2012: 264) claims, can be traced far back from 1954, when Dr. Murray successfully transplanted a kidney from an identical twin to another, whereby the kidney transplanted patient survived for another 8 years. This surgery opened up the door for other transplant surgeries, from single organ transplants to multiple transplants we are currently speaking human liver, lungs, erectile organs [i.e. penis], tissues, heart, and many other organs are transplanted (John Hopkins Medicine; Ruiz, P. et al., 2007:1; Ferreira, R. et al., 2015: 150 Brend, L. & Medawar, P. B. 1963: 169.)

According to Mzee, R. P. et al. (2020: 1), Tanzania, like many other countries, offers transplant services to its people. However, Tanzania offers kidney and bone marrow transplants with the expectation of extending its transplant services to organs like a heart in a few years to come. Apart from having these serious and risky services to her super specialized hospitals [Muhimbili National Hospital and Benjamin William Mkapa Hospital] but still the government of Tanzania has taken no ethical initiative to date either by establishing transplant guidelines which will be used by the nation to mitigate and handle ethical issues arise from this service (Mwita, N. B. & Mseke, G. G., (2023: 358.) It is presented that, without this national guideline, there is a higher possibility of medical personnel taking advantage of patients and donors by coercing them, as it is mentioned among the greatest challenges of our medical and clinical services here in Tanzania is the use of coercion in treating patients (Kuhumba, S.K. et al., 2024: 2.)

1.2 Statement of the Problem

Hilpert, K. (2016: 83) explicates that organ transplants have several ethical implications associated with them. It is presented that these ethical questions are mostly rooted in the fact that there is a wider gap between the number of organs and available resources (Zhang, Z. & Zang, Z., 2021: 184). Deck & Kimbrough (2010: 2) affirm that the scarcity of organs influenced the transplant team and committee to adopt various ways to reduce this gap. This brings a serious conflict between two schools of bioethics: secular and non-secular schools. Secularized bioethics, as presented by Stolz, J. (2020: 2), gained momentum in Western Europe and America during the 20th century. Secular ethicists put much emphasis on philosophical [i.e., reflection and analysis] and legal concepts. As a result, they develop their claims on universal rights, individual self-direction, procedural justice, and a systematic denial of either a common good or a transcendent individual good (Callahan, D. 1990:2 – 4.) Tham, J. (2008: 445) and Tahirli, T. (2005: 12) contend that their main focus is, therefore, to put an end to religious influence and authority at the different levels of life, either on societal, organizational/institutional, or individual levels. In medical ethics, Razin, A. (2013:37) noted that secular bioethicists, as they are described, seek to overthrow the foundations of non-secular/religious scholars by claiming that human beings are morally self-determined beings; thus, they are free to choose and act in whatever way they can without constraints. Consequently, from the very beginning, these thinkers, as they are concerned with this topic, are willing to bypass the gap between the number of organs needed and the available source of organs by adopting novel mechanisms that don't even consider the ethics of medicine.

Non-secular, on the other hand, seeks to preserve the traditional foundations as they claim that although we are claimed to be free beings, our freedom is not unlimited; rather, it is limited freedom. Thus, they continue to maintain a particular religious orientation to their arguments. According to Antony Fisher (2012: 1), non-secular ethicists hold the notion that medical science is a man-made product, so it cannot stand alone and provide solutions to human health complications; thus, ethical interventions are included in any medical procedure for it to succeed. As the case, scholars of this school hold their religious teachings and scriptures as a basis for their arguments concerning medical practices. This debate brings serious tensions as the proposed methods of dealing with transplant challenges raise many ethical issues that need serious interventions. The main question to ask ourselves here is, should medical practices take their way without ethics, or how can we assess and justify moral actions in health care services?

1.3 Research objective

1.3.1 General Objective

This study articulates ethical issues surrounding organ transplants; thus, the study considers two contradictory schools of bioethics [secular and non-secular bioethics] to survey ethical issues surrounding organ transplants and donation.

1.3.2 Specific objective

- i. To examine secularized bioethics and their proposed methods of solving transplant dilemmas
- ii. To explore objections to organ transplant from non-secular perspectives.
- iii. To attempt to reconcile the secular and non-secular perspectives on organ transplant
- iv. To propose a practical approach to organ transplant that is compatible with ethical pluralism and policy diversity.

2. Methodology

According to Angadi, G. R. (2019: 37), the goal of any philosophical research is to understand the topic under discussion in its totality and to develop clarity about it in doing so; Rai, C. (1980: 6 – 7) adds that research method is necessary. As this paper aims to develop clarity and depth of knowledge on organ transplants and their ethical implications in reference to the Tanzanian context, the researcher used a qualitative approach to present his data, whereby an exploratory approach to study and phenomenology method is applied. According to Godfrey and his colleagues (2005: 151), this method is specifically used when there is limited knowledge or the subject matter is new in a given area. This would mean that whenever the given topic is new or is not common to the majority's ears, the exploratory method introduces and exposes the majority to that topic so that they may have a general and in-depth knowledge about such a topic Terrell (2016: 146). As it is presented here in Tanzania, organ transplants are among the new medical advancement science. Thus, the exploratory method of study will uncover and expose the majority of ethical dilemmas surrounding this science. In supplementing the exploration approach, the phenomenology approach is also applied. Phenomenology Edmund Husserl (1965: 5) claims is the method of study that aims to attain absolute certainty concerning the subject matter. To grasp the essence of the subject matter, Husserl, as Grossman (2014: 132), claims that the subject matter is placed in the brackets of the objective world, therefore concentrating on the things themselves, where things here mean the given.

As the Husserlian phenomenological method applies in this paper, it means that the researcher explores a phenomenon as it manifests itself in our experience, the way we perceive and understand that phenomenon, the meaning of that phenomenon in our subjective experience (Rai, C., 1980: 211 – 237). Through examining an experience as it is subjectively lived, new meanings can be developed to inform, or even reorient, how we understand that experience Manen, M. V. (1997: 16) presents. Thus, the researcher has to bracket this science [organ transplant] and penetrate beyond it so that he may access its ethical dilemmas which trigger serious concern around the globe as they are experienced (Neubauer, B. E et al., 2019: 90). As Dermot, M. (2000: 4) claims, this is to mean that he has gone through thorough survey in different literatures and factual situations from our day to day life concerning the subject matter, analyze, assess and develop them as my research is concerned. As a result of the combination of these methods enables the researcher to draw a reasonable conclusion on the topic by reconciling the arguments from both perspectives concerning the subject matter and propose a suitable and practical approach to organ procurement that can work in developing countries like Tanzania, where this science is still growing.

3. Findings and Discussion

3.1 Arguments of Secular Bioethicists in Support of Organ Transplant

Secularization of bioethics is common in our times. Originally, as Stolz, J. (2020: 2) claims, Western Europe and America started to experience this term in the academic discourse during the 20th century, as it is presented Callahan, D. (1990: 2 – 4) affirms that "this school of bioethics centres their arguments on philosophical and legal concepts." According to them, human beings, as presented in the Universal Declaration of Human Rights [UDHR], are endowed with some rights that are inalienable by nature. John Locke (1980: 8 – 9) views freedom, liberty, and possession as natural rights; hence, everyone is entitled to these rights. Contrary to John Locke, Swiss philosopher

Jean Jacques Rousseau (1979: 281) adds that since human beings have the faculty of think (active faculty) and the faculty of choice (Will), then their actions are justifiable as an individual act for his/her own accordingly after being carefully influenced by these two faculties. The term freedom for secular bioethicists became essential as they preached and pioneered the freedom of patients and donors to bypass their medical challenges [the disparity between the number of organs on demand and the available source] by adopting novel ways to solve them. As Rousseau presents, secular bioethicists claim that as we have the faculty of reflecting and choosing, then our actions [mechanisms adopted] are deliberately meant to provide a solution to our medical challenges.

This school of bioethics proposed that, since the gap between the available organs and the source of the organs is increasing daily, then it is justifiable to improvise and adopt new sources of organs to rescue the lives of thousands and hundreds of people who are daily dying waiting for organs in transplant waiting lists. To justify these novel ways of procuring organs, secular bioethicists hold a number of arguments that underpin their ideas. They first hold the claim that human beings are free to access medical services, and they are free to make decisions as he or she wishes. Beyond this freedom, which centers its argument on bodily freedom and integrity, secularized bioethics hold that patients are free to utilize his or her financial capacity to access these services. On the other hand, donors are free to coerce their bodies by procuring their organs under the name of finance so as to rescue his or her economic difficulties. As organ donation and transplants help the lives of many people who are suffering from Acute Organ Failure, secularized bioethics also cement their claims by holding utilitarian arguments. They also hold the view that organ transplants and donations will rescue a large number of people on a global scale when the proposed mechanisms of procuring organs are effectively utilized. Thus, transplant teams should ensure the effectiveness and efficiency of whatever they propose as a means to procure viable organs.

Among the mechanisms proposed by the secular scholars of bioethics to step down the gap between the number of available, viable organs for transplants and the number of sources of these viable organs includes shifting from classical to modern determination of human death. From Ancient times, medical personnel used the cardio-pulmonary criterion as a proper criterion to determine human death. Under this criterion, Steven Luper (2009: 49) contends that an individual will be considered as still alive until the heart and breathing system [lungs] cease to perform their functions and there is no sign that they will resume. According to Luper, this criterion for determining human death dominated the medical sector for so long till the middle of the last century, when a new criterion emerged. The new criterion, contrary to the classical one, centers its arguments on the neurological assessment of a human person to determine his death, sometimes known as the brain criterion Greer D. M et al., 2020: 1079).

Therefore, according to them, a patient with irreversible coma is considered medically dead. This new criterion for determining human death calls the attention of many scholars and society; the tension resulting from this criterion leads to the emergence of two blocks of scholars: those who claim that an individual is dead as his entire brain stops its functions [i.e., cerebral cortex and cerebrum] meanwhile the second block claims that only higher brain is enough to pronounce that an individual is dead medically. The supporters of this criterion cement their arguments on the quality of life that humans ought to live. Peter Singer (2011: 86) for stance claims that the life of a patient who is in the 'persistent vegetative stage' (PVS) is of no value at all; thus, such a patient is not a human person anymore; hence, he is dead. McMahan, J. (2001: 258) adds. Thus, Rodabough (2003: 284–291) affirms that all of these efforts of brain theorists, either whole or part criterion for determining human death is to find a possibility of allowing physicians to take advantage of the patients' bodies since they can procure viable organs suitable for transplant to step down the growing gap between the patients who are daily increasing in the waiting lists and the available sources of organs. For instance, McMahan, J. (2001: 251) noted that the reason why the supporters of cortex brain criterion claim not to place patients with brain coma in life-supportive [artificial life support] machines while they are in the PVS stage is because during the interval between brain death and the point at which these functions can no longer be sustained artificially the body's organs normally deteriorate to such a degree that they become unsuitable for transplant.

According to the transplant team and communities, to reduce this gap between the available and organ sources, the world should turn to other alternative sources of obtaining organs. Among these alternative sources is to invest

in scientific ways whereby scientists could produce artificial organs (Magdalena Hryhorowicz et al., 2017: 435) and extend their parameters to other species. In 1990, as Zhang, L. & Ling, L. (2022: 150) put it, the transplant community started to channel their experiments in different species [animals, i.e., pig] to see the possibility of transplanting organs across the species. This science of transplanting organs across the species, as Megan Sykes (2022: 135) presents, is known as Xenotransplantation. According to Hryhorowicz et al. (2017: 435), in cooperation with scientific teams, the transplant community claims that the pig is the best animal that could provide the solutions to organ challenges as its anatomical and physiological structure resembles that of human beings. From this scientific fact, therefore, the organ transplant community and transplant specialists, such as Zhang & Ling (2022: 150) affirm views that the pig (*Sus scrofa domestica*) is an exceptional and justified animal to procure its organs for transplantation since it has a lower chance to transmit potential viruses to the human community. Also, it is consumed by a large number of people around the globe. Allowing scientific experiments and transplantation of organs from pigs to human beings will solve the challenge of organ sources as patients will get the organs they need urgently.

Secular bioethicists also claim that the transplant community can take advantage of executed prisoners. Through procuring organs from executed prisoners, the transplant team claims that the gap between the demand and the available source of organs will decelerate. The supporters of this argument claim that procuring organs from executed prisoners is justifiable since the prisoners are not killers for organ procurement; rather, their actions are what lead to his death. Thus, executing prisoners without taking their organs is considered awkward (Wu, Y., 2020: 242). According to Kimberly (2018: 280), this mechanism became a reality in China as it is claimed that the Chinese government became the first country around the globe to expose its accused prisoners to the death penalty to procure organs. As a result of squeezing a large number of accused prisoners on death row, the Chinese government became the second leading country in offering organ transplant services around the globe (Diflo, T., 2004: 30).

Commercialization of organs also become among the leading agendas of secular bioethicists. According to them, since human beings, as presented, have the inherent right to freedom, then an individual can coerce his own body by procuring organs in exchange for money. The supporters of this perspective contend that authorizing organ sales will have several benefits to society and the government at large as patients will access organs easily while sellers [donors] will resolve their financial problems; the government also will collect revenues from the organ markets, which is essential for their economic prosperity. Apart from that, seller's coercions results from the black market will obviously be solved and finally will reduce the number of human trafficking for organ removal cases (Slabbert, M., 2012: 515 – 6; Zhang & Zang, 2021: 187.) From these claims, therefore, the governments must authorize the commercialisation of organs and formulate rules to monitor the whole process (Lawlor, 2011: 18). Other ways to obtain organs under this school include the usage of stem cells.

3.1.1 Ethical Challenges Revealed from Secular Perspectives of Organ Transplants

Under this perspective, all of the mechanisms proposed by the supporters of this school of bioethics to solve the transplant challenge of organ shortage have raised the serious challenge of ethical concerns for the subjects [both patients and donors]. Among the serious ethical concerns rooted in the brain criterion of determining human death, the main question we should ask ourselves is under which basis can we justify taking a breathing life to save another life? Therefore, we can assent that adopting the brain criterion of determining human death creates unresolved debate among physicians, ethicists, philosophers, theologians, and society, as many people claim that using this criterion will lead to the considerable killing of patients since it is still controversial to affirm whether a [patient] whose brain is dead but continue with mechanical assistance to function in an integrated way is still alive or dead (Shamie et al., 2014: 788 – 97; Beyar, R., 2011: 3).

Following the same line of arguing, procuring organs from executed prisoners also exacerbates the challenge of medical ethics. As it is provided by the declaration of Tokyo 1975, medical personnel are strictly forbidden to examine and involve themselves in any medical procedures aimed to coerce the subjects [i.e., donors or patients]. However, because of the corrupted systems of some countries, physicians are forced to examine and procure

organs from the executed prisoners. Thus, procuring organs from prosecuted prisoners and other coercion results from the black market also raises the question of the donor's consent for donation as well as the autonomy of physicians (Declaration on Physician Independence and Professional Freedom 2005.)

The commodification of human organs in one way or another way, as secular thinkers proclaim, will solve the challenge of organ shortage as patients will obtain their organs on demand very quickly without waiting on the transplant lists. However, it is too early to affirm that the monitored and regulated market of human organs will bring about positive changes in transplant dilemmas as the proposed mechanism also has several moral implications. Because of the huge amount of money that organ brokers put on the table, accepting the commercialisation of human organs, as Andrew, S. V. & Block, W. E. (2011: 2 – 3) claims, will trigger some people to hunt and slaughter others as they may take their organs. Not only that, but also the coercion of rich people on the poor and marginalized groups will grow rapidly as rich people will use their financial power to manipulate the systems to take advantage of the poor and marginalized groups. Apart from that, the Council of Europe of 2015 presents that going for organ sales may lead to a slippery slope fallacy where vulnerable people around refugee camps and poor people, for instance, may over-supply their organs because of the financial hardships that they are passing through; this will lead into another challenge of tempering own bodies to death.

Around the globe, transplanting organs across species is not only claimed to be immoral, but transplant organs across species, as the Scientific Committee on the Medicinal Products and Medical Devices (2001: 3 & 7) claims, is medically forbidden because of its potential risks to the human race. According to virologists, xenograft and transplant encourage higher chances of transmitting human viruses from the animal donor [pig] to the patient as both species are different, and their potential viruses are of different kinds. Even if the transplant community and scientists affirm that using animal donors is safer, another challenge emerged is the safety of the patient's health as it is proclaimed that patients, before and after receiving animal organs, should undergo some kind of rejection therapy to reduce the possibility of rejection. These therapies, as Morelon et al. (2017: 1939) claim, have a serious impact on the patient's health as they may later develop some other challenges. Another serious challenge of using organs from pigs, as it is presented, is rooted in sociological grounds. Xenografts and transplants from different species raise sociological challenges since patients with animal grafts experience some stigma and bullying. More than bullying and stigma, this becomes more serious to religious groups [i.e., Islamic] whose pig is considered an impure animal (Casado, M & Baroni, J.L., 2018: 189.)

3.2 Arguments of Non-Secular Bioethicists in Support of Organ Transplant

Contrary to secularized perspective, non-secular bioethicists are mainly influenced by their religious affiliations (Wohab, A., 2021: 3 – 5.) This is the reason why their arguments are rooted in metaphysics. According to these thinkers, organ transplant is good as it has religious meaning, i.e., restoring happiness to the sick people and saving lives (Grunschlag, M & Kearns, L., 2020: 6; Laher, S., 1436: 209.) Thus, organ transplants are justifiable and permissible, but only under some conditions. Among the major conditions emphasized by these scholars are respect for the medical subjects and encourage ethical medicine among the subjects. Conversely, altruism and sacred-based argument underpin their moral reasoning since they consider human life from a religious spectrum. Instead of encouraging unethical mechanisms of procuring organs, non-secular bioethics provides the following mechanisms that, according to them, will step down the challenge of organ shortage.

Organ donation, according to non-secular thinkers, is an altruistic act. Thus, they encourage living donors to donate their organs to the donors under this name (Healy, K., 2004: 387.) To donate organs altruistically, it is provided that donors' consent is an outstanding criterion for organ removal. Consent would mean that donors should freely assent to their wishes for organ removal after carefully scrutinizing the negative and positive aftermath of their affirmed action (Beauchamp and Childress, 2019: 80.) To ensure donors are fully aware of their affirmed action, transplant surgeons are obligated to help them in grasping and understanding medical concepts clearly, accurately and sufficiently before going for the procedure (British Medical Association, 2024: 64; General Medical Council, 2024: 20.)

According to Johnston-Weber, C. et al. (2023: 6), to increase the number of organ donations, non-secular thinkers claim that it is imperative to introduce transplant schemes in an educational setting. However, this is not enough to deal with the challenge of organ shortage. Thus, it is also important to use technology, either mass Media or other Social Media like Facebook, to encourage people to donate and enlighten them about different issues concerning organ transplantation (Symvoulakis, E. K. et al., 2018: 1165).

As secular thinkers, these scholars also recognised the necessity of providing financial aid and other forms of recognition to encourage organ donation, whether from living donors or cadaveric donors. In contrast to the earlier scholars, non-secular bioethicists argue that offering financial and other incentives to donors or the families of deceased individuals will promote organ donation (Mah, J. et al., 2023: 8). According to these scholars, such incentives should be regulated and planned in a manner that does not coerce the families of the deceased to extract organs from their loved ones. Reimbursement for living donors, as stated by WHO (2010: 231), should encompass coverage for the explanting procedures and a modest amount for living expenses while the donor recuperates. In the case of cadaveric donors, it is stipulated that incentives should only cover funeral costs.

3.2.1 Ethical Issues Revealed Under Non-secular Perspective of Organ Procurement

Like secular perspectives of organ procurement, non-secular bioethicists present some ethical issues around organ donation and transplantation. Among the ethical issues revealed is the relationship between the donor and the recipient of the organ. The issue that arises here is to what extent the recipient of the organs should value and consider the organ donor and the organ given to him. Is it ethically permissible to continue with the lifestyle that leads to the organ failure of the recipient after receiving a new organ? All these questions remain unsolved as it is difficult for other recipients to value their donors or to change their lifestyles after receiving new organs.

Yes, of course, initiating different initiatives to increase the number of organ donations will work. However, other initiatives, like reimbursement, still have some moral challenges. Because of corrupted donation systems, it is also very easy for the donors to experience some kind of coercion or for family members to overturn the deceased's wishes and accept these initiatives to get money for the funeral expenses.

4. Recommendations

The development of biomedical technologies and its inherent ethical challenges, as presented in different literature, forces us to think about issues we had never faced before (Singer P., 1994: 19). Thus, to infer a practical solution to ethical problems resulting from organ transplantation in developing countries like Tanzania; medical personnel, and public health policymakers should critically scrutinise the arguments and mechanisms proposed by both schools. To have safe and ethical organ procurement and transplantation here in Tanzania, it is therefore important for public health policymakers and the Ministry of Health to see the necessity of formulating transplant guidelines that will help donors, patients, and medical personnel deal with ethical dilemmas by considering the arguments and mechanisms proposed by both secular and non-secular bioethicists. Although we have adopted some international guidelines like the Helsinki Protocol and others to guide transplant and donation of organs in our hospitals, it is not enough to remain silent without forming our national guidelines since the adoption of more than one transplant protocol, which is not originally from our context can give people chances to practice unethical transplant.

As it is presented in many countries, organ donation and transplant dilemmas are still new to many people's ears. This is because a small number of people, particularly medical students, are interested in grasping the medical challenges of today's medicine. Thus, it is also imperative for public health policymakers to initiate different schemes that will help the majority to know not only the risk factors for organ failure but also the ethical issues surrounding organ donation and transplantation. Thus, giving enough education to the majority will enhance transplant knowledge and provide ways to deal with ethical challenges resulting from ignorance, such as acceptance for organ sales and others. Thus, medical personnel and ethicists, whenever they get a chance to present in front of the majority about today's medical challenges, are also wise to present ethical complications of the medical sector, particularly organ donation and transplant. This scheme comprises transplantation seminars,

workshops, radio and television broadcasting, and short Video clip presentations through social Media like TikTok, Instagram, and Facebook, where young people surf.

Depending on only one source of organ procurement, as presented here in Tanzania, where living organ donations are the only acceptable way of procuring organs, exacerbates the challenge of shortage of organs. It increases the number of people who are dying of acute organ failure. Thus, it is also imperative for the government of Tanzania to rethink and rewrite its health policies in a fresh way that could accommodate today's health challenges. This includes investing in the health sector by adopting mechanized bio-technologies, which will help the nation procure organs from other sources like cadavers for maximum transplantation. Here, the term investment means being ready to train personnel, including physicians, ethicists, laws, and social workers, so that they may grasp and understand the ethical, social, and legal dilemmas of organ transplant effectively, adopting new technologies like modern organ storage and modern transplanting theaters where the ex-planting and transplanting procedures can take place simultaneous to increase the rate of organ performance.

Above all, studies have revealed that there is little knowledge of the application of ethics in medical and clinical practices here in Tanzania. This is because Tanzania lacks competent bioethicists, as bioethics is not incorporated into the health-affiliated universities' programs, particularly among medical and clinical students. This challenge calls upon the review of our Universities' programs here in Tanzania so that we may train physicians who are fully aware of the moral dilemmas of modern medicine and how to deal with those challenges in a better way. Training medical and clinical students alone is not enough to provide solutions to the moral dilemmas of today's medicine. There should also be a committee that will assist physicians and clinical offices in settling moral dilemmas whenever raised by proposing a suitable ethical theory that is compatible with Tanzania's local context. Kuhumba S. K et al. 2024 stressed the necessity of this committee at the national level and within the health centres as well as within the institutions that train physicians and clinical officers as it will mitigate the cases resulting from moral dilemmas and raise the capacity building toward the provision of ethical services in our health centres.

5. Conclusion

As it is presented, organ transplantation is a unique science with serious ethical, legal, and societal dilemmas. These dilemmas call for scholars from all academic disciplines to contribute their views and provide solutions to these challenges. However, apart from the efforts made, these challenges remain unsolved. Thus, this paper succeeded in presenting ethical issues that emerged from organ transplants by considering dilemmas developed from different mechanisms of organ procurement proposed by the secular and non-secular bioethics scholars and recommended a practical approach to dealing with these ethical issues here in Tanzania. To solve these challenges raised by the development of biotechnological discoveries, including the science of organ transplants, the researcher advocates solidarity between scholars, experts, and society in general in proposing suitable mechanisms for procuring organs which is compatible with the local context of Tanzania and enhancing knowledge of donation and transplant to the majority through different mechanisms including conducting of more research organ transplants and its related issues.

Aside from that, as stipulated from the very beginning, organ transplants and donations in Tanzania are still developing. Consequently, there are limited written resources on this miraculous field. Due to this limitation, researchers rely heavily on information from other parts of the world to evaluate and relate the experiences of patients suffering from acute organ failure and organ donors throughout the entire process of organ procurement and transplantation. Through this research, other scholars may conduct further studies on their perspectives and lived experiences regarding organ donation and transplants. Undertaking additional research on this subject may also raise awareness of the ethical dilemmas surrounding organ donation and transplants.

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