

Hand, face, and uterus transplants for trauma victims pose ethical dilemmas

While the grotesque and fanciful concept of [head transplantation](#) is compelling, other new, real forms of organ transplantation like face, hand and even uterus, are becoming more ordinary.

These new kinds of organ transplants are called [vascularized composite allografts](#) or VCAs. While they could be life-enhancing for people with congenital malformations or who lost body parts through trauma or war, there are many unknowns. Thus, as someone who researches ethical issues in organ transplantation, I have been grappling with the ethics of VCAs, which are in need of greater oversight.

Here are some of the facts. When the Department of Health and Human Services [decided in 2014](#) that VCAs should be overseen and allocated, like any other organ, by the Organ Procurement and Transplant Network and United Network for Organ Sharing — the organization overseeing the national organ transplant allocation system, it also implicitly allowed living people to donate VCA tissues.

But patients seeking a VCA transplant only have to wait days or weeks to receive one from a deceased donor, and VCAs don't, biologically at least, save lives. So there isn't much justification for donations from the living. Except that it does increase the pool of donors who might be needed in urgent cases. Otherwise, alternatives are limited, for example, for those who would like a new uterus—they could seek a deceased donor uterus or a surrogate mother.

When should living people donate? Without clear policy in place about living VCA donation, one might ask, "Could I donate my hand to my brother who came back from Iraq without one?"

The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion and analysis. Read full, original post: [Face and Hand Transplants Raise Ethical Questions for Living Donors](#)