Between Gift and Commodity: Engelhardt's Bioethical Reflections on Organ Transplantation

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The global shortage of transplantable organs is becoming increasingly acute, prompting intensified debates over the ethical acceptability and feasibility of various forms of financial compensation for donors. Although organ donation in exchange for payment is legally prohibited in most countries, the prospect of a regulated market has gained support—even among some Christian bioethicists. Among the most notable proponents is H. Tristram Engelhardt, Jr., arguably the only Orthodox Christian bioethicist who openly contends that there is no fundamental moral objection to receiving or even requesting monetary compensation for organ donation. This article explores the ethical implications of compensated organ donation through the lens of Engelhardt's bioethical thought, examining the reasoning and consequences of his position. It further argues that his perspective represents a personal philosophical stance rather than a reflection of the broader Orthodox theological tradition. Finally, the article underscores the need for sustained moral vigilance and ideological awareness in resisting the commodification of the human body, calling for ethical safeguards that transcend legal prohibitions.

Keywords: Bioethics, Medical Ethics, Organ Transplantation, Organ Donation, H. T. Engelhardt

Introduction

The work of H. Tristram Engelhardt, Jr. (1941–2018) represents, on the one hand, the most systematic attempt to date at a comprehensive reconfiguration of bioethics grounded in Orthodox Christian theology, and, on the other hand, clearly illustrates the condition into which ethics and bioethics have fallen in the "post-God" era. This distinguished philosopher and bioethicist locates the Truth he seeks, in order to transcend the limits of secularism, within the Christianity of the first ten centuries, whose living continuation he identifies in the Orthodox Church. This confessional dimension of his work should not be regarded as paradoxical; after half a century of reflection on God, ethics, and bioethics, Engelhardt recognizes the rootlessness of secularized bioethics and seeks a stable foundation upon which it might be rebuilt (Engelhardt 2018: 17-29).

A reading of The Foundations of Christian Bioethics (Engelhardt 2000) reveals that Engelhardt advances an alternative form of bioethics, one that is radically different and based exclusively on the principles of Orthodox Christian ethos and the liturgical and sacramental life of the Orthodox Church. Nevertheless, his approach to organ transplantation proves particularly problematic. Although the Texan philosopher initially operates within an Orthodox Christian framework, he subsequently argues that, provided the donation of tissues or organs—whether before or after death—is carried out in a legitimate manner and motivated by love for the other, there is no moral obstacle for one to accept or even to request monetary compensation (Engelhardt 2017a).

Organ transplantation is associated with a multitude of ethical, legal, deontological, and theological issues, as it concerns highly delicate concepts such as life, death, and autonomy (Savulescu and Protopapadakis, 125–133). Moreover, the contemporary discourse on organ donation and transplantation unfolds within a global context marked by rapid technological and socio-economic transformations, which generate new ethical and legal challenges. As has been noted, perceptions of altruism and donation in the context of transplantation vary significantly across cultures, being shaped by social and cultural norms regarding the body and death (Sharp and Randhawa 2014: 163–168). In particular, the notion of "gift" carries distinct cultural meanings, sometimes reinforcing social solidarity, while at other times obscuring the complex experiences and expectations surrounding transplantation, depending on the cultural group and the personal experiences of those involved (Shaw and Webb 2014). The role of religion is evidently crucial, thus rendering an interfaith consideration of the issue especially important (Ladas 2024). Simultaneously, the development of new technologies, such as bioartificial organs, introduces additional ethical and legal challenges that require systematic investigation and guidance before proceeding to clinical application (Ambagtsheer et al. 2024a).

The questions raised regarding organ donation and transplantation concern the donor, the recipient, and the intermediaries. Ethical evaluation pertains to the motives, capacities, means, uses, and purposes involved. The three principal axes of ethical concern are: (1) the potential exploitation of the donor's autonomy; (2) the possible arbitrary determination of the moment of death (Tsiakiri 2022); and (3) the commodification of human organs (Quiñones 2022). Although all three issues are of considerable interest, the present article focuses exclusively on the issue of compensated "donation" of organs, which, despite being legally prohibited, continues to have ardent proponents.

Provision of organs in exchange for compensation

Most international and all European legal systems condemn and criminalize the receipt of an organ in exchange for compensation, as part of a broader strategy of criminal policy. International law generally protects organ transplantation from any form of economic exploitation, while all Western European societies and legislations firmly oppose the commodification of human organs. Once removed from the human body, organs are classified as objects prohibited from commercial transaction. Consequently, the following are forbidden:

1. the buying and selling of organs;

2. the offering of compensation by the recipient or any other party to the donor or to any intermediary involved in the chain from organ removal to transplantation (Lynteris 2004: 111; Schiff and Fins 2016: R572-R576);
3. the receipt of compensation by the donor or any other person, either before or after the removal of the organ;
4. the provision of medical services by a physician in cases where the transplantation is performed or attempted to be performed for compensation or under circumstances that conceal such compensation;
5. the public offering of an organ for transplantation in exchange for compensation, which constitutes an element of the objective basis of the criminal offense.

The buying and selling of organs, under any circumstances, is condemned by the World Health Organization, the Charter of Fundamental Rights, and the Oviedo Convention on Human Rights and Biomedicine.

The principle of gratuitous organ donation does not preclude the provision of compensation to living donors, provided that such compensation is limited to: (1) covering related expenses; (2) offsetting loss of income associated with the donation; and (3) providing any compensation owed as a result of malpractice during the organ removal procedure. Western European legal systems, however, establish strict conditions under which such compensation may be granted, with the aim of preventing the creation of financial incentives or benefits for potential donors (Kaiafa-Gbandi 2008: 35). These strict conditions are particularly important when considering the application of Mauss's theory of the gift, which highlights that a gift generates a threefold obligation: to give, to receive, and to reciprocate. Understanding transplantation through this lens reveals that organ donation, whether or not accompanied by compensation, creates structural social expectations of reciprocity (Sharp and Randhawa 2014).

From the foregoing, it becomes clear that the legislator seeks to protect human dignity, even when the individual concerned chooses to renounce it in order to obtain financial or other benefits. Nevertheless, there are countries where the legal framework is so lax that incidents are frequently reported in which impoverished individuals are compelled to sell one of their paired organs (typically a kidney) for a paltry sum in order to meet basic survival needs (Knight 1992; Christodoulidis 1995; Graziadei 2009: 723-743). For example, in developing countries, as well as in Southeast Asia and Latin America, organized networks have reportedly emerged, involving a range of actors such as doctors, tissue-typing laboratories, police officers, pilots, and others (Brock 1991: 28-47). These countries are often regarded as "exporters" of organs, whereas major "importers" include the United States, Canada, Australia, among others. In some of these countries, the number of transplantations performed on their citizens abroad exceeds the number carried out domestically. This phenomenon is referred to as "transplant tourism," a term that describes the movement of either the donor, the recipient, or both to another country for the purpose of transplantation (Tsoutsouli 2010; World Health Organization 2025). According to data from the World Health Organization, illegal trade accounts for approximately 10% of all transplantations worldwide.

Although the commodification of organs represents one of the most abhorrent forms of human trafficking (Tzakis 2016), the growing global imbalance between supply and demand has prompted discussions in favor of various forms of controlled compensation or reward for organ donation (Marshall, Thomasma, and

Daar 1996: 1–18). The concept of rewarded gifting can take different forms, which vary significantly from one another (Vantsos and Nikolousis 2016: 203). Proposed models include: (a) the provision by the state of non-material incentives, such as public recognition of the donor through media or the offering of an honorary funeral at no cost; (b) the granting by the state of financial privileges, such as tax reductions, preferential loan terms, increased tax-free income thresholds, free medical care, or reduced health insurance costs; and (c) the provision of medical incentives, such as priority access to organ transplantation in the event the donor should require a transplant in the future. These incentives honor the principles of reciprocity and solidarity, maintaining the character of the act as a donation rather than a commercial transaction (Levy 2018: 398–435). Nevertheless, the relevant literature indicates that the distinction between compensation and incentives is often blurred (Ambagtsheer et al. 2024b:12483). As empirical studies have shown, non-monetary incentives tend to strengthen intrinsic motivation for donation, whereas monetary incentives may diminish altruistic intent and provoke negative reactions (Ahn and Park 2016: 118–129).

Some thinkers have attempted to propose an intermediate solution that neither fully identifies with selfless love nor with economic profit. Initially, the Indian physician C. T. Patel characterized organ donation as a "gift with reward." John Harris and Margaret Brazier argued in favor of this view, considering it reasonable for the state to provide incentives to prospective donors, particularly those positively inclined toward donation but struggling to make the decision (Brazier, Harris, and Farrell 2011: 15-33; Vantsos and Nikolousis 2016: 202). Jens Ried maintained that accepting compensation is not morally problematic when the amount involved does not alter the nature of the donation. Conversely, he deemed it problematic when the anticipated gratitude of the recipient influences the donor's decision (Vantsos and Nikolousis 2016: 206). Mark Achilles ethically endorsed donor compensation, arguing that it does not contradict the altruistic nature of donation (Vantsos and Nikolousis 2016: 206). Similarly, Markus Christen, Rachel Neuhaus Bühler, and Brigitte Stump Wendt assessed donor remuneration as morally justified, contending that it would correct an injustice, given that transplantation is economically beneficial for all parties involved except the donor (Vantsos and Nikolousis 2016: 208). Finally, Sara McGrath observed that what creates a problem for an individual is not the addition of options but the absence of them. Therefore, the possibility of selling an organ constitutes an additional choice, which empowers the individual to decide whether or not to pursue it (Mcgrath 2006: 297-309; Vantsos and Nikolousis 2016: 229).

In general, according to the aforementioned thinkers, offering financial compensation to the donor or their relatives addresses two major issues related to transplantation: (1) the severe shortage of organs and (2) the illegal commodification of organs (Vantsos and Nikolousis 2016: 209). It is evident, however, that if a substantial monetary reward were offered to the donor or their family, along with assurances that death would not be hastened in any way, thousands of individuals would perceive organ donation not as a mere possibility but as an imperative decision (Protopapadakis 2018: 59-64). From this perspective, the sale of organs constitutes a "good" solution to the problem of organ scarcity, as it benefits all parties involved: (1) recipients obtain the necessary organ; (2) donors receive much-needed financial support; (3) healthcare systems save significant resources; and (4) physicians can effectively treat diseases requiring transplantation

(Vantsos and Nikolousis 2016: 226). Consequently, proponents of compensated organ "donation" argue that the arguments for maintaining the prohibition are not compelling and perpetuate injustice. Indeed, according to Julian Savulescu, the ban on organ sales constitutes a double injustice against the poor, as they not only lack goods that the majority possesses but are also prevented from acquiring them (Savulescu 2003: 138-139; Vantsos and Nikolousis 2016: 227). A fervent supporter of this position is H. T. Engelhardt, Jr., who is notably the only Orthodox Christian bioethicist to advocate for compensated organ donation—a stance for which he has received criticism from Orthodox Christian clergy and theologians, who argue that he promotes a peculiar form of Christianity aligned with the contemporary immoral expansions of medicine (Voloudakis 2011: 187-195).

The approach of H. T. Engelhardt, Jr.

H. T. Engelhardt, Jr. unequivocally supports organ transplantation and characterizes organ donation as commendable. According to him, when a person's brain has irreversibly ceased to function, the person is dead, even though certain biological aspects of human life may persist in the form of cultured cells, tissues, and organs (Engelhardt 1975: 587–590). Therefore, he argues that when the certification of death is reliable, the removal of organs does not constitute either murder or the mutilation of a living human being. Furthermore, the Texan bioethicist advocates for living organ donation, emphasizing that if someone donates a non-vital organ or tissue, they do not disregard the good of their bodily integrity. On the contrary, they turn toward their fellow human being with love and the intention to offer assistance.

Engelhardt, however, does not limit himself to the aforementioned position. He goes even further. Theoretically, he argues that once the provision of organs is motivated by love for another, there is no moral obstacle for one to accept or even to request compensation. He clarifies that a poor individual, out of necessity for themselves or their family, may request monetary compensation for an organ or tissue that is legitimately removed either before or after their death. He further asserts that if such an individual is permitted only to donate without receiving compensation, an excessively heavy burden is imposed upon them. Given that wealth and social status are associated with better health and greater longevity, a policy prohibiting the sale of organs may effectively condemn the poor to remain impoverished (Engelhardt 2017a: 408). Within this framework, the Texan philosopher poses two critical questions: (1) why do so many individuals die due to the shortage of organs while at the same time many others die without donating their organs to those whose lives could be extended through a donation? and (2) how can the prohibition of organ sales be interpreted, and what could render such a policy dignified, given that it leads to the loss of human lives and restricts the availability of transplantable organs? (Engelhardt 2004: 31-49)

Engelhardt seeks to ground his position both morally and theologically. As he emphasizes, the body does not belong to the individual but is a divine gift, and whatever a person has received as a gift from God is good and noble to offer, with love, to one's neighbor in need. For this reason, he recalls that the saints sold themselves into slavery in order to help the poor. If a monk were to sell a kidney to assist the poor, this would be a sacred act of love. Similarly, if a financially disadvantaged individual were to sell a kidney to support their family, this, too,

could be regarded as an act of love. Nevertheless, Engelhardt concludes that the secular spirit desires to perceive such acts as worse than the murder of unborn children. According to him, the sale of organs could be seen as ideal, but the "second world" renders it a greater evil than abortion. He stresses that proponents of secularism seek to portray organ sales as an unspeakable horror in order to appear morally principled, while at the same time 50 million unborn children are killed each year (Engelhardt 2006). At the same time, he acknowledges that when someone sells rather than donates their organs, they deviate from the proper path, though roughly to the same degree as in the case of artificial fertilization (Engelhardt 2006).

Engelhardt does not accept compensated organ "donation" unconditionally but imposes certain restrictions. According to him:

1. the transplantation must be carried out in a legitimate manner and out of love for the other—the emphasis on love being the element that distinguishes him from other proponents of compensated organ donation;
2. the choice must be free and must not cost the donor their life.

Consequently, public health policy should accommodate organ sales, when lawful, in order to prevent the exploitation of those who donate out of necessity (Engelhardt 2017a: 408).

The only obstacles Engelhardt identifies in the context of transplantation are:

1. the alteration of the sexual identity of men and women;
2. the possibility of becoming a parent using another person's reproductive organs, with the transplantation of testes constituting, in his view, a form of adultery (Engelhardt 2017a: 409);
3. the inability to perform a funeral due to the insufficiency of bodily remains. He clarifies that the funeral is significant because it is a sacrament of the Church, through which the Church blesses the body of the deceased. Moreover, funerals offer the living the opportunity to pray for the departed, to confront the reality of death, and to come to terms with it (Engelhardt 2006).

A critical approach to the positions of H. T. Engelhardt, Jr.

When H. T. Engelhardt, Jr. embraced Orthodox Christianity, he judged that, as a scholar, he had a duty to reexamine everything he had previously accomplished from a zero base—a process that led him to approach bioethical issues from an entirely new perspective (Engelhardt 2004: 47). Indeed, he felt guilty for his earlier contribution to the development of prevailing secular bioethics, which he characterized as a sin (Engelhardt 2004: 284). In his book *The Foundations of Christian Bioethics* (Engelhardt 2000), where his personal moral and bioethical outlook is clearly presented, he speaks as a theologian, in a dialect that, as M. Dragona-Monachou points out, appears foreign to philosophers. Nevertheless, even in this work, his examination of many ethical issues does not significantly diverge from his earlier approach. Among the issues he does not revise is that of compensated organ "donation." His decision to maintain this position is entirely conscious; it is for this reason that he seeks to ground it also theologically.

Although Engelhardt's effort to address the issue begins from sound and Orthodox Christian premises, over time his interpretation shifts, influenced by the environment in which he lived and was formed. As is well known, proponents of

commodification emerged in the United States from the mid-1980s onward, advocating that many of the problems surrounding the procurement and allocation of organs could be ameliorated by adopting more "economic incentive" systems or "regulated compensation" schemes for those who offered their organs. Among the most advanced proposals was the creation of an organ market employing methods far more complex than merely permitting the acquisition and sale of organs in a free market (Graziadei 2009: 723-743). This reality differentiates Engelhardt's position from that of the broader body of Orthodox Christian bioethicists. For example, Professor of Christian Ethics and Bioethics Miltiadis Vantsos unequivocally condemns any form of financial transaction, arguing that viewing the organ as a commodity with market value stands in direct opposition to the universally accepted notion of human dignity, according to which a person must never be treated as a means, but always as an end (Vantsos and Nikolousis 2016: 236).

The Orthodox Christian Church, of which Engelhardt consciously became a member, is unable to agree with the utilitarian perception of transplantation and could accept organ donation, with reservations, solely as a supreme expression of love, sacrifice, and self-offering. It is a love that, under no circumstances, can impose an unbearable sense of obligation upon the recipient, thus clouding the meaning of altruism and highlighting the importance of the social dimension of reciprocity (Sharp and Randhawa 2014: 163–168). Even the mere existence of an expectation of reward is incompatible with the definition of altruism as a primary concern for the other, resulting in "rewarded donation" not being genuinely altruistic (Voo 2015: 190–202). As has been pointed out, even within the rhetoric of the "gift of life," a "tyranny of donation" emerges due to the expectation of reciprocation or the burden of gratitude, a phenomenon that conflicts with the notion of true selfless love (Sque, Payne, and Macleod Clark 2006: 117–132).

The sanctity of the human body automatically places human organs beyond any form of commodification, and any form of material or spiritual remuneration is rejected. Consequently, transplantation is not viewed positively even when the donor seeks to secure the recipient's gratitude or to attain paradise. Within this framework, organ transplantation between spouses is also condemned when it is pursued with the immediate aim of binding the other to the marriage or overcoming a marital crisis. In this context, recent developments, such as the application of Normothermic Regional Perfusion (NRP), further underscore the need for strict theological and ethical vigilance. The maintenance of circulation after the declaration of death, despite its potential benefits for organ preservation, raises serious concerns regarding the respect for the sanctity of the human body (Murphy et al. 2025: 597–609).

Orthodox theology does not construe the body as property held in fee simple by a self-owning individual but as a divinely given locus of personal communion. On this view, inalienability is not paternalism but a judgment about the kind of good a human body is—one that resists commodification because it is constitutively bound to personhood and ecclesial life. The practical upshot is a defeasible presumption against turning organs into transferable assets even when consent is present, especially where technologies such as NRP tempt us to treat remains instrumentally.

According to Christian principles, the donor's guiding motivation should be the understanding that their act is a natural consequence of the communion of love

that unites them with God and with their fellow human beings. However, within the Orthodox Christian Church, there is no single, unified official position regarding the issue of transplantation. At present, there are two officially—synodically—approved documents on the matter, issued by the Patriarchate of Romania ("Transplant of Organs" 2014) and the Church of Greece ("Key Positions on the Ethics of Euthanasia" 2002), respectively, as well as an extensive Encyclical from the Church of Russia ("The Basis of the Social Concept" 2000), which addresses various bioethical issues, including organ transplantation. Notably, all three Churches condemn compensated organ "donation": (1) the Church of Russia asserts that human organs cannot be considered objects of commercial transaction; (2) the Church of Romania emphasizes that organ donation cannot become the subject of trade; and (3) the Church of Greece stresses that the Orthodox Church must safeguard the institution, the act, and the individuals involved from any form of desecration, commodification, or transaction ("Key Positions on the Ethics of Euthanasia" 2002).

In general, Orthodox Christian theologians approach the issue of transplantation with a sense of theological reserve and do not accept it unconditionally as Engelhardt does, even though all recognize in it an expression of love sufficient to justify its acceptance *economia* (by pastoral dispensation) (Chatzinikolaou 2005: 237). For example, brain death remains theologically contested, as it is a medically constructed concept resulting not from the natural progression of the human organism but from technological intervention (Griniezakis 2015). Furthermore, with regard to living organ donation, there arises the reasonable question of whether, in the future, the donor will have the spiritual strength to support this sacrifice or whether they might grumble against God, unable to endure the consequences resulting from their act of donation (Agoras 2013: 355). Clearly, the provision of financial incentives is rejected not only by all Orthodox Christian theologians but also by the majority of scientists, on the grounds that it effectively equates to organ trafficking (Vantsos and Nikolousis 2016: 207). However, Engelhardt attempts to deconstruct this argument by distinguishing financial reward from organ trafficking. According to him, in compensated organ "donation," the prospective donor has a genuine desire to help the patient, which is further encouraged by the incentive of compensation, whereas in organ trafficking the sole and exclusive aim is financial gain (Vantsos and Nikolousis 2016: 204). Nonetheless, as Evangelos Protopapadakis aptly emphasizes, organ donation is by definition an act of the highest moral quality and profound humanitarianism—an ultimate act of responsibility and solidarity (Protopapadakis 2018: 59-64). Therefore, financial incentives constitute a base public affront to moral values and to human dignity.

By placing a price on a vital organ, we both encourage disrespect, devaluation, degradation, and desecration of the human body (World Health Organization 2025), and undermine the donor's free will, which is influenced by financial incentives. Furthermore, when a donor is offered a sum of money to provide an organ for transplantation, there is no longer a true donation, but a sale, since the donor agrees to receive the stipulated amount (Vantsos and Nikolousis 2016: 207-8). Consequently, the concept of "rewarded gifting" contains an inherent contradiction: a gift given in exchange for compensation is not a gift; it is an economic transaction and should be assessed as such. A society that reduces the few

acts of the highest moral quality to mere commercial exchanges cannot expect to possess a particularly promising future (Protopapadakis 2018: 59-64).

On the other hand, Engelhardt emphasizes the freedom of the individual who wishes to "donate" a non-vital organ in exchange for compensation. However, in reality, such freedom does not truly exist. The seller-donor is coerced by their dire economic circumstances and consents to the sale of an organ, while the buyer-recipient is similarly coerced by the deterioration of their health and proceeds with the purchase. Thus, while compensated organ "donation" attempts to justify itself ethically on the basis of autonomy, the prevailing conditions actually undermine the autonomy of both parties (Vantsos and Nikolousis 2016: 233). Engelhardt, however, does not accept this view; he distinguishes between the case where financial gain might negate the capacity for free consent and the case where an incentive simply leads a person to "donate" a non-vital organ. "Imagine," he states, "that you are offered one million dollars to sweep the sidewalk in front of your house. Assuming there are no particular religious prohibitions regarding work on that specific day, etc., one can be confident that such a financial incentive would almost always lead to agreement." According to Engelhardt, in such a case, freedom of choice is not compromised, and only a multi-billionaire might possibly refuse. Rather, he argues, the near-inevitability of agreement demonstrates that certain benefits, when associated with low levels of harm, are generally acceptable to most reasonable people in the decision-making process. He thus concludes that the freedom of economically disadvantaged individuals is not impaired by the provision of financial incentives (Engelhardt 2004: 31-49). However, for a person who is in debt or unable to meet basic needs, the choice to sell an organ effectively becomes compulsory, as failure to do so might invite blame for not utilizing an available opportunity. If, therefore, a part of the human body acquires commercial value, it may become subject to claim, just as all things of value typically are (Vantsos and Nikolousis 2016: 234).

What looks like “choice” for the poor is often structured compulsion. Where deprivation is acute, offers of payment predictably narrow deliberation and relocate risk onto the least advantaged, while recipients’ desperation likewise compresses autonomy. A justice-respecting alternative is to remove disincentives to donation and strengthen solidarity-based measures—life-time medical follow-up for living donors, indemnification for lost income and expenses, robust priority rules for registered donors, and forms of non-monetary recognition that avoid price signals.

Nor does the argument concerning dignity find Engelhardt in agreement, as, according to him, two opposing moral perspectives are at stake. On the one hand, there is concern that the dignity of individuals who sell non-vital organs is violated; on the other hand, it is argued that the dignity of these individuals is recognized and affirmed, as seller-donors are acknowledged as moral agents, capable and responsible for engaging in transactions. Thus, in this matter, the disagreement lies in the differing moral conceptions of dignity: the first approach condemns the buying and selling of organs as undermining human dignity, while the second regards such transactions as expressions of individual autonomy and dignity. Taking into account the difficulty of resolving moral controversies and the establishment of the authority of the secular state, the Texan bioethicist concludes that this controversy ultimately favors those who advocate for a market, since a market can be justified on the basis of the consent of the participants.

In any case, Engelhardt's aim is to reexamine the moral and political theoretical foundations of existing approaches to organ procurement. For this reason, his arguments are not intended to demonstrate that the buying and selling of organs would be morally permissible. Rather, through his positions, he seeks to challenge the existence of a secular moral basis for the state's prohibition of compensated "donation" of tissues and organs (Engelhardt 2004: 31-49; Engelhardt 2007: 256-64). According to the Texan bioethicist, the more individuals are regarded as sovereign over themselves, including their tissues and organs, the stronger the requirement becomes for explicit consent in their transfer, and the more difficult it becomes to justify state coercion in prohibiting their commodification (Engelhardt 2004: 31-49).

Defending the Orthodox Position against Engelhardt's Objections

In the eyes of Engelhardt, this Orthodox criticism of paid organ donation may be incompatible with the Orthodox theology of love and freedom. Moreover, since, according to Orthodox anthropology, the human person is a free image of God, then why not apply that freedom in introducing acts of charity in discarding a part of oneself, where doing so not only relieves oneself of poverty but also serves to relieve the poverty of others? Engelhardt may respond that the ban on voluntary, compensated donations infantilizes people experiencing poverty and turns compassion into coercion by depriving them of the moral agency to improve their circumstances (Engelhardt, 2017a). In this respect, the Church's prohibition of being paternalistic is a moral monopoly that replaces institutional judgment with personal judgment. Modern libertarian bioethicists tend to argue in the same way: bans on organ sales, they argue, exploit people with low incomes by denying them the right to make money on their own possessions (McLachlan, 2021). To Engelhardt, both the state and the Church threaten to breach the principle of moral pluralism by imposing a single theological interpretation of dignity on everyone.

Such an objection, however, is a misunderstanding of the Orthodox understanding of freedom. The Orthodox moral theology understands freedom as the orientation of the will toward the good and sees it as movement, not as the ability to make an autonomous choice, but as freedom of and. It is communion that brings out genuine freedom, not isolation or market exchange. Thus, the Church's ban on commodified donation is not a rejection of freedom, but rather a protection of the kind of freedom that can accompany theosis—the gradual involvement in the life of God (Ladas, 2024). Selling an organ is instrumentalising their own bodies and so disintegrating personhood. The teaching of the Church is not just the defense of moral purity, but also of ontological consistency: the body is not an object of alienation but the manifestation of the person.

Engelhardt may also protest that the Church has set the position of condemning real people to death under the guise of abstract dignity. Is it more merciful to allow some sort of controlled payment that raises the supply of organs and saves lives? However, mercy without justice becomes sentiment. The empirical track record suggests that legal markets are primarily unable to eradicate exploitation: even the state-controlled kidney market program in Iran, regarded as a model, still leads to the emergence of socioeconomic pressure and care inequities (Ambagtsheer et al., 2024a). Therefore, the Orthodox warning is not only doctrinal but also practical; it is aware that commodification of life always has a devastating effect on the most vulnerable.

A more theologically coherent response to Engelhardt is that the Church's teaching is not a prohibition of love, but rather a call to practice love. To be salvific, love must be uncoerced and unpriced. The moral act, when mediated through money, is no longer a kenotic self-emptying but a transactional one when money is involved between the donor and recipient. To the same effect, Pope John Paul II once cautioned that what is given freely as a gift cannot at the same time be claimed as a due (Pope John Paul II, 1995). This argument is reflected in the Orthodox stance: without being invalidated, grace cannot be commercialized.

Conclusions

The problem of organ shortage for transplantation is continuously worsening, with dozens of people dying each day due to the lack of available organs. Recent policy changes, such as the implementation of presumed consent systems, have not resulted in the anticipated increases in organ donations. According to a study conducted in the United Kingdom, the application of the presumed consent law during the pandemic was accompanied by low public engagement and did not translate into a significant rise in consent for donation, demonstrating that deeper cultural, social, and moral issues cannot be resolved merely through legal reforms (Al-Haboubi et al. 2025: 183). Naturally, however, this fact in no way justifies the commodification of human organs or the coercion of the economically disadvantaged into compensated "donation" of their organs, for in such cases, the donor becomes a seller, the recipient a buyer, the organ a commodity, and the personal relationship a commercial transaction (Elliott 1995: 91-96; Vantsos and Nikolousis 2016: 237). Moreover, the phrase "compensated donation" contains an internal contradiction, as true donation is performed unconditionally, without any material or spiritual recompense.

The greatest danger arising from compensated organ "donation" is that the human body may come to be regarded as an object with material value, and human organs reduced to mere spare parts or components—thus becoming socially legitimate commodities. In a healthcare system operating under market principles, the situation could be described as an impatient buyer encountering a willing seller. The risks of such commodification extend far beyond the inherent exploitation of the poor by the wealthy; it could represent the modern transformation of traditional slave-trading practices into an economic theory of human trade aimed at the extraction of organs. In any case, beyond the need for strict control of commodification, the role of the state as a "steward" of public health is increasingly recognized. Within this framework, the adoption of incentives to promote organ donation constitutes not merely a possibility but an ethical obligation of the state to protect the life and health of its citizens (Levy 2018: 406–407).

Engelhardt's position represents a personal stance and opinion, which should be positively evaluated within the context of healthy dialogue. Given that there is, as yet, no official and unified position of the Orthodox Christian Church regarding the issue of transplantation, it is not possible to speak of a deviation from correct doctrine, but only of a divergence from the informally established pan-Orthodox consensus to date (Ladas 2018). It must also be taken into account that even the works of the Fathers and ecclesiastical writers do not form part of the infallible truth, and as such, erroneous views or misinterpretations may be found even within them. Consequently, a divergent position in no way diminishes the stature, value,

or contribution of this distinguished bioethicist to the foundation of Orthodox Christian bioethics.

In the past, the international rejection of organ trafficking—both on legal-political and philosophical-theological grounds—left little room for further discussion on the matter. Today, however, the idea of organ donation coexists with demands for the legalization of organ trade. Moreover, the desire for organ commerce is not limited to the economically disadvantaged or the wealthy ill, but has penetrated the very heart of developed societies, being voiced by distinguished and reputable thinkers. This development is particularly concerning, and it necessitates vigilance—not for the enactment of additional legislative measures, but for ongoing moral sensitization. What is primarily needed is the establishment of impenetrable barriers, stronger than laws, that will protect against the commodification of the human body.

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