1 Introduction

Effective from July 1, 2006, China has issued a new code of “Provisional Regulations for the Administration of Clinically Applied Human Organ Transplantation Technology” (Renshen qiguan yizhi jishu linchuang yingyong guanli zanxing guiding). (MOH 2006) National lawmakers, public opinion and a large fraction of medical ethicists have been heatedly debating and calling for a law to regulate the sector of human organ transplantation since 1986. During the National People's Congress’s session in 2005, a group of about 100 deputies put forward three motions urging for legislation on organ donation, lead by Chen Haixiao, a surgeon with Taizhou Hospital in East China's Zhejiang Province, but were dismissed. Now, health ministry officials emphasize that for the first time a Chinese health authority has set up a special committee and taken measures to help regulate organ transplants. Sound procedure will become more important than the origin of the organs, marking a significant departure from the existing practice that had accepted donations almost exclusively among family members. Thus it opens transplantation medicine for more options for organ procurement, while trying to counter the ethical and social risks of such a market with a strict political statement against commercialisation, such as prohibition of advertising, brokering and trading of donated organs, and establishing a rigorous system of oversight.

2 Urgent issues
The Chinese Ministry of Health issued these regulations in response to an urgent need to regulate the sector and with the aim to facilitate organ procurement. Up to now, Chinese transplant surgeons try to follow international practices, but complain that this would be risky without legal support, leaving them in a grey area of the law. In August 2003, Shenzhen (Guangdong Province) had been the first regional government to set up a legal framework for organ donation.

The code includes guidelines for technical standards, administrative protocols and ethical criteria for the donation, trafficking and transplantation of human organs. These measures are expected to facilitate introduction of more systematic regulation and order to the organ transplant sector. The status of the code as "provisional regulations" indicates that this draft is meant as a clear signal indicating the governments’ principled resolve to install normative orientation for a murky sector of medical practice very soon. The regulations are now open to advice and suggestions from medical experts, until they will be submitted to the Legislative Affairs Office of the State Council for final approval.

2 Entering a murky field
Already, Chinese physicians criticize the low normative status of the code, which, as yet, does not bear the full force of a law. Sensitive issues such as the origin of organs and the medical risks of transplantation, for donors and recipients, are not made entirely explicit. (Erling 2006) The most imminent problems of human organ donation in China is, that it is not organised as a transparent and rational system. Citizens are reluctant to donate organs for various reasons, including culturally grounded hesitation to remove an organ from an intact body and a deeply set distrust in the medical departments in charge, who are often suspected of poor standards of proficiency and uncertain morality. The common practice of bribery, combined with huge scandals of fatal mismanagement of donated bio-products, such as blood contamination by private enterprises that have lead to epidemic mass infections of citizens with HIV and Hepatitis, poor documentation of the procurement protocols of organs, large-scale waste of medical resources, among others, have created a public image adverse to the official purpose of building a modern and healthy organ donation system. Transparency and accountability have been made even more difficult because no national organ supply network administration exists.
The overall image of poor medical practices in organ transplantation, including insufficient preparations and medical follow-ups for recipients and living donors has not helped confidence and readiness to donate. Micro-level surveys of hospital management reveal telling examples, such as Beijing Tongren Hospital, were it was found that 52% of the registered donors have been out of contact because of a change of address or phone number and could not be traced in the event of death (Lin & Rui 2004). In addition, the qualification of institutions to offer transplantation services has become quite intransparent. Ordinary hospitals are reported to hire medical teams of transplantation experts from other places for short-term assignments in order to boost their reputation and make profit, without being able to offer comprehensive services of pre- and post-operational care. As a result, currently a disproportionally high number of 500 hospitals in China are enlisted as conducting liver transplants, compared with 100 hospitals performing the same operation in the highly developed United States. As a result government officials demand that recovery rates among transplant patients must be improved. China is the world's second largest performer of organ transplants, but the overall recovery rates lag behind international levels, said Vice-Minister of Health Huang Jiefu at a conference, according to Xinhua. He explicitly referred to concerns in the international community about poor management of organ sources and transplant patients. (Xinhua 2006)

According to official statistics, China estimates an annual need of some 2 million patients for an organ. About 20 organs are involved, including kidneys, corneas, livers, hearts and others. However, only 20,000 transplants can be conducted because of a shortage of donations. The example of kidney transplantation shows an increasing demand owing to advancement of medical technology, such as through the development of anti-resistance drugs and sophisticated surgeries. By the end of 2000, China had performed altogether 34,832 kidney transplantation operations. In the year of 2001 alone, 5,561 transplantations were done (Cao, 2004). However, the estimated need is of 1.5 million Chinese patients who are suffering from kidney failure (Lin & Rui, 2004). Every year, there are between 300,000 and 500,000 people waiting for kidney transplants, but only between 50,000 and 60,000 finally received an operation. (China Daily April 19, 2006) Waiting for a donated kidney can easily take as long as one year. Meanwhile the medical cost for dialysis exceeds affordability of many families – reaching about 3,000 yuan (300 Euro) per week. Moreover, there are over 4 million Chinese patients waiting for cornea transplantation, but only 700 of them can receive matching cornea donations every year. As to heart, liver and other organs,
the situations are even more severe. The statistics also show that in 2004, a total of 2,000 liver transplants were performed in China, almost doubling the figure in 2003. Experts say that the liver shortage will turn more serious in the near future, because China has 1.2 people carrying the Hepatitis B virus and quite a number of patients will develop liver cancer. At a specialised hospital in Shanghai, from 1994 to 1998, the number of patients on the waiting list for livers increased 168 per cent, but the supply only increased 18 per cent.

A major issue is the allocation of donor organs in terms of fairness and management. In a situation were hospitals depend financially almost entirely on their own capabilities, this has lead to several ethical issues. Chiefly, hospitals feel a strong incentive to assess organ allocation through economic criteria. It is an open secret that, while many common people are kept waiting for up to decades without a chance to get an organ transplant, others receive an organ beyond the criteria set in terms of the waiting list and medical urgency. As a Shanghai newspaper puts it, "Driven by profit, hospitals will scramble for the limited organ supply and pay money to secure transplantable organs, which leads to high prices for the operation and almost ensures that poor patients aren't treated equally and fairly."(Hu 2005) To make things worse, the allocating process by default encourages irregular practices. A medical ethicist reports, "Owing to the separation between organ acceptance and organ allocation, the allocating process may be very chaotic. Usually the hospital hastily looks for organ needy patients when a cadaveric organ donor comes suddenly" (Huang, 2004). Typically, a liver must be transplanted within 12 hours of a donor's death, and a kidney in 24 to 36 hours. This might also be regarded by some as an incentive for seeking ways to procure organs under conditions that can be effectively organised beyond the control of the public, such as after executions. In fact, this line of argument is constantly being put forward by human rights advocates who accumulate evidence for a linkage between execution of prisoners and the instant removal of their organs for purposes of transplantation.

3 Responding to an unleashed market

This urge has increased pressure on physicians, administrators and policy-makers, especially because business has reacted by organising grey market organ sales that have not been expressly forbidden or regulated until the Provisional Regulations were issued. Recently a series of reports
have revealed a well organised practice of selling organs to wealthy foreigners (in Malaysia, Japan, the USA, and other countries), which has added to the frustration on patients and physicians in China and stirred policy makers to act. (Hua 2006) The continued flow of rumours about alleged abuse of executed prisoners as organ sources has contributed to the damage of China’s moral image. Official sources acknowledge the operation of illegal organ trade in some regions. In many hospitals, patients with money or privileged connections to clinic managers or doctors seem to have more chance of obtaining an organ sooner than ordinary citizens. For example, while thousands of Chinese people are waiting in line for operations, foreigners or celebrities have successfully received organ transplants in recent years. In other cases, transplants were performed that are deemed medically futile, such as kidney implantation for a terminal cancer patient. Experts explain this as due to primary concern about patients who will afford more money than those on the waiting list. (McNeill & Coonan 2006)

Beyond this, BBC news and other international media have speculated that the move could be related to the deaths or post-operational damages of several foreigners who had travelled to China for transplants. Japanese authorities recently announced that they would investigate the cases of at least eight Japanese patients who fell ill or died after receiving organ transplants in China. China's health ministry said the temporary ban on the sale and purchase of organs was being brought in to protect patients' health. (BBC 2006, AFP 2006)

For more than a decade, foreign media and human rights agencies have reported that organs are taken from executed criminals. In 2001, in a hearing before the US-American Subcommittee on International Operations and Human Rights, Michael E. Parmly, (Principal Deputy Assistant Secretary of State) testified about the allegations about irregularities and human rights violations in the context of organ procurement from executed prisoners, covering a span of about two decades. (Parmly 2001) Recently, members of the Falungong sect have published stories about a "death camp" at Sujiatun in Northeast China were inmates would be systematically slaughtered in order to extract their organs. (Steketee 2006) The Ministry of Health explicitly denied this in April 2006, labeling the reports "untrue" and "malicious slander" of the judiciary system. "Most organs in China have been voluntarily donated by ordinary citizens on their deaths, and a small number from executed criminals who voluntarily signed donation approvals," said ministry spokesman Mao.
Qun'an. But he admitted that the government needed to enhance supervision and to ban improper conduct related to human organ transplant. Moreover, Huang Jiefu, deputy health minister, bluntly told *Caijing* magazine that the government was keen to standardize the management of the supply of organs from executed prisoners. (McNeill & Coonan 2006) A delegation of officers and staff from the U.S. embassy in Beijing and the U.S. consulate in Shenyang have visited the area and the specific site on two separate occasions and found no evidence to corroborate Falungong’s claims. (Bureau 2006)

Medical ethicists have been outspoken about what is often described as ”the dilemma of organ extraction from executed prisoners”. (Qiu 1999) There appears to be a consensus that in some cases prisoners’ donations are not voluntary. One of the problems openly debated is that ”they may be persuaded by their families to donate in atonement for their crime”. However, Jiang observes with approval that, ”in academia, several papers have argued that the organ donation from the executed prisoners is not ethically justifiable.” (Jiang 2006)

The spirit of a thus heated debate provided the background, as the Provisional Regulations were first publicly communicated on March 27, 2006, during the annual session of the National People's Congress (NPC). At the occasion, Minister of Health, Gao Qiang explained the intention of the technical codes and criteria for human organ transplants. "It mainly aims to strengthen the regulation of organ transplants from the perspective of medical science and medical services." (Xing 2006).

The major ethical purposes are to protect the health of donors and recipients while increasing the organ procurement rates, namely through a ban on human organ sales. At the same time, they specify and elaborate earlier regulations that had been promulgated on April 6, 1996 and take up some of the provisions formulated in China’s Medical Ethics Association’s ”Ethical Principles of Organ Transplantation”, submitted in 1998. (Cong 2003) These older regulations already provide in most general terms that "the buying or selling of human tissues and organs is not allowed. The donation or exchange of human tissue and organs with organizations or individuals outside national borders is not allowed." During the last 10 years, however, the area of health care with the particular sector of organ transplantation has grown to become a political challenge, calling for significantly more elaborated regulation.
4 Special characteristics of organ procurement in China

4.1 Criterion of death
One of the main political obstacles for making a law in the past had been the issue of defining a concept of death as required for legal organ procurement. China hesitated to join the 189 United Nation member states that accept the "brain death" criterion as such a requirement. This practice has further diminished the quantity of potentially usable donations. The "irreversible loss of all functions of the brain" (including the brain stem) is regarded by many as insufficient and counter-intuitive, since brain death can go along with an experience of a life-like body that feels "warm and alive" to the touch. Hence the traditional concept of cardiac death is applied regularly. Accordingly, a human being is declared dead and eligible for transplantation only after irreversible ceasing of heartbeat and breathing. In such a condition, the deceased person’s organs quickly become unfit for use after explantation, because of the termination of blood and oxygen supply.

There is a common speculation among medical ethicists that the new regulatory system under development will respect the concept of cardiac death, as it is widely held in the population, whereas the concept of brain death will be promoted as scientifically based. This implies a potential co-existence of both practices. The proper policy instruments to administer donation, such as "opt-in" or "opt-out" models as they are familiar from debates in Europe and Northern America, are under discussion in China. (Xiao, 2003) There is some hope on the side of modernisers that the experience of a more rational practice in the future will increase confidence among the population and gradually enhance the willingness to donate organs for transplantation. Many transplant surgeons support the brain death concept. For example, Professor Gao Chenxin, a lung transplant expert at the Shanghai Chest Hospital who witnessed four patients die while on a waiting list for matched lungs since 2002 strongly supports legislation based on the concept of brain death. "This would not only release important medical resources but also provide additional organs to save other patients" (Hu 2004).

4.2 Who shall provide for whom?
However, Chinese medical professionals’ opinions disagree about the best policy towards encouraging donations and utilize the potential sources more efficiently for transplantation. One of
the most obvious differences between China and developed countries is that 15 per cent of the organs for transplant come from altruistic none-related donors, whereas in China almost all living organ donations take place between members of the same family.

Just in April 2006, the first kidney donation from non-related living donors was conducted at the largest organ transplant institute in China. Before that, the Tongji Organ Transplant Institute had conducted 113 close relative living kidney transplants, whose percentage among total kidney transplants has jumped to 14.5 per cent from less than 1 per cent six years ago. The innovative approach of cross-family donation means to go beyond the family bonds but still base the selection of donors and recipients on relationship and maintain a high degree of inter-personal commitment between donor and recipient that could boost the sense of altruism although it is not framed in traditional family terms. "The organ exchange between different families is a mode worthy of further spreading. It can increase total kidney transplants by 5 to 10 per cent," said Chen Zhonghua, the responsible physician for this operation. He argues that, given the large pool of patients on the waiting list, the matching probability between different families is high. (Hu 2004)

Adding to the respect for traditional family morality, it is argued on the basis of experience that organ donations among those with blood ties or couples living together for over 20 years are less risky for the recipients, because statistics indicate a significantly higher 15-year-survival rate and lower incidents of rejection of the transplanted organs. Moreover, Zhu Tongyu of Shanghai’s Zhongshan Hospital and director of the Organ Transplantation Centre of Fudan University, explains, "Low cost, short-term waiting, as well as a better match rate are some of the advantages of living organ donations among relatives," said. (Hu 2005) In 2005, his hospital had performed about 20 living organ donations among close relatives.

His colleague, Chen Zhonghua, supports this argument. "At present, increasing the percentage of relative organ donations is the most effective way to address the organ shortage problem," he said, offering three reasons in explanation. "First, there is no relative medicare security system to safeguard their rights if they develop donation-related diseases in the future. Second, at present, there are no rules to guide organ donation from non-relative donors and it will open the gate for organ sales. Third, the hospitals cannot get to know the real intention of the donors.” (China Daily, April 19, 2006) The last points allude to the widely spread practice of illegal off-the-record
transactions between unclear sources of organ procurement and wealthy recipients arranged by professional brokers. According to a news report from Shanghai, generally, a kidney transplant in a hospital cost about 50,000 yuan (about 5,000 Euro). On the black market, one kidney is traded for up to three times this amount. In large local hospitals such as Huashan and the People's No. 1 Hospital, it is quite common to find notices such as "Donating a healthy kidney" or cornea, along with contact details (mobile phone numbers) on walls or toilets. (Erling 2006) (McNeill&Coonan 2006) The middle-persons between the donor and recipient take the lions’ share as their unaccounted profit. (Hu 2004) Chen, who was a government consultant in the drafting of the new Provisional Regulations, has been among the most outspoken critics of the outcome as it now stands. In an interview he told the South China Morning Post in March 2006 that they failed to properly address the origins of organs in the transplant market, calling it "messy and disordered". Beyond the immediate moral and legal issues raised here, Chinese authorities find reason enough to begin to fight against an illegal economy that is euphemistically called “organ transplant tourism”. That is, wealthy patients travel to China in order to receive organ transplants, without any registration or oversight by the authorities. (McNeill&Coonan 2006)

Ambitious public campaigns such as the first Organ Recipients Sports Games held in 2004, or electing a young man from Shandong among the "Ten Persons Who Moved China", because he donated a kidney to his elderly mother, underscore the resolve of the authorities to tackle the problem of insufficiency of organs for transplantation, addressing it as a matter of image and public awareness. However, the moral message of such propaganda is directed towards the intra-family donation. This ambiguity goes hand in hand with another obvious compromise in the spirit of the regulations, namely the quandary about the death criterion. After all, it appears that, in a context of intra-family donation, the cardiac death is easier to explain to common sense than the brain death concept.

There are more complications, in view of related the economic issues. Donations between family members receive no financial compensation. The cost of the donation operation itself - from 20,000 to 40,000 yuan (2,000 – 4,000 Euro) - is not covered by medical insurance. Jiang calls it ”an interesting paradox” that arises from this economic disadvantage, especially in light of the proposed open-donation system, that is, donating for recipients from outside the family. For many, this seems to be a one-way street. Most peasants do not have the means to receive organ transplants
if needed. ”It is arguably unfair to let this vulnerable population (who are unfairly treated and can’t enjoy many social welfare programs due to a very complex social history), to change their view of organ donation for goal of repaying society”. (Jiang 2006)

The current system seems designed to repel rather than to attract potential donors. It is practically difficult to donate. To date, regulation of cadaveric organ donation in China requires the potential donors to contact the local Red Cross or other related institutes by one’s own initiative and means, in order to get registered. The application form is effective only when signed by the donor and all the directly related members of the family. The lack of public knowledge about the ways to register one’s organs for donation causes many potential donors to give up their efforts. Ethicists complain that citizens need a strong determination, so as actually to become registered donors.

5 Objectives and measures of the Provisional Regulations
This legal document is highly elaborated in its attempt to cover the relevant issues comprehensively and thoroughly. It is composed of 47 articles that are structured into 5 chapters. Chapter 1, covering articles 1-6, explains the General Purpose (Zengze) of the regulations. The articles 7-18 of chapter 2 prescribe the Registration of Clinical and Research Applications (Zhenliao kemu dengji). Chapter 3 (articles 19-36) stipulates the Administration of Clinical Application (Linchuang yingyong guanli). Chapter 4 has articles 37-45 on Supervision (Jiandu guanli), and articles 46-47 of chapter 5 finally provide supplementary specifications (Fuze).

5. 1 Chief objectives
The chief objectives of the ”Provisional Regulations for the Administration of Clinically Applied Human Organ Transplantation Technology” can be summarised as follows.
- The medical and administrative system should provide for best medical standards and for reducing the risks of all parties involved. Especially the health and economic concerns of donors and recipients and the legal concerns of medical professionals have to be respected.
- The availability of organs for medical transplantation should be increased significantly in terms of procurement, management and advanced technological and professional standards.
- The system of allocation of human organs should be based on fairness, transparency and efficiency.
- All forms of commercial activity should be expelled from the area of human organ transplant medicine so as to strengthen its genuine health-related purpose and contain the influence from economy. Irregularities such as corruption or nepotism should be actively resisted.

- New infrastructures should be established in the form of institutional ethics committees, with the power and qualification to oversee and govern the actual practice of organ transplantation, regarding each individual process within a clearly regulated institutional and normative framework.

According to Chinese officials these objectives are instrumental in implementing China’s policy priorities, that is, to guarantee medical safety and the health of patients. (Chinese Embassy 2006). They insist that by banning the sale of organs it will be easier to put a stop to practices that violate the already existing albeit poorly recognised ethical and medical standards of organ transplants, and boost compliance to the law.

5.2 Administrative measures
- **Registration:** Medical institutions are required to register at provincial level health departments. China's top ranking comprehensive hospitals, (referred to as ‘Class Three A Hospitals’), can register their services on the following conditions. They have doctors with clinical organ transplant qualifications, the relevant equipment, a good management system and a ”medical science and ethics committee”. *(China Daily May 5, 2006)*

- **Qualification:** qualified doctors with clinical organ transplant training are only to practice in their assigned and duly licensed hospitals, but not in unregistered hospitals. Unregistered medical institutions are strictly forbidden to carry out organ transplants.

- **Terms of probation:** registration will be canceled if patients who receive the transplant do not survive a certain number of years for causes related to the operation. Further, if the ministry finds any registered medical institutions to be in actual fact unqualified, the ministry will revoke the registration and may put sanctions upon those responsible.

- **Institutional oversight:** the ethics committee must discuss all individual organ transplant cases. The legitimacy of the procedure and the organ/s in question has to be confirmed by the committee. Operations can only be carried out with the committee's approval. At the state-level, the ministry will set up a committee of experts in management, medical treatment, nursing, pharmacy, law and ethics to guide the country's work.
- Informed consent by donor: medical institutions are required to obtain a written agreement from the donors and family members after full and fair information by the physician in charge before the transplant and donors are entitled to refuse the donation at any time.

- Non-specification of origin: the regulations do not prescribe whether to limit donations to those from and between family members. They do not determine the legal criterion of death of the organ donor (brain death or cardiac death).

In general, these measures are designed to implement basic standards of organ transplantation according to internationally accepted ethical codes and under the particular social conditions of China. According to an interview with Health Ministry spokesman Mao Qu'an, reported by China Daily, the key task of the ethics committee is to ensure that the organs used for transplants are voluntarily donated instead of being sold or randomly taken from people. The provision of informed consent (article 30) is explained in ways that might raise some eyebrows. ”Medical institutions must get written agreement from the donors or their relatives before the transplant, regardless of whether the donors are ordinary citizens or executed criminals”. This expresses an effort to acknowledge the moral, social and economic involvement of the family in any disease of a member. But, at the same time, it seems to confuse ethical and legal forms of representation of the relevant person’s will, thus contradicting national and international standards of medical ethics. Whereas, legally, the person who is directly affected by an operation must be supported, protected and free to determine her will as an individual, other persons who may be indirectly affected or in a position to support the patient, should be involved by other means and at different stages of the process of determination in due manner, albeit not necessarily by signing the informed-consent form. Recently, in other areas of medicine, China has accepted the principle of ”informed consent of the affected individual”. (Döring 2004)

On the other hand, social practice in China makes it undeniable that the mere formal order of the process will not be regarded as sufficient. In fact, the requirement of an additional ”family consent” could in effect function as a precautionary provision for the potential donor, who might be in a vulnerable position, given that no interests but her wellbeing prevail on the family’s part. For example, family members often reportedly overrule the expressed wish of their relative to donate after death. They will simply not just let the Red Cross take the cadaver’s organs. This has led to creating new practices, such as extraction of the organ in the personal presence of a family member.
Overall, the diversity of opinions inside the family and "the lack of unanimity within is one of the obstacles of fulfilling one’s will of cadaveric organ donation" (Yang et al., 2004). It will be interesting to see such practices develop over time and how administrations will establish protocols for dealing with them.

6 Observations
This new legislation is part of a wave of laws and regulations that have been shaping almost the entire area of medicine and health care in China, according to ethical, legal and political considerations, since about 1998. (Döring 2003 NRG) It responds to domestic needs as well as to China’s integration into the international system of health governance and medical sciences. This historic process is still in full swing. Even on the level of basic legislation, quite a few urgent matters have not been regulated in proper fashion. Moreover, implementation of the law in this sensitive and complicated area poses enormous challenges to China. One of the most controversial issues still remaining without specific regulation is, for example, how to deal with "euthanasia", (Li 2005) that is, with demands to allow assisted suicide upon request, such as they are practised in The Netherlands or the US state of Oregon and in other places. The coming experiences with the elaboration and implementation of these regulations of the organ transplant system could serve as a test case for the maturity of China’s emerging state of law, just as similar efforts in the areas of reproductive medicine and the life sciences. The country’s health administration system that was considerably re-organised under the impact of the SARS-crisis continues to face many challenges and in particular the compliance of regional administrations and professionals. (Döring 2003)

These regulations might, intentionally or by default, help China’s authorities ease some of the moral burden of responding to international demands for clarification of doubtful sources of transplanted organs. In the past, international observers and human rights agencies have focused more on the issue of organ procurement from executed prisoners than on the irregularities in the common transplantation business. Lately concern was turned towards the illegal international trafficking of organs that are believed to come from these and other suspicious sources. The human rights issues raised every day by shortcomings of proper medical ethics in China’s public health system have only recently begun to draw some attention.
The effectiveness of the Provisional Regulations will substantially depend on their robust and resolute implementation. In order to set up the required infrastructure of oversight, active co-operation and compliance of the health profession is essential. For example, as a consequence, Vice-Minister Huang has already called on major domestic health associations like the China Medical Association and associations of medical practitioners to set up self-regulation mechanisms to help health departments govern transplants. Moreover, the key role of ethics committees can be ascertained only if training and selection of committee members and the fine tuning of protocols will be conducted according to the highest possible standards. In particular, efforts to properly regulate the work of ethics committees, (e.g. so as to exclude any conflicting loyalties or partisan interests and make broad societal representation possible), and to train committee members for their difficult job have just recently begun.

On the larger scale of moral and ethical debate the issue of human organ transplantation in China is still awaiting a fair public discourse. Most public opinion makers, such as the media, health officials, representatives of the medical profession and even ethicists suggest that transplantation can be taken for granted as in principle acceptable. The underlying philosophical or religious concepts regarding the meaning of being human and the dignity of a human's life, with their endorsing or critical views, tend to be either ignored or defamed as superstition or anti-modernist. The underlying message is that it is just a matter of time and the spreading of modern science and technology that such "backward" attitudes will be overcome.

First surveys show that the rate of support for cadaveric organ donation in China reduces along with the increase of age and the decrease of educational level. (Luo et al. 1998) Whether this is a result from “enlightenment” or from a successful ideology of scientism is not discussed at all. On the other hand, the approval rates seem to indicate that it might not the frequently quoted "traditional value system" that stands in the way of more effective organ procurement but rather the notorious shortcomings and scandals of the first decades of poorly regulated transplantation business in China. As Jiang argues, "there has been a failure to transform potential organ donors into real ones. This may be related with the situation in China, which is not convenient enough to show one’s will of cadaveric organ donation". (Jiang 2006) By reducing the mechanisms that currently discourage citizens from registering and donating their organs the desired goal to increase procurement rates are likely to be achieved on the basis of medical altruism,
disregarding reservations on moral grounds among parts of the population. Altogether, China seems eager to become a normal member of the global community in the area of human organ transplantation. For the time being, the ethical and administrative impact of the Provisional Regulations rests on the level of political intent.

References


China Daily, "New rule to regulate organ transplants”, May 5, 2006 (.


Hua, Vanessa: "Patients seeking transplants turn to China”, San Francisco Chronicle, April 17, 2006: A1


