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There is only a problem when the duties to honour life and to save life are in conflict

You reported that I have issued an edict that “organ donation and the carrying of donor cards are incompatible with Jewish law” (Doctors criticise Chief Rabbi’s edict against donor cards, 12 January). That is not so.

Wherever we can save life, we should. That is a longstanding and –fundamental proposition of Judaism, and it means that we favour organ –donations. Our clarification of the Jewish law on this subject should not “reduce the number of donations” or “put lives at risk”.

At the heart of Judaism is the principle of the sanctity of life, which flows directly from the proposition in the first chapter of the Bible that we are all in the image and likeness of God. The secular counter–part is Kant’s principle that we should treat others as ends in themselves, not as means to an end. This generates moral consequences, including the duty to honour life and the duty to save life. Usually these two principles coincide, but sometimes they conflict.

There are two kinds of organ transplants that raise no ethical problems. There are organs – kidneys, for example – that can be taken when the donor is alive and whose removal is not usually life-threatening. In addition, there are other organs that can be taken when the donor is clearly dead: for example, corneas. We would fully support decisions to donate organs in these circumstances.

There are, however, other cases that no one would countenance. We may not take one person’s life to save the life of another. That is using someone as a means, not an end.

What then of cases where there is reasonable disagreement as to whether a patient is alive or dead? This can happen when, for example, there is no brainstem activity but the patient’s heart continues to beat. Is brainstem death the only possible criterion of death?

On this specific question, religious and medical authorities, both Jewish and otherwise, have disagreed – some accepting brainstem death as a criterion of death, others insisting that the only criterion is cessation of cardiac activity. This division of opinion is serious because of the gravity of the issues involved: honouring life and saving life. We may not sacrifice the one to fulfil the other. For those for whom brainstem death is not the criterion of death, we may not take a vital organ from a patient still alive.

Therefore my position is that we encourage organ donation wherever possible; and on the definition of death we recognise significant voices on both sides, though my rabbinical court takes the view that cardiorespiratory death is definitive. We will continue to educate members of the community on ways they can become organ donors, and to work closely with medical authorities so that promising new advances in biomedicine are taken into account in our rulings.

Many areas of medicine already take patients’ religious, social and cultural views into account. We hope the UK Transplant Registry will accommodate these issues, so that within our community the carrying of donor cards can be extended. There has been no U-turn. As soon as this is implemented I will carry such a card myself.

Chief Rabbi Lord Sacks