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**The sociologic perspective on the B.O.R
representatives' attitude concerning the organ
donation and transplant
DOCTORAL THEISIS SUMMARY**

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INTRODUCTION

The organ donation, as a truly altruistic practice, which is based on the help of others, is not represented among the members of the religious cults. We cannot generalize this thing, but in one research study or trials concerning the religious viewpoint of donation, they will obviously decrease the most of them looking religion as a reason for or against organ donation. So, there are a small number of studies that reflect clearly and assumed a religious vision, proving a low voice of the Church in this subject.

Virtual space shows a series of pages that describe briefly the Orthodox vision, meaning enumerations on the acceptability of the organ donation from the representatives of each religious cult, but there aren't studies on this theme. In Romania, the resources to which we refer when we consider organ donation and Orthodox Christian vision goes primarily to the publication of the Romanian Patriarchate.

The official institution of the Romanian Orthodoxy shows some publications, but their content treats only occasionally the organ donation by personal opinions or referring to reference works and the church members coordinate their work. The publications don't reflect studies in this direction.

The Romanian space is highlighted as an area with a large degree of religiosity and spirituality. The organ donation represents a practice of religion and spirituality application, the information level and the organ donation mediatisation being reduced and the church officials don't have an obvious point of view and they don't treat this subject. By Christian-Orthodox point of view the donation isn't present in the religious speech; it isn't integrated like an altruism fact.

For this reason, I consider that the vision identification on the organ donation trough the Christian-Orthodox church representatives is a necessary step in the Romanian space. This step could illustrate different variables for this attitude construction.

Meaning, I consider that this study is important for the Romanian space, because, on the one hand, this theme was never investigated and, on the other hand because the predominant religion, argued before, is Christian-Orthodox. By this fact, the proposed study emphasizes an orthodox vision concerning organ donation, different from other opinions. The study selection, which is this research base, considered the Christian-orthodox vision concerning organ donation. Given the fact that the Romanian space is predominant Christian-

orthodox, and the Romanian people gives a great trust to the church (62% of people from a February study, 2013, says that they trust a lot in Church, the percentage getting low in the last 4 years), the central interest was seeing how the Church treats this aspect. Associating concepts of organ donation and orthodox vision and the international data base, the online search engine gave studies and works which don't treat these notions in the same content. If the Pub Med platform has 2 articles and those don't analyse the orthodox vision on the organ donation, the Science Direct platform shows a number of 190 articles. Here, the Christian-orthodox aspects, which interfere with organ donation, are being treated tangential, the principal subject being the religion but without having expressed a Christian orthodox opinion.

The motivation for the choice of the theme and its novelty

My concern for the problems of organ transplantation is one relatively new. It started after the sight of television reports and reading written articles at the same time, on the donation and transplantation. There were articles that enjoyed the institution of the Church which is involved in advising people seeking answers, others showed the religious spiritual support offered to the beneficiary's organ after transplantation by priests of other countries. I could even say that it was me who has been chosen by this theme for its exploration, because I've never had such concerns.

I learned the BOR opinions about the donation and transplantation. I was rather interested to see how Romanian members of the Church incorporate delicate aspects of the donation and transplantation in the common language directed toward people, by age and different social categories. Absolutely, I consider myself a person who seeks answers in the church, so I wanted to know the personal priests' opinions about the donation and transplantation.

The study contains information located in the interference areas sociology, religion and medicine, and we tried to harmonize their implications in the social.

The new element is the fact that I tried to enter the hypostasis of the man who comes to discuss these aspects with a priest. Although the statement of the Patriarchate is cited on all occasions, the research on the attitude of members of the BOR on the donation and transplantation seeks to identify the subjective interpretations of the Church voice. At the same time, they do not hold information on a study performed in the Romanian space until this.

The research period and the institutions with which I have collaborated

The period of the conduct of basic theoretical and practical development was January 2013- June 2015. In this period I wrote the theoretical aspects after studying the specialized literature and I realized interviews with priests.

In the period of the research dates, I established on phone or personal, interviews with priests who participated in the study, I told them the theme, I emailed the informed consent before taking the interviews and I picked the dates of practical research.

In all that time I worked with the staff of the following institutions: University "Alexandru Ioan Cuza" Iasi, University of Medicine and Pharmacy "Gr.T.Popa" Iasi, The Metropolis of Moldova and Bucovina, Provita, and the Department Mission sector, Pastoral Statistics and Forecast Metropolis of Moldavia and Bucovina.

The study structure

The work contains seven chapters, each dealing an essential hypostasis of the problem of organ transplantation. The first six chapters are the theoretical basis and the reflection of the specialized literature on the issue of donation and organ transplantation. The last chapter shows the qualitative research conducted in Iasi to surprise our theme substrates by a target group.

Chapter I. Death definition. Concepts on death

This chapter opens the organ transplantation theme, because authors consider that this criterion of brain death, which made a lot of controversies, still unfinished, was invented for making transplant operations.

The two subchapters deal first death as connotations and conceptualizations received from various fields and the second part contains the criteria for establishing the death-cardiopulmonary, traditional and modern- brain death, these aspects having an end for their religious and legal

Chapter II. Organ Transplantation- a social phenomenon

The second chapter emphasizes the social nature of organ transplantation. It contains three sub chapters that address the dimensions of organ transplantation, social actors of transplantation and the social construction of the attitude towards organ donation.

Transplantation dimensions mean multidisciplinary appearance which treats our problem. From a sociological standpoint, transplantation should be regarded as a situation or interaction between people who have roles in its development. The interdisciplinary organ transplantation remains under the sign of dimensions: medical, political-economic, social-human, legal and legislative, spiritual, ethical. This exhibition is only an approach and cannot be considered complete.

The next subchapter offers a perspective on the actors that make up the issue of organ transplantation. Social actors are: recipients or beneficiaries of an organ; donors; the belonging; the medical team and medical personnel; other actors of transplant. In the latter category I included as actors the educational system; the political-economic system; Church and religion; partners, support groups, therapeutic communities.

The last sub-chapter analyzes the aspects that lead or form the attitude towards the donation and its construction, or the factors that contribute to its formation.

Chapter III. Spiritual aspects of organ transplantation

The third chapter complements the previous one and is focused on the spiritual implications of the donation and transplantation of organs.

The first subchapter deals with the religious situation and the ability to withstand found by many people in religious spirituality when confront with problems, suffering and disease generally or, especially with the donation or receiving an organ.

The second subchapter comes under the spiritual foundations bound by the donation and transplantation identified in the specialized literature. This is where I treated the opinions of religious representatives from various areas and belonging to different religions. We have identified until now the views of Judaism, Christianity, Islam, Hinduism, Buddhism, Daoism, Confucianism and Shintoism.

Chapter IV. Values and ethical principles attached to the organs donation and transplantation

The next chapter of this work contains the ethical dimension of the phenomenon of transplantation. The phenomenon of transplantation is a complex system composed of activities beyond the medical field, as described in the second chapter.

The subchapters in which the chapter proceeds with the values and ethical principles include: the principle of altruism, the principle of individual autonomy, the principle of justice and patients' non-discrimination, principle of utility, the principle of benefit, the principle of the prohibition of material benefit. Thus, if the principle of altruism relates strictly the donor and the value that guides him to this act, the principle of personal autonomy develops in six subchapters that describe its hypostases. While non-discrimination underlines that all people have equal access to the process of transplantation, utility, benefit shows the mandatory medical specialists must comply. The prohibition of material benefit highlights the body value that cannot be merchandise.

Chapter V. The organ transplantation. Definition, evolution, typology and resources

This chapter consists of: the definition of transplantation, its evolution in the world and in Romania, the most important types of transplantation and their brief description and context in which it imposes a transplant, by inserting a fourth subchapter with resources Transplantation in Romania. Here, I made a brief outline of the Romanian legal framework in which the incidence is growing activity of transplantation and in the second part I described the level where Romania is, regarding the dates and statistical figures but also the three major organizations working at national level of functionality and improving this activity. The National Transplant Agency is the authority that carries out policies and national transplant programs, the Romanian Association of Transplant has in its care the people who will benefit and who received a transplant and RomTransplant is the organization of doctors doing transplants in Romania.

Chapter VI. Categories of organ donors

This chapter describes the procedures for procuring human organs. Organ transplantation can be performed also with animal organs or artificial organs but our study decreased exposure to human donors. The donation after death can be carried out only under special conditions that vary from country to country that I outlined in the previous

subchapters on: the supposed consent, the obligation to express the option for life, the part of donor, the donor registry or doctors 'obligation to request the donation option.

Chapter VII. The BOR attitude towards donation and organ transplantation

The chapter "BOR attitude towards donation and organ transplantation" thinks about the sociological prism, the attitude of Member BOR concerning the fundamental theoretical problem.

Qualitative research contained 24 interviews with priests of Iasi realized the selection of subjects, depending on the topic availability. Because I have received a refusal, I was not able to develop the research in different places of the city or neighbourhoods of Iasi. The refusal determined the reconfiguration of the choice of the priests and the progress of the research in this way.

The priests with whom I spoke had reasoned opinions and took account of subjective rating that we should surprise. The participants in the study have not been detached from the decisions of the Holy Synod, not at all, but they personally articulated these aspects highlighting a series of shades of the same themes and sub themes.

Intentions for the future

Because this approach was pleasant, and I think I would grow up research on this issue. I will continue to learn the opinions B.O.R. but among its senior officials. I think this topic would be well received by the target group I have in view.

Conclusions

The donation and organ transplantation constitute permanently sources of debate and contradictions. The problem will travel medical and social steps of step and of the space in which is approached. A traditional society will be more attached to the idea of body integrity, while a more developed tends towards a wide acceptability of the donation, generally and the donation after death, especially. We identify, no matter what country it is, two categories (1) those who, no matter the country's opening degree of which they are part, they will follow the traditional principles concerning death or burial the body with all its organs, and (2) those who, although they are among the areas with a small acceptability of the donation, they support that we must exceed certain customs and traditions in favour of the practice that God made it possible- organ transplantation.

Romania has made progress in the last time and is on an upward staircase regarding endowments, technology, preparation of doctors or even the rate of donation. It seems that despite many beliefs that the Romanian society is still attached, people understand the medical arguments and give their consent to harvest organs after death of a relative.

Our studies on the attitude of the Romanian Orthodox Church, proposed illustrate opinions and surprise may be the level where it is located. Not being a representative research by the level where it is, it was thought to an opening grade for the subject studied, formulating arguments and basis of subjective opinions also as the acceptability of the criterion of brain death or the perception of a person decoupling devices that hold it alive.

The 24 interviews on which was the analysis based, included a theme that tried to cover the issue of donation and transplantation, and it was surprised by the prospect of the donor, the recipient and not in the end of belonging or relative of the person found in brain death. Specifically, the questions referred at the acceptability of donation- in life and after death, acceptability of decoupling devices from a relative found brain dead and acceptability of receiving an organ. Given the category of participants selected we reached topics such as the role of a priest in the people guidance with similar problems or reported mode of the institution of which the current provocations belong. At the same time, the discussions reached the aspects, factors, contexts that arrive in the vision of the interviewees, as barriers for the donation and for transplantation. Although our intention was to surprise the standards / Orthodox beliefs who oppose these practices, many times priests mentioned barriers that tend to belong to the social, the collective mind, superstitions or myths.

The quality of the interviewed being priests opened the topic by referring to religious texts. Some recalled the case of Saints Cosma and Damian to amount with the current

intervention of organ transplantation. This idea was surprised during the theoretical literature and appeared in our field research. Current religion, no matter its name, is confronted with a large provocation- progress and current developments in standards texts and religious references after which it works.

The acceptability of the donation and transplantation as a life support practices and like support for the others, was the main reason for all these 24 priests have agreed to discuss with me. Already, the agreement to highlight the personal views is the approval and blessing of these processes. Because I also received a refusal to participate in this study, those who refused the invitation does not agree with the topics under discussion, or they just do not sketch a opinion, or they do not want to argue differently with the Holy Sinod after the motivation of their answers.

So as a general note, the transplant is regarded as an operation made possible by God and God also works through doctors, so the ability to work is a gift from God that must be used with great care and thought.

The donation during life did not show any problem if we show the health of the recipient and the donor. The priests of this study note that small endangering of health of the donor make that this noble act doesn't reach the goal because it hurts one or both direct participants at the operation.

Under the same sphere of minimum or zero risk to the donor and maxims benefits for the recipient it is also the aspect of the perfect compatibility between the two, highlighted by the priests. Apart from that it is essential that doctors do not make compromises that brings problems to the health of patients and that the compatibility is equivalent to the success of operation, there haven't been other opinions which contradict a donation for life.

Discussions took another shape when, inevitably, came the second type of donation- after death. The topic of brain death has developed a series of sub-themes: establishing the time of death, return of brain death, bodily integrity or the free will of the one who is in this situation.

The topic of brain death has in many cases provided examples of return of this state known for our priests. The acceptability of this modern standard definition of death is much influenced by these concrete cases. In other words, the priests admit its scientific elements, but they consider that the concrete practice or life contradicts science. For them, death is a sacrament and if revenues were recorded after long periods of time, this shows that the decision to leave this world is not made by doctors, but by God. Having come back from the dark and confused state of brain death is not gifted to doctors nor to appliances or relatives-

the evidence of a superior force that governs, directs and harmonizes things. So, in the range of these events we have been identified the point where the Priests no longer take into account any scientific criteria.

Another sub theme of brain death was that of establishing the time of death. Although the priests know that there are two different committees, which establishes the death of one person and the one who harvests organs and they know we must respect moral and ethical criteria, they highlight the fact that death cannot be determined pragmatically.

. This moment belongs to God because it establishes when coming and when we leave this world. The framing of this moment in medical steps is being equivalent with taking the role of God by doctors, but this thing cannot be accepted. Priests recommend and emphasize the importance of respecting the ethical standards by medical staff but they are reluctant to say that they go too far. At the same time the criterion of brain death with its defining elements it is seemed as being in the spirit of medicine up on a pedestal that has conquered death. The power to leave at the discretion of a committee on the time of death of a human being is favourable for transplantation found between the general crisis of organs and technology in the world.

The equation of brain death highlights the decoupling decision and the accord to remove the organs. First the priests emphasize the feelings of guilt that may occur in the case of relatives, convinced by doctors and full of pain by the patient's suffering, accept decoupling and the organ donation. Such responsibility to decide the life or death of others is considered very high by our priests and placed rather between those who do not have a strong bond with the church and with God.

The subtheme of free will is broken by optical under which we had brain death. I asked the priests say how they would proceed if they were in such a situation.

This department has had two stages in the agreement answers: (1) the first in which they tried to transpose into concrete situation; and (2) they were aware that the person loved must first be decoupled from the devices, therefore, practically killed to collect his organs.

The first step has received a series of justifications by the prism of the violation of the free will of the person. Although it was close and he would have known option in this sense the priests say they cannot take decisions for the body of another person, the body that is a gift from God which belongs neither to us, nor to another.

Some priests have suggested that this is no longer a donation because it's about the freedom of others and it is no longer able to tell its desire. At the same time, the priests believe they violate the freedom of others but also the freedom of God who can decide that

this person still has days to live. The only exception made here was that where the making decisions for others is like Baptise Sacrament by which one takes responsibility for the child but for his own good. The priest, the one who brought this argument highlights the idea of good that we can do for this person. Another is sending at the last good fact you can do on land, but does not associate the action with a theological text.

The second step of the responses was expressed with great vehemence; the priests seemed to be awakened from a form of hypnosis. The comparison is a bit exaggerated but the thought that they must accept the person loved decoupling of equipment that keeps him alive woke the knockback reactions. The thought they leave the last moment of life of others, the conviction that this decision does not belong to them but to God and the idea of the possibility that the loved one come back to life has determined the priests saying that they will not give their consent.

They could not give their approval for decoupling and removing organs after death. This gesture means crime in their vision and they could not live without regrets and questions about the possibility that these people could have come back to life.

The sub theme of bodily integrity was present rather in the context of brain death. The bodily integrity frequently raises questions when people found brain dead they are harvesting organs. The bodily integrity is correlated with the gift for life. It appears in the dedicated section of brain death and has been highlighted in various modes.

First the body in its integrity appeared when the priests emphasized the Romanian tradition and burial. They say that people are very attached to the idea that people should be buried with all its organs. The priests showed that most people appreciate this integrity, when religious texts have clear arguments that integrity doesn't refer to the physical condition of a person, but pass from this hypostasis of concrete. Such positions have emphasized that it is not for us because it is a gift from God, it can be given away to save more lives, suggesting a theological interpretation in favour of organ donation. The argument for bodily integrity will not prevent the removal of an organ for transplantation.

Another hypostasis of the body was developed by our priests through the prism of deviant practices which it is subjected in some areas. The dignity of the body was the appearance for which all showed their concern by giving examples and saying they have read about what is in the world. So, the activities such as traffic, trade, or implementing decisions of prisoners in China, for example, have emerged everywhere as abominations of the sacredness of the body. These concerns give rise to scepticism and reserve more significant than other aspects. We did not encounter such things as the poor organization of

transplantation system that would attract reservations and highlighted aspects that transform the body into merchandise or a box with parts in exchange, acquisition, approach.

The acceptability of receiving an organ led again the priests in an exercise of imagination. Many stated that they will be very determined if there was someone compatible but others thought the problem by identifying with the moral theological ;in their opinion the disease or suffering are sent by God with a goal. . The situation appears as a life lesson. The disease would have a message in which God wants us to learn something. He sends us lessons, some easier, others harder and the impossibility of an organ to perform its duties represent this fact. Suffering sends to the search for a deeper message, in the interior of each other. Sometimes this message is the remoteness of us, of God, the really important things in life. The priests point out that the permanent test to look for the material life brings more pain than the acceptance and deep understanding of things. Meaning, most of them recommend the acceptance of suffering and the path of road remained as God sees, but the call for God when a person comes into a situation like this. In other words, they have expanded in this part the discussion and highlighted the fact that God, out of messages sent, at the same time provides answers to those who seek them in that direction. The approach of God generates solutions in donation and transplantation related aspects. The decision to give or not, to receive or not an organ is manifested in the case of true practitioners as a form of divine answer and advice.

In the spirit of this call to God, the priests also highlighted the role of the priest in these cases. The discussion with a representative of the church was the recommendation of the priests of this study. There are two dimensions: (1) the importance of the existence of a connection with a church member, and (2) the quality and the responsibility it bears.

The existence of a relationship with a priest of the church, in which everyone believes, can help a lot a person in understanding personal experiences. The priest can translate some experiences in relation to the Divinity and may assign a meaning other than concrete. Not lately, the priest can show people a way to easily switch among the trials of life.

The quality and the responsibility of the priest, goes from symbolic role it has in the community. Without properly tailored information or integrated into the own speech, he can sometimes get wrong direction or towards low fundamentalist tendencies in the letter of the law and not in his mind. This is why the quality can bind a man of the church or can make him go away. He carries a responsibility he works primarily with the soul of man and to offer compassion.

Hypothetically -concrete was the anchor that all the priests arose in all three potential situations-potential donor- potential approach, potential recipient. In all three circumstances projected the priests of our research said it is different an interview or a collegial discussions about the economy of a real circumstance. In real situations disappears relaxation and calm. In concrete situations some moments count, physicians' decisions, impose hardness arguments or even erroneous understanding of a detail. Therefore, all the priests have kept and emphasized the lightness of the detachment with which they look at these aspects in this moment.

As regards the position of the Church towards this problem, three main dimensions have been identified: (1) adaptation- reference point; (2) religious-speech news; (3) participation in the dialogue – opening.

The first dimension is between church adaptations to all current provocations without accepting anything and anyhow, without compromise and reduces its standard value, reference, point mark.

The second dimension oversees the trial to translate these innovations into a common language for sketching an actual church, as existing presence in all aspects of modern life. I consider this aspect adds credibility.

The third dimension surprises his trainer role of opinion, educator, so even participation or creating opportunities for dialogue is an institution involved in the community.

All these three dimensions can identify as the recommendations to the church institution address. They are integrated and very well made. Even the participation of priests in this study I consider an exercise to integrate in the priest-man speech these problems. However, this participation denotes as an opening for this type of dialogue with sensitive topics, like interest for information, involvement, and adaptation to the church. The voices of this study confirm that there are serious reasons to consider the church lively, active and current. They must be made carefully and in the spirit of the benchmark to which we refer.

This approach has shown itself a challenge, with many unknown and undefined aspects. It was a clear shape and did not encounter obstacles in its development. Exposure opinions of the priests of the Romanian Orthodox Church (BOR) are only a search direction of the issue of the donation and transplation of the Romanian space. His illustrative underlines its limits and its relativity. The perspective in the sociological sphere can be an anchor for other research lines.