The Weston A. Price Foundation

Keep Your Organs Healthy—and Safe

FEBRUARY 17, 2020 BY MERINDA TELLER, MPH, PHD
(HTTPS://WWW.WESTONAPRICE.ORG/AUTHOR/MTELLER/)

🖨️ Print post

Steven Soderbergh's 2019 Netflix release, *The Laundromat*, uses a variety of Hollywood tactics to spice up the financial story of offshore tax havens and shell companies first revealed in the 2016 data dump called the Panama Papers. The darkest vignette in the film sketches the sordid tale of a murder committed by the wife of Bo Xilai, a former Chinese Communist Party Politburo member now serving a life sentence for corruption.

According to numerous reports, Bo Xilai and his wife Gu Kailai presided over one of the early "epicenters" of China's "widespread, outrageous and lucrative" organ-harvesting industry, sinisterly famous for its "pillaging of vital organs from still-living prisoners."[1] The Chinese power couple also operated gruesome "corpse factories" engaged in the plastination of human bodies later exhibited internationally in museums and viewed by an estimated thirty-five million.[2]

China claims that it has halted the practice of forced organ harvesting, but a European Parliament report published in 2016 asserted that "live organ donation is taking place on an involuntary basis" and that European citizens travel to China "to profit from stolen organs."[3] In June 2019, an independent tribunal initiated by the International Coalition to End Transplant Abuse in China provided evidence supporting these assertions,[4] with the tribunal counsel stating that "Victim for victim and death for death, cutting out the hearts and other organs from living, blameless, harmless, peaceable people constitutes one of the worst mass atrocities of this century."[5] In January 2019, Australian researchers called for the retraction of over four hundred research papers covering organ transplantation in China due to the studies' failure to disclose how the organs were obtained, stating that the large body of "unethical research" raises "issues of complicity and moral hazard" within the transplant community.[6]

Notorious as China's forced organ harvesting and cadaver trade may be, China's is far from the only game in town. According to the World Health Organization (WHO)[7] and anti-money-laundering professionals,[8] business models such as "transplant tourism" and an illicit organ trade (a subset of human trafficking) are thriving in many corners of the world.[9] Even within the U.S., Baltimore's mayor recently warned the city's residents—in a televised news conference—to watch out for white vans "snatching up young girls for human trafficking and for selling body parts."[10] These activities flourish because there are individuals desperate for organs who are willing to enter the black market to get what they need—and dispassionate profiteers (both local and transnational) who are only too willing to oblige.[3]

AN ASCENDANT MEDICAL PRACTICE

Over the past six decades, solid organ transplantation has gone from an iffy experiment to a "standard-of-care" procedure performed on a "near-routine" basis.[11] However, a leading Brazilian neurologist and professor recently furnished some historical context for the rise in transplantation that should give pause. Discussing the origins of "brain death" as a concept and diagnosis, the professor notes that the term came into use in the 1960s immediately "after the first successful human heart transplant 'triggered a demand for transplantable vital organs to be harvested from patients' who were considered to be 'hopelessly comatose' according to medical knowledge at that time."[12] Calling such patients brain dead "enabled the medical community to overcome all of the legal hurdles associated with removing [their] vital organs," but, the Brazilian neurologist contends, "In a very large number of those patients, they have no [brain] damage at all."[12]

For the first few decades, transplantation met with mixed results, plagued by problems of organ rejection and other complications. Subsequent advances in organ preservation and management of infections improved success rates to the point where many clinicians now celebrate solid organ transplantation as an "established and practical definitive treatment option."[11,13] However, this rosy summary neglects to mention that failure rates are still substantial—or that the transplant system is a powerful and profitable system (worth twenty-five billion dollars in 2016) that brooks little dissent.[12] How many recipients of transplanted kidneys know, for example, that one in six U.S. kidney transplants (17 percent) fails within three years?[14] By ten years, only about half (54 percent) of transplanted kidneys are still working—and one-fifth of the kidney transplants performed each year are repeat transplants.[14]

Nonetheless, the mainstreaming of transplantation has allowed the United States to set a record six years running for the number of organ transplants performed compared to the previous year—with over thirty-six thousand carried out in the U.S. in 2018.[15] WHO's global database (available for 2017) reports nearly one hundred forty thousand transplanted organs that year— or sixteen transplants an hour—representing a 7.25 percent increase compared to 2015.[16]

Both domestically and internationally, kidneys are by far the leading solid organ transplanted —representing roughly 58 percent of U.S. organ transplants and 65 percent of transplants around the world (see Table 1). Liver and heart transplants hold second and third place, respectively, representing 23 and 9 percent of U.S. transplants.[17]

DEMAND. . . AND SUPPLY

An estimated one hundred sixteen thousand Americans are waiting for a transplant,[18] and European countries have similarly lengthy waiting lists.[19] This maybe why experts cite "supply, demand and distribution" as some of the "biggest hurdles to overcome"[11]—and also why the purveyors of transplant tourism and the illicit organ trade are coolly filling the void by connecting individuals from wealthy nations (or more affluent segments of society) with the "small but growing number of the world's poor people [who] are offering their body parts for transaction."[20] In open-ended interviews with transplant physicians and organ donation specialists in the Netherlands, Dutch researchers found that virtually all of the professionals had indirect experience with transplant tourism and were concerned about its reliance on organs procured from "impoverished, exploited donors" through "unregulated, black market transactions."[21]

As the most transplanted organ, kidneys are also by far the most trafficked. WHO estimates that traffickers transact more than one black market kidney every hour.[22] Over a third (36.5 percent) of the world's transplanted kidneys come from living donors.[16] In 2015, *Al Jazerra* reported on South Asia's "ever-expanding multimillion-dollar black market" for kidneys, pointing out that the market is flourishing, in part, due to entrepreneurial brokers' adept use of social media.[23] The Indian and Sri Lankan brokers profiled in the *Al Jazeera* report target healthy, non-smoking men in their twenties or early thirties as the "ideal" living donors, while

the typical clientele (the “buyer”) is North American, European or from the Middle East. More and more, however, transplant seekers also come from the wealthier social strata of the same country as the donor.[23]

The Indian press is full of stories about struggling farmers offering up their kidneys for sale in a last-ditch effort to solve their financial problems.[24] In one recent story, a thirty-year-old farmer put up posters “seeking buyers for one of his kidneys” after failing to obtain a bank loan and experiencing pressure from relatives to return money—“with interest”—that he had borrowed to buy cattle.[25] A dozen years ago, writers described it as “worrisome that some in the medical profession argue that regulated organ sale provides subsistence to those who have nothing to sell but their body parts.”[26] These authors also cited follow-up studies of paid donors showing that “most were financially worse off and their health had worsened as well.” A 2008 study likewise reported that poor Filipinos selling kidneys received substandard post-procedure medical care, “experience[d] no long-term economic benefits, suffer[ed] a decline in self-assessed health status and [did] not receive the sums they were promised in exchange for selling a kidney.”[27]

Organ brokers are just one of the many stakeholder groups involved in transplant tourism. Other players include health care providers and officials—including immigration officials and embassy staff.[7,23] Doctors, according to some observers, “feel no compunction in being part of the racket,” and hospitals also do their part.[26] Hospitals in Sri Lanka’s capital city reportedly offer foreigners hassle-free package deals that cover the hospital bill, doctor’s fee, travel and luxury accommodation, payment to the donor and the broker’s commission— for anywhere from $53,000 to $122,000.[23] In comparison, the average amount billed for a kidney transplant in the U.S. is $415,000, while a liver transplant is almost twice that amount ($813,000), and a heart transplant is $1.4 million.[18] Whether conducted in an above-board or shady manner, organ transplantation appears to grease many wheels.

Transplant tourism occupies a fuzzy legal terrain that does little to curb the practice. A 2004 World Health Assembly resolution urged governments to protect the vulnerable but did not prohibit the purchase of organs abroad, while a non-binding document elaborated in 2008 (the Declaration of Istanbul on Organ Trafficking and Transplant Tourism) defined and

condemned transplant tourism yet legitimized “travel for transplantation.”[21]

MORE DONORS?

For many decades, non-commercial organ transplants have originated either from deceased individuals registered as organ donors or from carefully screened living donors (primarily kidney or liver). However, in the face of rising demand and shrinking supply (due to factors such as population aging and obesity), some interested parties are dropping hints that they would like to get more aggressive about enlarging the pools of both deceased and living donors.

When it comes to deceased donors, strategies suggested in reputable publications include using organs selected on the basis of “expanded criteria”—even though these are “of lower than average quality, coming from a donor with characteristics known to be associated with suboptimal transplant outcomes.”[28] Another proposal is to implement a “presumed consent” policy that makes “willingness to donate the default option unless an individual explicitly opts not to be an organ donor.”[29] A number of European countries, including France, have already gone that route; French citizens who object to donating their organs must sign up with a National Register of Refusal or leave a written document with their next-of-kin, who in any case “will no longer have carte blanche veto power” after their loved one dies.[30]

Among the claims for an expansion of living organ donation is that it is less “resource-intensive.” According to a surgeon writing in *The Lancet*:

A motivated individual and a single institution can successfully drive living donation, while deceased donor transplantation requires a dialysis program, tissue typing and cross-matching facilities, an organ procurement program, an on-call surgical team, capacity to fund this infrastructure and the appropriate legislative framework.[31]

Living donors get pats on the back for their noble action but may not be fully aware of the potential risks to their own health. Research shows that kidney donors face an increased risk of end-stage renal disease compared to matched healthy non-donors.[32] Unfortunately for prospective donors, the U.S. has “no national systematic long-term data collection on the risks

associated with living organ donation."[33]

Scientists are in a fever pitch of excitement about another potential solution "to counteract the shortage of available human organs for donation": xenotransplantation, or the transplantation of animal (porcine) organs into humans.13 These researchers are counting on gene editing (CRISPR) technology to "knock out" and "knock genes into" the pig genome so as to mitigate such risks as the transmission of pig retroviruses. (Never mind that scientists have been busy debating "what went wrong and what could go wrong" with gene-edited babies ever since a Chinese researcher used CRISPR to gene-edit twin baby girls last year.[34])

OR BETTER HEALTH?

Absent from all of these discussions is a basic question: Why are so many people in need of organ transplants to begin with? Why do over thirty million Americans have chronic kidney disease, and six hundred eighty thousand have end-stage renal disease requiring either dialysis or a transplant?[35] The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) explains the epidemic of chronic kidney disease in circular fashion, listing other health conditions—diabetes and high blood pressure—as the most common "causes," followed by other causes such as heavy metal poisoning and autoimmune conditions like lupus and Henoch-Schönlein purpura.[36] The NIDDK is silent about the underlying factors that could be driving these other conditions to become so prevalent.

Readers of *Wise Traditions* are smarter than that. They know that a nutrient-dense diet that includes plentiful animal fats, does not eschew salt and sticks to the dietary principles elucidated by Dr. Weston Price will go a long way toward keeping modern afflictions such as diabetes and high blood pressure at bay. And avoiding vaccines[37-39]—full of heavy metals and associated with the very autoimmune illnesses listed as possible causes of chronic kidney disease—will help the organs and immune system to stay focused on the jobs that nature intended them to do.

SIDEBARS

THE TRANSPLANTATION INDUSTRY'S BRAVE NEW WORLD

The human transplantation landscape is changing. In addition to solid organ transplantation

—generally promoted as a "life-saving" measure—new forms of transplantation are emerging that involve "non-life-saving organs." Bioethicist-for-hire Art Caplan (who regularly shills for the pharmaceutial and vaccine industries and says, "A bioethics that is disconnected from industry is a bioethics that flies blind"[40]), reverently says of these new procedures, "Unlike heart, liver, kidney and lung transplants, they are being done to enhance the recipient's quality of life—to restore their quality of life to the level it once was, or even to a level not previously enjoyed. Some are being done not to save lives but to allow individuals to create new ones."[41]

Although these new procedures, technically called vascularized composite allografts (VCAs), are "localized at the
border between tissue and organ transplantation," the U.S. Department of Health and Human Services (HHS) classifies VCAs (including the face, arms, hands, larynx and abdominal wall) as organs.[42] Caplan notes that surgeons in the U.S. and other countries have already carried out "full and partial face transplants," hand transplants and penis transplants.[41] In addition, "Plans are in the works to use deceased individuals as sources of uteri," and "Surgical teams are gearing up to transplant the testicle, ovary and fallopian tube."[41]

Caplan also comments that what he calls "life-improving" transplantation "brings the issue of trade-offs into high
relief, because it is likely to involve an even greater risk of death than reconstructive surgery." Risks include death from anaesthesia, postsurgery infection and adverse consequences associated with the reliance on immunosuppressives (such as cancer and organ failure). He advises paying "special attention. . . to ensure that the expected improvements in quality of life are sufficient to outweigh [the risks]."[41]

KIDNEY-DAMAGING FOODS

The standard American diet (SAD) represents a tragic challenge to kidney function in young and old—rancid industrial oils, modified starches, high fructose corn syrup, additives, glyphosate, pesticides and a host of other unnatural ingredients contaminate the diet of

anyone who eats processed food, and lack of key nutrients, especially vitamin A, make it especially difficult for our overburdened kidneys to deal with these toxins. Three food items in particular, which almost define the modern diet, represent a serious threat to normal kidney function.

COMMERCIAL ICE CREAM: Americans average over four gallons of ice cream per year, with many consuming much, much more, to which the phalanxes of supermarket ice cream freezers can testify. Commercial ice cream contains “food-grade” antifreeze, called propylene glycol, added to ensure that the product is soft and creamy immediately on removal from the freezer. (Propylene glycol is used in the production of many other processed foods as well.) Antifreeze is toxic, especially over the long term, as it causes the accumulation of crystals in the kidneys. Kidney pain and reduced urine output are signs of antifreeze damage. Americans trying to adhere to lowfat diets often crave ice cream, because it supplies them with the components of butterfat that their bodies need. How much better to avoid ice cream cravings by eating real butter every day, and by treating yourself to the occasional homemade ice cream dessert.

PROTEIN POWDERS: Those receiving kidney transplants are warned not to consume any protein powders as they put a heavy strain on kidney function—how much better to warn everyone not to consume these unnatural products before kidney problems develop. Not only are protein powders—made from whey, casein, soy, peas or rice hulls—unnaturally high in protein, but the proteins are damaged by the desiccation processes—both high heat drying and freeze drying (see pages 80-81). To make matters worse, the high levels of protein in protein powders deplete the body of vitamin A, a key nutrient for healthy kidney function.

MICROWAVED FOODS: As delineated in Wise Traditions (Fall, 2019), microwaving not only decreases the nutritional value of foods but also causes structural breakdown, toxic byproducts, destablized protein compounds and cancer-causing free radicals. Your kidneys have to deal with all of these. Be kind to your kidneys and cook the old-fashioned way, not with a microwave oven!

KIDNEY-TOXIC DRUGS FOR KIDNEY DISEASE?

In July 2019, the Centers for Disease Control and Prevention (CDC) reported that one out of every seven American adults has chronic kidney disease (CKD). The National Kidney

Foundation estimates that one out of three adults is at risk. Chronic kidney disease “means both kidneys are damaged and losing their ability to keep an individual healthy,” and progression to kidney failure (also called end-stage renal disease or ESRD) leads to either dialysis or a kidney transplant.[1] CKD and ESRD are not exclusive to adults—almost ten

thousand U.S. children and adolescents are living with ESRD.[2]

One would expect the medical community to be circumspect, therefore, about prescribing nephrotoxic (kidneytoxic) drugs to adults and children who are already showing signs of kidney difficulties. Au contraire—two population-based studies published in December 2019 show that it is quite common for both children[3] and adults[4] with CKD to receive prescriptions for medications with potential or proven nephrotoxicity. In the pediatric study, in fact, "nephrotoxic drugs were prescribed much more often to children with CKD than to those without"![5] Among U.S. adults with CKD, researchers found that the proportion taking any "potentially inappropriate medication" exceeded 50 percent.[4] Leading offenders for kids with CKD included non-steroidal anti-inflammatory drugs (NSAIDs), penicillins and cephalosporins;[5] adults with CKD likewise had frequent recourse to NSAIDs as well as proton pump inhibitors (typically—and wrongly—prescribed for reflux),[6] opioids and diabetes drugs.[4] The Mayo Clinic authors of the adult study acknowledged that the frequent use of kidney-inappropriate medications "may lead to adverse outcomes or hasten CKD progression."[4]

As the National Kidney Foundation states on its website, all drugs put into the body pass through the kidneys. Discussing over-the-counter medications such as aspirin and ibuprofen, the Foundation observes that "thousands of Americans have damaged their kidneys by using these medicines regularly for too long."[7]

REFERENCES

1. https://www.kidney.org/news/37-million-american-adults-now-estimated-to-have-chronic-kidney-disease (https://www.kidney.org/news/37-million-american-adults-now-estimated-to-have-chronic-kidney-disease).
2. https://nccd.cdc.gov/CKD/AreYouAware.aspx?emailDate=July_2017 (https://nccd.cdc.gov/CKD/AreYouAware.aspx?emailDate=July_2017).
3. Lefebvre CE, Filion KB, Reynier P, et al. Primary care prescriptions of potentially nephrotoxic medications in children with CKD. *Clin J Am Soc Nephrol* 2019 Dec 12.
4. Kurani S, Jeffery MM, Thorsteinsdottir B, et al. Use of potentially nephrotoxic medications by U.S. adults with chronic kidney disease: *NHANES*, 2011-2016. *J Gen Intern Med* 2019 Dec 2.
5. Minerd J. Are nephrotoxic drugs overprescribed to kids with CKD? Some may be necessary, but more awareness is needed, researchers say. *MedPage Today*, Dec 12, 2019.
6. Amoruso C. Gastroesophageal reflux disease. *Wise Traditions*, Summer 2018;19(2):14-25.

7. https://www.kidney.org/atoz/content/drugs-your-kidneys (https://www.kidney.org/atoz/content/drugs-your-kidneys).

REFERENCES

1. Glavin T. The butchers of Beijing. *National Post*, June 22, 2016.
2. China Organ Harvest Research Center. *The Killing of Prisoners of Conscience for Organs in China*. Appendix: "Plastinated bodies." https://www.chinaorganharvest.org/report/findings/appendix-admissions/plastinated-bodies/ (https://www.chinaorganharvest.org/report/findings/appendix-admissions/plastinated-bodies/).
3. European Parliament. *Proceedings of the Workshop on Organ Harvesting in China*. Brussels: Committee on Environment, Public Health and Food Safety, 2016. http://www.europarl.europa.eu/RegData/etudes/STUD/2016/542201/IPOL_STU(2016)542201_EN.pdf (http://www.europarl.europa.eu/RegData/etudes/STUD/2016/542201/IPOL_STU(2016)542201_EN.pdf).
4. Bowcott O. China is harvesting organs from detainees, tribunal concludes. *The Guardian*, June 17, 2019.
5. Batha E. U.N. urged to investigate organ harvesting in China. *Reuters*, Sep. 24, 2019.
6. Rogers W, Robertson MP, Ballantyne A, et al. Compliance with ethical standards in the reporting of donor sources and ethics review in peer-reviewed publications involving organ transplantation in China: a scoping review. *BMJ Open* 2019;9:e024473.
7. Shimazono Y. The state of the international organ trade: a provisional picture based on integration of available information. *Bull World Health Organ* 2007;85(12):955- 62.
8. Bain C, Mari J. Organ trafficking: the unseen form of human trafficking. *ACAMS Today*, June 26, 2018.
9. Transplant tourism: the shadow world of medicine. https://www.medicaltourismmag.com/article/transplant-tourism-the-shadow-world-of-medicine (https://www.medicaltourismmag.com/article/transplant-tourism-the-shadow-world-of-medicine).
10. Richman T. Baltimore's mayor warns of a van snatching girls to sell organs. Police have no reports of "actual incidents." *The Baltimore Sun*, Dec. 3, 2019.

11. Keller CA. Solid organ transplantation overview and selection criteria. *Am J Manag Care* 2015;21(1 Suppl):S4-11.
12. Montagna D. Neurologist exposes "brain death" myth behind multi-billion-dollar organ transplant industry. *LifeSite*, June 5, 2019.
13. Black CK, Termanini KM, Aguirre O, et al. Solid organ transplantation in the 21st century. *Ann Transl Med* 2018;6(20):409.
14. Tushla LE. When a transplant fails. National Kidney Foundation, n.d. https://www.kidney.org/transplantation/transaction/TC/summer09/TCsm09_TransplantFails (https://www.kidney.org/transplantation/transaction/TC/summer09/TCsm09_TransplantFails).
15. U.S. Department of Health and Human Services, Organ Procurement and Transplantation Network. Organ transplants in United States set sixth consecutive record in 2018. https://optn.transplant.hrsa.gov/news/organ-transplants-in-united-states-set-sixth-consecutive-record-in-2018/ (https://optn.transplant.hrsa.gov/news/organ-transplants-in-united-states-set-sixth-consecutive-record-in-2018/).
16. Global Observatory on Donation and Transplantation. http://www.transplant-observatory.org/ (http://www.transplant-observatory.org/).
17. Transplant trends. https://unos.org/data/transplant-trends/ (https://unos.org/data/transplant-trends/).
18. Rapp N, VanderMey A. Here's what every organ in the body would cost to transplant. *Fortune*, Sept. 14, 2017.
19. Stel VS, Kramar R, Leivestad T, et al. Time trend in access to the waiting list and renal transplantation: a comparison of four European countries. *Nephrol Dial Transplant* 2012;27(9):3621-31.
20. Broumand B, Saidi RF. New definition of transplant tourism. *Int J Organ Transplant Med* 2017;8(1):49-51.
21. Ambagtsheer F, Zaitch D, van Swaaningen R, et al. Cross-border quest: the reality and legality of transplant tourism. *J Transplant* 2012;2012:391936.
22. Campbell D, Davison N. Illegal kidney trade booms as new organ is "sold every hour." *The Guardian*, May 27, 2012.
23. Chugh N. Need a kidney? Inside the world's biggest organ market. *Al Jazeera*, Oct. 8, 2015.

24. Srivastava P. Crop fails, two UP farmers offer kidneys. *The Telegraph*, Aug. 26, 2019.
25. Saharanpur. Denied loan by govt banks, UP farmer puts up kidney for sale. *India Today*, Aug. 23, 2019.
26. Jafarey A, Thomas G, Ahmad A, Srinivasan S. Asia's organ farms. Indian *J Med Ethics* 2007;4(2):52-3.
27. Turner L. "Medical tourism" initiatives should exclude commercial organ transplantation. *J R Soc Med* 2008;101(8):391-4.
28. Feng S, Lai JC. Expanded criteria donors. *Clin Liver Dis* 2014;18(3):633-49.
29. DeRoos LJ, Marrero WJ, Tapper EB, et al. Estimated association between organ availability and presumed consent in solid organ transplant. *JAMA Netw Open* 2019;2(10):e1912431.
30. Mukherjee S. French citizens will now all automatically be organ donors. *Fortune*, Jan. 4, 2017.
31. Muller E. Strategies to increase living donor transplantation. The Lancet Kidney Campaign. https://www.thelancet.com/campaigns/kidney/updates/strategies-to-increase-living-donor-transplantation (https://www.thelancet.com/campaigns/kidney/updates/strategies-to-increase-living-donor-transplantation).
32. Muzaale AD, Massie AB, Wang MC, et al. Risk of end-stage renal disease following live kidney donation. *JAMA* 2014;311(6):579-86.
33. Benefits and risks of becoming a living organ donor. https://www.americantransplantfoundation.org/about-transplant/living-donation/about-living-donation/ (https://www.americantransplantfoundation.org/about-transplant/living-donation/about-living-donation/).
34. Wang H, Yang H. Gene-edited babies: what went wrong and what could go wrong. *PLoS Biol* 2019;17(4):e3000224.
35. NKF statement: a path forward for increasing kidney transplantation. https://www.kidney.org/news/nkf-statement-path-forward-increasing-kidney-transplantation (https://www.kidney.org/news/nkf-statement-path-forward-increasing-kidney-transplantation).
36. Causes of chronic kidney disease. https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/causes (https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/causes).
37. Recombivax.

https://www.fda.gov/files/vaccines%2C%20blood%20%26%20biologics/published/package-insert-recombivax-hb.pdf (https://www.fda.gov/files/vaccines%2C%20blood%20%26%20biologics/published/package-insert-recombivax-hb.pdf).
38. Boostrix. https://www.fda.gov/media/76633/download (https://www.fda.gov/media/76633/download).
39. Fluarix. https://www.fda.gov/media/84804/download (https://www.fda.gov/media/84804/download).
40. Elliott C. Six problems with pharma-funded bioethics. Stud *Hist Phil Biol Biomed Sci* 2004;35:125-9.
41. Caplan A, Purves D. A quiet revolution in organ transplant ethics. *J Med Ethics* 2017;43(11):797-800.
42. Rahmel A. Vascularized composite allografts: procurement, allocation, and implementation. *Curr Transplant Rep* 2014;1(3):173-82.

This article appeared in *Wise Traditions in Food, Farming and the Healing Arts*, the quarterly journal of the Weston A. Price Foundation, Winter 2019 (https://www.westonaprice.org/journal-winter-2019-dietary-support-for-the-alcoholic/)

🖨 Print post

About Merinda Teller, MPH, PhD

This site uses Akismet to reduce spam. Learn how your comment data is processed