

Abstract

Acknowledging that post-mortem organ donation elicits a variety of beliefs from a variety of individuals, this thesis examines the ways in which medical practices reflect personal and external conceptualizations of various actors in relation to post-mortem organ procurement.

Countries and institutions often work in unison to promote organ donation by implementing policies and guidelines aimed at establishing and protecting the rights of individuals, while increasing the number of available organs for donation. Concerns about the safety of organ transplantation, for example, led to the creation of guidelines to be implemented across borders. Countries approve legislation to carry out the procurement of organs in a secure manner, while keeping in mind the values that best reflect those of their population.

At present, post-mortem organ donation within Austria is regulated under presumed consent legislation. Every individual within Austria is thus considered a potential organ donor after death, save for those who have explicitly stated their opposition prior to death. Upon death, medical staff members are permitted to remove the organs of an individual for donation without need for explicit consent from the deceased or the next of kin. Since medical staff members' practices play an important role in organ procurement, the thesis sets out to present how practices are shaped by policies and guidelines, but also by the various actors involved in organ procurement and transplantation. In analyzing interviews with medical staff members, the thesis seeks to examine the ways in which various actors and conceptualizations manifest themselves in the practices of medical staff members in post-mortem organ procurement.

In utilizing a qualitative approach for data collection, the thesis gave voice to individuals whose role in organ procurement and transplantation helps shape the biomedical technology. To analyze the data, tenets from Actor-Network Theory, Conversation Analysis, and Grounded Theory were applied. These approaches helped highlight the factors that influence the individual and collective practices of medical staff members. Taken together, the interviews suggest that the framings of individuals and their experiences influence practices on a broader scale than the policies and guidelines would suggest. Therefore, while one might assume that policies and guidelines help standardize the practices of medical staff members across borders, a closer analysis of the practices of medical staff members may suggest that uniformity can only exist in writing. In practice, the individual and diverse experiences of medical staff members, as well as the diversity of the actors involved, shift the ways in which policies and guidelines are applied.