**BIOETHICAL ISSUES IN TRANSPLANTATION**

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As the ability to transplant tissues and organs has grown, the request for these procedures has increased as well. There are also financial hurdles to access to transplant waiting lists in other nations and intense limits on the availability of transplant utilities in many developing nations. Transplant physicians are well conscious of this gap in supply and request. They cope with the shortage by rejecting access to transplant centers to nominee on the grounds that some prospect recipients are too ancient or medically ‘unsuitable’. Psychosocial factors are base of this ‘scientific’ ruling. Many countries have no effective cadaver insurance system and some transplant centers are ready to guarantee an organ for the right amok to nonresidents who are able to can pay so there is an active black market in organ transplants internationally. Ultimately solutions to insufficiency in organs will use better synthetic and genetically engineered organs, regenerative methods involving stem cells or the use of organs from genetically modified animals.

Although the request for organs now more than supply in each country, the size of waiting lists would rapidly expand. Many elderly people are not counted eligible for transplants but it could be changed if more organs were available. The waiting lists for corpse organs have grown so long that a calm form of triage takes place every day based on tine, citizenship, ability to batch, potential for compliance and felon record.

There are several reasons why the policy of promoting voluntarism has not produced as many organs and tissues for transplant as might be foreseeable. Many people still do not carry a granter card or other written instructions specifying the arraying of their bodies after their death. Numbers of donation among the poor are weak. Others worry they will not get sufficient treatment if they say they are prospect donors. Donation is nearer to being a committing than it is to an extraordinary act of extraordinary ethical beneficence or bravery.

Conclusion. There are presently many researches into cloning in order to gain tissues and organs for transplants; and the use of genetic engineering in the biomedical manufacture. To avoid these advances working contra humans, the participation and organization of multidisciplinary bodies are desired to provide ethical and legal supervision.