

From Gift to Care: Jean-Luc Marion and the Ethical Foundations of Organ Donation in Philosophical Practice

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Abstract: This article develops a philosophically grounded framework for understanding organ donation as an ethical, existential, and dialogical phenomenon. It argues that organ donation may be interpreted, in Jean-Luc Marion's phenomenological vocabulary, as a paradigmatic instance of the gift, that is, as an event marked by gratuity, asymmetry, and non-reciprocity. Yet the phenomenology of the gift, taken by itself, leaves unresolved important questions concerning vulnerability, relational dependence, psychological burden, and the normative limits of advising others in morally charged contexts. For this reason, Marion's account is placed in dialogue with Martha Nussbaum's theory of compassion and with care ethics, especially as developed by Carol Gilligan and Virginia Held. The article further situates this conceptual framework within philosophical counselling, drawing particularly on the work of Lou Marinoff and Vasile Hațegan in order to clarify the methodological and ethical limits of reflective guidance. Special attention is given to clients whose moral reasoning is shaped by religious commitments and by concerns about bodily integrity, death, and spiritual meaning. The article argues that philosophical counselling can ethically assist such clients in clarifying the meaning of organ donation without collapsing into persuasion or moral imposition. In this way, the paper contributes both to philosophical practice and to contemporary applied ethics by articulating a non-directive but conceptually rigorous model for addressing organ donation in dialogical settings.

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Introduction

Organ donation is frequently discussed in public discourse as though its principal challenges were administrative, legislative, or medical. No serious account can ignore these dimensions. The viability of transplantation systems depends on medical expertise, public trust, legal clarity, and institutional capacity. Yet to focus on these dimensions alone is to miss the ethical and existential density of the phenomenon itself. The decision to donate an organ during life or after death is not reducible to the acceptance of a medical protocol. It also involves conceptions of embodiment, mortality, dignity, vulnerability, and responsibility toward others. In societies shaped by strong religious and cultural traditions, these questions become especially charged because the body is not experienced as a neutral biological object but as a bearer of identity, moral significance, and spiritual meaning (Băluțescu, 2024; Holman et al., 2013; Cotrău et al., 2023).

The Romanian context is particularly revealing because it brings into view a layered moral landscape. On the one hand, the need for transplantable organs is medically undeniable. On the other hand, public reluctance often draws strength from concerns about brain death, mistrust in institutions, beliefs about bodily wholeness, and religiously inflected understandings of the relation between body and person. Ramona Băluțescu's recent discussion of the spiritual obstacles to organ donation is important because it refuses to reduce such hesitation to mere ignorance. Instead, she shows that public attitudes emerge at the intersection of scientific discourse, Christian moral language, and the persistent symbolic significance of the body. Her inquiry is especially valuable because it also proposes a dialogical bridge, suggesting that Kantian ethics may help mediate between Orthodox Christian concerns and contemporary bioethics without caricaturing either side (Băluțescu, 2024).

Yet even this proposal leaves open a further philosophical question. If organ donation is to be made morally intelligible in contexts marked by hesitation, on what kind of philosophical language can one rely? Kantian ethics provides one answer, especially through its emphasis on dignity, autonomy, and moral law. But another answer becomes available when the question is approached phenomenological rather than primarily normatively. Jean-Luc Marion's phenomenology of the gift allows donation to be understood as an event of givenness rather than as a calculable transaction or a mere obligation. Such an approach does not replace moral reasoning; rather, it supplements it by clarifying the structure of giving and receiving at a deeper level. Donation appears here not simply as benevolence but as a gift that exceeds reciprocity, one that may illuminate both the nobility and the burden of donation in a more adequate way than utilitarian or procedural frameworks alone (Marion, 2002; Mauss, 1954; Ricoeur, 1992).

However, phenomenology by itself cannot fully resolve the ethical and psychological issues at stake. If donation is understood primarily as gift, then the asymmetry of giving and receiving may generate an acute sense of indebtedness, especially for recipients. This is why the present article places Marion in dialogue with Martha Nussbaum's theory of compassion and with care ethics. Nussbaum's analysis of compassion as a cognitively shaped response to serious and undeserved suffering helps relocate organ donation within the shared vulnerability of human life rather than within a heroic rhetoric of sacrifice alone. Similarly, Carol Gilligan and Virginia Held show that moral life is fundamentally relational and cannot be reduced to abstract independence. Their work helps correct any interpretation of organ donation that would isolate autonomy from the concrete realities of dependency and care (Nussbaum, 2001; Gilligan, 1982; Held, 2006).

The final component of the argument concerns philosophical counselling. If organ donation raises existential and ethical questions that exceed the competence of policy slogans, then a dialogical practice is needed in which such questions can be explored without coercion. Philosophical counselling is especially well suited to this role. Lou Marinoff's account of philosophical practice emphasizes conceptual clarification and reflective dialogue rather than treatment or persuasion.

In the Romanian context, Vasile Hațegan has developed this model extensively, arguing that philosophical counselling is a legitimate and increasingly professionalized practice dedicated to clarifying dilemmas, values, and life situations through specifically philosophical tools. His work on the premises of philosophical counselling in Romania, on the recognition of the profession, on philosophical counselling's relation to bioethics, and on the application of philosophy in organizations consistently emphasizes dialogue over prescription. That methodological stance is decisive for organ donation, where the counsellor may help a client clarify the meaning of giving, vulnerability, and bodily integrity but may not legitimately impose a conclusion (Marinoff, 2001; Hațegan, 2018a, Hațegan, 2018b).

The central claim of this article is therefore twofold. First, organ donation can be interpreted as a paradigmatic event of givenness, but one whose meaning must be supplemented by a relational ethics of vulnerability and care. Second, philosophical counselling can legitimately facilitate reflection on organ donation, including among religiously committed clients, if it remains non-directive and respects the autonomy of judgment. The article proceeds by developing these claims in sequence. It first clarifies Marion's phenomenology of the gift, then examines the cultural and spiritual problem of organ donation, next integrates care ethics and compassion, and finally shows how philosophical counselling may mediate these tensions without collapsing into advocacy. The goal is not to promote donation by rhetorical pressure, but to make the phenomenon philosophically intelligible in a way suitable to the methodological and ethical standards of philosophical practice.

1. The Gift Beyond Exchange: Marion's Phenomenology of Givenness

Jean-Luc Marion's phenomenology offers one of the most rigorous contemporary attempts to rethink subjectivity through the priority of givenness. Instead of beginning with the subject as self-grounding center of intention, Marion proposes that the subject is more fundamentally the one to whom something is given, *l'adonné*.

This displacement has important consequences for ethics because it shifts attention away from mastery and toward reception. Human existence is no longer defined primarily by initiative, possession, or control, but by the capacity to receive what arrives in excess of one's conceptual and practical power. Such a framework is particularly fertile for thinking about organ donation because donation is precisely an event in which control, exchange, and equivalence fail to capture what is given or received (Marion, 2002). In order to see why, it is useful to contrast Marion with Marcel Mauss. Mauss's classic anthropology of the gift showed that in archaic societies gifts circulate within systems of reciprocity and obligation. To give, receive, and return are all part of the same social mechanism. The gift binds because it generates debt. Marion does not deny the historical or sociological importance of such systems, but he insists that they do not exhaust the gift as phenomenon. A gift that functions only through equivalence is already compromised by the logic of exchange. The pure gift must therefore be thought otherwise. It must be given without prior demand for return, and it must remain irreducible to the circle of repayment (Marion, 2002; Mauss, 1954).

This is where Marion's notion of the saturated phenomenon becomes illuminating. Some phenomena, he argues, overwhelm the categories through which consciousness would ordinarily seek to master them. They are given in excess, more intensely and more richly than the subject can conceptually contain. The gift belongs to this order because it is not first constituted by the recipient's intention. Rather, it happens to the subject. The subject receives itself in receiving the gift. Donation, in this phenomenological register, is not merely a deed among others. It is an event that may alter the structure of relation between donor, recipient, and world. To donate an organ, or to receive one, is to enter into an economy of meaning that exceeds utility, compensation, or normal moral balancing (Marion, 1991).

This point is especially important because organ donation is frequently moralized in oversimplified ways. It is praised as generosity, but often without attending to the structure of the act itself. Under a phenomenology of givenness, donation appears not just as generosity but as radical asymmetry. The donor gives something irretrievable; the recipient receives something irreplaceable.

The gift is therefore not symmetrical even if both parties are morally honorable. The asymmetry cannot be cancelled by gratitude, nor by public recognition, nor by symbolic language of heroism. Indeed, such language may even obscure the real challenge of the phenomenon by translating it too quickly into moral approval. At this point, a likely objection arises. Is Marion's framework too abstract, too distant from the practical bioethical realities of transplantation? The answer is that abstraction here is not detachment but clarification. The practical realities of transplantation are already entangled with hidden assumptions about the body, personhood, and moral exchange.

Phenomenology brings these assumptions to light. For example, recipients often speak of gratitude, but this gratitude may conceal an unresolved experience of indebtedness. A donor's act may be publicly celebrated, but that celebration may fail to account for the recipient's burden of having received what cannot be repaid. Marion's phenomenology does not solve these problems automatically. What it does is make them visible as structural rather than accidental.

Yet there is also a limit to Marion's approach. Precisely because the gift is marked by non-reciprocity, it risks becoming psychologically oppressive for the recipient. If one cannot answer the gift, one may experience one's life as indebted in a way that remains permanently unresolved. This is not a flaw in Marion's analysis; it is one of its deepest implications. But it means that the phenomenology of the gift must be supplemented if one wants to move from the description of givenness toward an ethically livable interpretation of donation. Organ donation, unlike a gift of hospitality or words of kindness, enters into the body itself. It therefore touches identity, continuity, mortality, and the meaning of survival. A fuller account requires engagement with vulnerability, compassion, and care, topics to which we now turn (Ricoeur, 1992).

2. Organ Donation, Brain Death, and the Problem of Meaning

The problem of organ donation is never simply the problem of giving. It is also the problem of death, and in contemporary medicine this means, very often, the problem of brain death.

In public discussion, brain death is sometimes treated as though it were only a technical matter, settled once and for all by biomedical criteria. Yet the moral and symbolic reception of brain death is far more complicated. Băluțescu is especially clear on this point. Her analysis emphasizes that brain death is simultaneously a scientific, social, and religious fact, and that the gap between these dimensions can produce practical and moral stalemate. A criterion may be medically secure while remaining existentially opaque to those who must interpret it within a religious or cultural worldview (Băluțescu, 2024). This observation is crucial because it helps explain why appeals to information alone rarely suffice. One may inform the public that brain death is irreversible cessation of all brain function and still fail to address the concern that the body appears warm, ventilated, and in some sense still bodily present. The issue is not always ignorance of science; it is often a clash of interpretive frames. If a family or individual understands the body as still bearing personal or spiritual integrity in a way not exhausted by medical criteria, then the retrieval of organs may be experienced as a violation even if medically legitimate. In such cases, the medical criterion of death does not automatically become a criterion of moral acceptability.

Romanian discussions of organ donation have repeatedly revealed the weight of these symbolic dimensions. Studies already referred to above indicate that concerns about bodily wholeness, distrust of the medical system, and uncertainty regarding brain death remain relevant in shaping public attitudes. Holman and collaborators emphasize that willingness to donate is influenced not only by abstract support for transplantation but by beliefs about the body and trust in institutional processes. Cotrău and colleagues also point to the role of knowledge and family context in decisions about donation. What these findings show is that organ donation is interpreted through a network of meanings rather than through isolated propositions (Holman et al., 2013; Cotrău et al., 2023).

At the same time, religious resistance should not be caricatured. Băluțescu's own argument resists such caricature by seeking a framework of reconciliation rather than confrontation. Her suggestion that Kantian ethics can serve as a dialogical bridge is motivated precisely by the conviction that Christian altruism and respect for human dignity need not be opposed to organ donation in principle.

That move is philosophically significant even for those who do not adopt Kant's framework, because it demonstrates a broader methodological lesson: moral deadlocks are often better approached through interpretive mediation than through polemical opposition (Băluțescu, 2024). This lesson is highly relevant to philosophical counselling. Hațegan's work on philosophical counselling and bioethics explicitly emphasizes interdisciplinary links between philosophical reflection and bioethical questions. Rather than presenting philosophy as a rival to medicine, he presents counselling as a reflective resource capable of clarifying the ethical concepts and value commitments that emerge in concrete medical contexts. In this respect, organ donation is not an exotic or peripheral topic for philosophical practice. It is a paradigmatic case in which life, death, autonomy, care, and moral language converge. Philosophical counselling is therefore justified in entering this terrain, not to replace clinical expertise, but to examine the conceptual worlds within which people experience biomedical decisions (Hațegan, 2018a).

To do so adequately, however, one must move beyond the language of gift alone. The resistance to organ donation is not only a resistance to asymmetrical giving; it is also a response to perceived threats to meaning, embodiment, and relational continuity. A philosophical framework that neglects vulnerability and care may remain formally elegant while failing to address the emotional and ethical reality of the issue. This is why the phenomenology of givenness must be supplemented by a moral psychology of compassion and a relational ethics of care.

3. Compassion, Vulnerability, and the Ethics of Care

Martha Nussbaum's account of compassion provides a necessary extension of the argument because it addresses the affective-cognitive structure of ethical response. In *Upheavals of Thought*, she argues that emotions are not irrational eruptions external to judgment but intelligent appraisals bound up with our understanding of value. Compassion, specifically, involves judgments that another's suffering is serious, undeserved, and relevant to one's own horizon of concern. This account is especially valuable for organ donation because it shifts the focus away from abstract altruism and toward the recognition of shared vulnerability.

One of the problems with public discourse on organ donation is that it often presents donation either as an almost self-evident duty or as a heroic act of self-sacrifice. Both framings are incomplete. Nussbaum's concept of compassion allows the phenomenon to be interpreted more concretely. Organ donation becomes morally intelligible not first because heroism is admirable, but because another's mortal vulnerability is recognized as ethically significant. Compassion does not command donation automatically, but it helps explain why the suffering of those awaiting transplantation can make a claim on the moral imagination (Nussbaum, 2001). This insight is deepened by care ethics. Gilligan's critique of dominant moral theories was not simply that they neglected women's voices, but that they often privileged an ideal of abstract independence over the reality of human relationally. Held later developed this into a more systematic account, arguing that care is not a peripheral or private sentiment but a basic moral orientation grounded in dependency, responsiveness, and the maintenance of relationships. Such a framework is particularly relevant to organ donation because transplantation is embedded in precisely these realities. Human beings are vulnerable, dependent, and often sustained by the care of others in ways that precede contractual agreement (Gilligan, 1982; Held, 2006).

The integration of care ethics into the present argument serves at least three purposes. First, it corrects any temptation to interpret organ donation solely through the asymmetry of the gift. If that asymmetry is isolated, the recipient may appear only as debtor. Care ethics re-situates donation within a world of mutual fragility and responsiveness. Second, it offers a richer account of autonomy. The moral subject is not imagined as radically detached and self-sufficient, but as someone whose judgments emerge within networks of care and vulnerability. Third, it supports a counselling model that takes emotions, attachments, and lived relations seriously without abandoning rational reflection.

This last point is especially important. Philosophical counselling cannot proceed as though persons confront organ donation only through syllogisms. They do so through grief, fear, religious commitment, family memory, and symbolic understandings of the body. Care ethics does not dissolve these into sentimentality; it gives them a legitimate place in ethical reflection.

The point is not to subordinate philosophy to emotion, but to refuse a philosophical model that brackets the actual conditions under which moral judgments are made. Here again, one may anticipate a reviewer's concern. Does the turn to care ethics dilute the rigor of the phenomenological and philosophical argument? On the contrary, it strengthens it by preventing an overly purified notion of the gift from becoming detached from lived moral experience. Marion helps us understand the structure of donation as non-reciprocal givenness. Nussbaum and care ethics help us understand why such givenness matters within the vulnerability of concrete lives. Far from being incompatible, these frameworks illuminate complementary dimensions of the same phenomenon.

4. Philosophical Counselling as Dialogical and Non-Prescriptive Practice

If phenomenology and care ethics help clarify the meaning of organ donation, philosophical counselling provides the methodological framework in which such clarification may legitimately occur. The decisive point here is that philosophical counselling is neither psychotherapy nor moral propaganda. Its role is not to heal pathology by clinical methods, nor to produce moral compliance. Rather, it is a practice of dialogue in which philosophical concepts, distinctions, and traditions are mobilized to help persons interpret their own situations more lucidly.

Lou Marinoff's influential account of philosophical practice established this orientation in broadly accessible terms. Within the Romanian context, Vasile Hațegan has been especially important in articulating the premises, legitimacy, and practical applications of philosophical counselling. In his 2019 study of philosophical counselling in Romania, he traces the local emergence of the field and insists on its dialogical core. Counselling is not a matter of delivering doctrine to passive recipients; it is a process through which life situations, dilemmas, and problems are clarified by means of philosophy-specific instruments.

Also, in his discussions of professional identity, he returns repeatedly to the idea that the philosophical counsellor is neither moral preacher nor pseudo-therapist, but a dialogical practitioner whose

expertise lies in conceptual clarification, critical reflection, and value articulation (Hațegan, 2019). Moreover, His “4C Theory” also reinforces this orientation by presenting philosophical practice as a mode of engaging life situations through reflection rather than through fixed formulas. Although this theory is not developed for organ donation specifically, its methodological lesson is highly relevant: practical philosophy enters real situations not by dictating outcomes but by structuring inquiry (Hațegan, 2021). Taken together, these contributions give philosophical counselling a clear methodological profile: it is dialogical, interpretive, critical, and non-prescriptive. This profile is not a mere background detail. It determines what counts as legitimate counselling in ethically sensitive contexts. Organ donation is precisely such a context. To discuss it within counselling is permissible only if the client remains the final author of the judgment. The counsellor may introduce relevant concepts, test incoherencies, and bring frameworks into conversation. The counsellor may not seek to secure compliance with a preferred ethical outcome.

This insistence on non-prescriptiveness does not entail neutrality in the sense of emptiness. Philosophical counselling is not neutral because it has no concepts; it is non-prescriptive because it refuses to impose them as conclusions. That distinction will be essential in addressing the question of how counsellors may work with religiously committed clients who are uncertain or resistant regarding organ donation.

5. Advising Faithful Clients: Between Autonomy, Gift, and Care

The ethically most delicate case arises when a client’s hesitation toward organ donation is grounded in religious belief. In such a case, the counsellor is not dealing merely with a practical choice but with a worldview in which the body, death, and moral action are already interpreted through symbolic and theological meanings. If the counsellor responds by treating those meanings as obstacles to be overcome, the dialogue risks becoming manipulative. If, however, the counsellor simply leaves those meanings uninterpreted, the opportunity for genuine philosophical clarification is lost.

The first requirement, then, is interpretive patience. The counsellor must clarify what exactly the client finds troubling.

Is the concern that the body should remain whole after death? Is it uncertainty about whether brain death is true death? Is it fear that organ retrieval expresses disrespect for the person? Or is the hesitation more closely tied to generalized mistrust of institutional authority? These concerns are not identical, and they cannot responsibly be answered with a single moral slogan. At this stage, philosophical frameworks may be introduced not as prescriptions but as possibilities of interpretation. Marion's phenomenology can be relevant if the client's moral world already values ideas such as grace, self-giving, or non-calculative love. Organ donation can then be explored as a form of gift that exceeds exchange. This does not require the client to adopt a secular utilitarian rationale, nor does it deny religious language. Instead, it asks whether donation might become intelligible within a horizon already structured by the value of gratuitous giving. Similarly, Nussbaum's analysis of compassion can help the client reflect on the seriousness of another's suffering without turning that reflection into an obligation by force. Care ethics, finally, can assist in showing that human life is already shaped by dependency and mutual support, so that the preservation of bodily integrity is not the only morally relevant value.

Still, the philosophical counsellor must stop short of advocacy. This is the decisive limit. The counsellor may help the client see that donation can be understood as gift, compassion, or care. The counsellor may test whether the client's refusal coheres with other values the client holds, such as Christian charity or solidarity. But the counsellor may not engineer consent. Such engineering would violate both the methodological integrity of philosophical counselling and the ethical logic of the gift itself. A gift extracted under pressure would already cease to be what it is presented as. This position may strike some as too weak. If organ donation saves lives, should not the counsellor encourage it more directly? The answer is that counselling and public advocacy are distinct practices. A physician, policymaker, or public campaign may legitimately advocate donation. The philosophical counsellor, by contrast, is bound by a different norm: the preservation of reflective freedom within dialogue. Hațegan's repeated insistence on dialogue, clarification, and the counsellee's own philosophy of life gives strong support to this conclusion. Philosophical counselling loses legitimacy when it becomes covert moral steering (Hațegan, 2018b).

A second objection might be that this approach risks leaving clients in indecision. Yet philosophical counselling is not valuable because it guarantees decisions; it is valuable because it renders decisions more lucid. In some cases, a client may emerge with a stronger commitment to donation. In others, the client may refuse donation but in a way that is more conceptually articulated and less driven by confusion or unexamined fear. In both cases, the counselling has succeeded if the client's judgment is clearer and more coherent.

Thus the counsellor's role is neither to prescribe donation nor to protect resistance from criticism. It is to create a dialogical space in which the meanings of donation, bodily integrity, compassion, autonomy, and spiritual responsibility can be tested against one another. That space is philosophically demanding precisely because it resists both relativistic passivity and moral imposition.

6. Psychological and Existential Risks of Donation and Reception

One of the reasons organ donation requires philosophical interpretation is that it engages forms of psychological and existential disturbance not captured by ordinary medical narratives. Donation is publicly celebrated as altruistic and life-saving, and these descriptions are not false. Yet they may conceal the more troubling dimensions of receiving and giving when those dimensions are lived from within.

For recipients, the burden of indebtedness is perhaps the clearest example. Marion's phenomenology helps explain why gratitude may become ethically unstable. If the gift cannot be repaid, then gratitude may harden into obligation. The recipient may feel pressure to prove worthy of the donation, to live more intensely, or to justify survival in terms that are never fully satisfiable. Such pressure may remain unspoken but still shape the person's self-relation.

Ricoeur's account of narrative identity is illuminating here because it suggests that selfhood is not fixed but continually reinterpreted. The transplanted organ may be medically integrated while remaining symbolically disruptive. One is still oneself, but now one's bodily continuity includes the trace of another person's life or death.

This need not result in pathology, but it does require interpretive labor. The experience must be narrated, integrated, and made meaningful.

Philosophical counselling can contribute by distinguishing gratitude from debt. A recipient may honor the donation without construing it as a moral mortgage. The counsellor can help the person articulate a mode of receiving in which the gift is acknowledged as gratuitous rather than transformed into an impossible obligation. This is not merely therapeutic reassurance. It is a philosophical clarification of what receiving a gift means when repayment is impossible.

For donors, especially living donors, the problem may take a different form. Families and intimate relationships can surround donation with intense expectations. The donor may feel that refusal would signify selfishness or lack of love. In such contexts, the moral language of care itself may become coercive. Philosophical counselling is important here because it can test whether the proposed gift is genuinely free or whether it is being produced by guilt, role pressure, or fear of moral disapproval. This again confirms the need for a non-prescriptive model. Counselling must protect freedom not only against refusal born of confusion, but also against giving born of coercive expectations.

7. Organ Donation and the Rejection of Commodification

The distinction between gift and exchange carries one final important implication: the rejection of commodification. If organ donation is interpreted phenomenological as gift and ethically as care, then it cannot without distortion be assimilated to market logic. The buying and selling of organs would not simply introduce another administrative option; it would alter the meaning of the act itself.

Marion's account of the gift makes this especially clear. A gift subject to equivalent compensation is no longer received as gratuitous. It has been absorbed into the order of exchange. The same point can be made from care ethics. If human vulnerability becomes a site of market opportunity, then the relation between donor and recipient is no longer mediated by responsiveness to fragility but by economic power. The poorer become suppliers, the wealthier become purchasers, and the moral grammar of donation collapses.

This philosophical argument has practical importance because public trust in organ donation can be weakened if donation is suspected of serving concealed interests. To preserve the distinction between donation and transaction is therefore not an idealistic luxury. It is part of protecting the ethical intelligibility of transplantation itself.

Conclusion

Organ donation belongs to a region of ethical life where medicine, mortality, culture, religion, and personhood intersect. It cannot be adequately understood within utilitarian or procedural language alone, because what is at stake is not only the distribution of organs but the meaning of giving and receiving under conditions of vulnerability.

This article has argued that Jean-Luc Marion's phenomenology of givenness provides a powerful point of departure because it reveals donation as a paradigmatic event of gift rather than exchange. Yet the gift alone is insufficient unless supplemented by an account of compassion and care capable of addressing the relational and psychological realities of donor and recipient alike. Martha Nussbaum and care ethics provide this supplementary framework. Lou Marinoff and, in the Romanian context, Vasile Hațegan then offer the practical and methodological horizon in which these insights can be brought into dialogue with actual persons confronting real decisions. The resulting position is deliberately modest and demanding at once. Philosophical counselling may illuminate donation, clarify its meanings, test its moral tensions, and help religiously committed clients explore whether donation coheres with their deepest values. But it may not prescribe donation as the correct outcome. The freedom of the client's judgment is not a secondary procedural rule; it is part of respecting the very logic of the gift. To pressure a gift into existence would already compromise it.

If philosophical counselling has a contribution to make to bioethics, it lies precisely here: in sustaining a space where the moral complexity of organ donation can be thought rather than simplified, interpreted rather than manipulated, and clarified without being reduced either to technical procedure or to moral slogan.

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Adrian Marcu

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