Sale of Organs – Right or Wrong?

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Lecture outline

- The Problem – the Escalating Demand
- Current International Consensus
- The Ethical Issues
  - Arguments For and Against Trade in Organs
- Iran – a Case Study
- Alternative Solutions
- Conclusion
The Problem

- Ever increasing demand for organs
- Increased reliance on live donation
- Frequent calls for some form of payment or compensation
The New York Times May 3rd 2014:

The national transplant list just passed a morbid milestone:

More than 100,000 people now wait for kidneys.

We are at this point largely because even though demand is growing, donations from living and deceased donors have remained flat, between 16,500 and 17,000 annually, for the past decade.

Between now and this time tomorrow, 14 people will die, many after languishing on dialysis for 5 to 10 years, while their names slowly crawled up the queue.
International Consensus

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Cells, tissues and organs should only be donated freely, without any monetary payment or other reward of monetary value. Purchasing, or offering to purchase, cells, tissues or organs for transplantation, or their sale by living persons or by the next of kin for deceased persons, should be banned.

The prohibition on sale or purchase of cells, tissues and organs does not preclude reimbursing reasonable and verifiable expenses incurred by the donor, including loss of income, or paying the costs of recovering, processing, preserving and supplying human cells, tissues or organs for transplantation.
Public Attitudes

A systematic review of the literature on financial incentives for organ donation (both live and deceased organs) states that “quantitative studies showed a low overall level of acceptance of payment for organs in living donation (LD); only a slightly higher one for deceased donation (DD); and a general preference for alternative forms, such as removal of disincentives or expressions of social reciprocity”.

The Ethical Arguments

- For a ‘regulated market’
  - Benefits both seller and purchaser – a ‘win-win’ situation
  - Will increase supply
  - Prevents or reduces current exploitation

- Against trade in any form
  - On principle – commodification of the human body
  - Consequentialist – claimed benefits are false or improbable
FOR SALE: A kidney for only $3,000

By Alastair McIvor
Philippines Correspondent in Manila

This is a quarter of the population of some villages in the Philippines, where kidney donations are sold on the black market to help their families get by. Many have sold a kidney to help their families get by. Across the Philippines, plans are being made to provide a steady supply of kidneys for the sick and elderly. The sell is a lucrative business, with people desperate to get by.

The sell of kidneys to overseas buyers gets $3,000 for the donor, which is a substantial sum, considering the going rate for a kidney in the Philippines is as much as $6,000.

A few days later, Mr Yap said he was with the recipient of the kidney, who was a Canadian with end-stage renal failure.

The recipient got the kidney through a local organ broker, who arranged the sale for $3,000. Mr Yap said he was happy to help, but when I asked how much he had been paid, he said, "It was not for sale." He was dressed in a hospital gown.

The police are struggling to put kidney brokers such as Mr Yap out of business. Banaba police chief Noel Marinos said the identity of the police has been kept secret for fear of repercussions. The police are trying to obtain new information from Mr Yap.

Evidence of unhealthy deals: Banaba residents (left) are Mr Yap, Mr Poon Kooi and Mr Poon Koon showing the scars from their kidney removal operations. Many sell their kidneys and end up spending the little cash they get.

Dr Benjamin de la Vina, coordinator of the National Kidney Foundation in the Philippines, said the売出 kidney market is on the rise. "The sell is a lucrative business, with people desperate to get by."

"I was told to go back for a check-up, but I felt okay, so I didn't," said a resident, Celine Piangson, a medical student who sold his kidney for $2,000. "It's a good way to make money, especially when you need it," she said.

"Some people are just desperate," said a resident, Marica Tugonon, a medical student who sold her kidney for $1,000. "I was told to go back for a check-up, but I felt okay, so I didn't."
"WE ACCEPT ALL MAJOR MEDICAL PLANS, CREDIT CARDS, ORGANS AND BLOOD."
Claim 1 – Benefits to Both: ’Win-win’

- The Claim is false
  - Except in a few exceptional cases, organ sellers are always poor and often in crippling debt, which payment does not alleviate. Moreover, the adverse effects include inadequate follow-up with major medical problems as a result, problems in finding employment, social exclusion, and guilt or regret.
  - Purchaser risks poor outcome also – see next slide – and, as with blood supply, payment will often compromise quality
TRANSPLANT RECIPIENTS: OUTCOMES AFTER TOURISM

Compared with all patients who underwent transplantation at UCLA, tourists included more Asians and had shorter dialysis times. Most patients traveled to their region of ethnicity with the majority undergoing transplantation in China (44%), Iran (16%), and the Philippines (13%). Living unrelated transplants were most common. Tourists presented to UCLA a median of 35 days after transplantation. One-year graft survival was 89% for tourists and 98% for the matched UCLA cohort (P = 0.75). The rate of acute rejection at 1 yr was 30% in tourists and 12% in the matched cohort.

Conclusions:

Tourists had a more complex posttransplantation course with a higher incidence of acute rejection and severe infectious complications.

The Claim is **Improbable**

- A properly regulated market would have to exclude the majority, or all, of the current (illegal) sourcing of organs from low income countries and prosecute the ‘health concierges’ who recruit these impoverished people – so, where would the organs come from? Surveys of the better off in well-regulated countries show a very low probability of selling an organ.

- Evidence from Iran, which does have legalised trade (see later slide) shows that eligible family members are less likely to donate, thus reducing the overall pool of donors.

- Emphasis on living donation, with financial incentives, leads to fewer cadaveric donations, again reducing the overall supply.
Claim 3 – Will Eliminate or Reduce the Black Market

The Claim is **Non-Proven**

- No example on which to base claim except Iran (see next slides)
- Risk is high of increasing the *acceptability* of selling organs, thus making illegal transactions more, not less, likely
- How would controls be imposed, especially in countries currently lacking effective policing of illegal trade? And how would cross border trade be prevented?
Important studies of the market in Iran by Iranian medical researchers show that the market has adverse effects:

A recent study (published in 2013) showed that Iranian PUKDs compared with Iranian LRKDs had poorer follow-up and much poorer health outcomes.

Fallazadeh et al, American Journal of Transplantation 2013;13: 3210-3214

An earlier study (2000) demonstrated the adverse effect on other sources of organs: “One disadvantage of the Living Unrelated Donor (LUD) program has been the gradually increasing ratio of LUD to LRD Tx. According to this study, 81% of LUD renal Tx recipients had a potential LRD, but selected the LUD option for cultural reasons and the availability of the LUD Tx program. Another disadvantage has been the delay in the start-up of the cadaveric kidney Tx program, and its discontinuation due to the availability of the LUD program.”

Kidneys for sale: poor Iranians compete to sell their organs

In the only country where the organ trade is legal, the streets near hospitals have been turned into a 'kidney eBay'

Saeed Kamali Dehghan
The Guardian, Sunday 27 May 2012 20.00 BST

Would-be sellers advertise their kidneys by writing their blood type and phone number on posters or walls of the street close to several of Tehran’s major hospitals. Photograph: Torab Sinapour for the Guardian
Alternatives to Trade in Organs

- Remove Disincentives to Donation
- Increase Deceased Donation Rates
- Longer Term Solution – Prevention (the Village on the Cliff)
1) Removing Disincentives

- Reimbursement of expenses is recognized as legitimate by the WHO Guiding Principles, the Declaration of Istanbul, the Council of Europe Convention, and the laws in many countries.

- It is payment for the expenses and financial losses incurred by donors as a consequence of their gift and is differentiated from paying money for an organ as such.

- Reimbursement for the actual costs or losses incurred would not enrich them but merely make donating a kidney a financially neutral act.

- Reimbursement is taken to cover the maintenance of long-term follow up and treatment of conditions related to the nephrectomy (or partial hepatectomy), including any costs not covered by the donor's medical insurance.
Guidelines for Reimbursement

Declaration of Istanbul 2008

Comprehensive reimbursement of the actual, documented costs of donating an organ does not constitute a payment for an organ, but is rather part of the legitimate costs of treating the recipient.

a) Such cost reimbursement would usually be made by the party responsible for the costs of treating the transplant recipient (such as a government health department or a health insurer);

b) relevant costs and expenses should be calculated and administered using transparent methodology, consistent with national norms;

c) reimbursement of approved costs should be made directly to the party supplying the service (such as to the hospital that provided the donor’s medical care);

d) reimbursement of the donor’s lost income and out-of-pocket expenses should be administered by the agency handling the transplant rather than paid directly from the recipient to the donor.
2) Deceased Donors – Rates of Donation Could be Massively Increased
3) Prevention – The Village on the Cliff

- The Alarming Rates of ERD due to Undiagnosed or Untreated Diabetes.

- A Moral Tale – the Village on the Cliff
I conclude: Oppose Trade in Organs

Thank You