

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

Example – the USA

- ***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**”.¹

¹K. Hoeyer, S. Schicktanz & I. Deleuran. Public Attitudes to Financial Incentive Models for Organs: A Literature Review Suggests That It is Time to Shift the Focus from ‘Financial Incentives’ to ‘Reciprocity’. *Transplant International* 2013;26: 350-7.

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



Raw deal for the poor selling their organs on No-Kidney Island; Arroyo acts to stop illegal trade

BY ALEXANDER MCGRAW
Philippines Correspondent
in Manila

They cut it into kidney slices. They ship to No-Kidney Island.

This is the impoverished part of an island in Manila, where many residents have sold a kidney on the black market to help their families.

Across the Philippines, places such as Batavia are providing a ready supply of kidneys for the illegal market. The island is surrounded by water, so the life is desperate.

Like Mr. Francisco Yap, a poor farmer who works on the island, he has a lot of money to pay off a loan, so he decided to sell his kidney. One of his kidneys.

A broker living in Batavia arranged the sale for \$3,000 (about \$45,000, a reasonable price, one believing that the going rate for a kidney can be as much as \$6,500).

A few days later, Mr. Yap checked into a hospital, was assessed for compatibility and went under the knife. The recipient was a Canadian with end-stage renal disease.

"That was just over a year ago, thank you. My health is good. That when I am carrying heavy loads, I get tired quicker than before."

The police are struggling to put kidney brokers such as Francisco out of business.

Batavia police chief Francisco Morales knows the identity of the brokers in his community of 1,500 families.

"It is hard to make an arrest," he said resignedly. "A broker will say he is only acting as a companion, it is a secret agreement."

Under the law, there is nothing to stop an investigator looking to a private investigator with a receipt. It is only the presence of a witness. Under the law, a typical fee is a cost of \$2,000 - that makes the deal illegal.

Batavia's police chief says that many residents have sold a kidney over the years, but nothing is being done.

A University of the Philippines study from 2001 quoted Batavia's local mayor official as saying that



EVIDENCE OF UNHEALTHY DEALS: Batavia residents show scars from their kidney removal operations. Many who sell their kidneys end up spending the little cash they get.

around 1,500 had gone under the knife - a figure that grows with its similarity to the medical profession.

In the two years to 2006, there were 1,500 kidney transplants performed in the whole of the Philippines, according to National Kidney and Transplant Institute (NKI) data.

The figure accounts for other-wise - except for the attention of President Gloria Arroyo when it appeared in a Manila newspaper recently. She reportedly instructed the Department of Health to work with the medical profession to find ways of stopping the illegal trade in human organs.

As it happens, scores were already under way to set up a trans-

plant system of compensated organ donation and a national government fund.

The new regulations, to be given effect by next year, require that all kidney donors be medically qualified. The great fear is usually low health, but the government, and studies have shown that low health can go on to make a doctor's life.

But a regulated "market" would still give poor farmers a better deal - and reduce the number of people who are forced to sell their kidneys. In fact, a local non-governmental organization - the Kidney Foundation of the Philippines - already offers a "package" of protection worth \$2,000 for people selling a kidney that includes such things as insurance and low interest, short-term

loans. But what has not yet got out to the public.

Dr. Francisco is the vice-president of the NKI's Social Outreach Program, and he is the one who is telling. "We have to compete to attract donors by selling kidneys with education campaigns."

Some who have sold a kidney need to get the check-up that doctors say must be done annually to avoid a disease, because they cannot afford it.

"I was told to go back for a check-up, but I felt okay, so I did not," said Francisco's neighbor, Celestino Francisco, a middle-aged teacher who sold his kidney for \$3,000.

NO PROPER CARE

"I was told to go back for a check-up, but I felt okay, so I did not."

BASCO RESIDENT CELSOTINO FRANCISCO, a middle-aged teacher who sold his kidney for \$3,000. Most of the year cannot afford the yearly check-ups they are supposed to have after being one of their donors.

SPENDING THE MONEY

"These people are the poorest of our poor and do not know how to invest. The government should have an agency to manage organ donations."

BASCO SENIOR COMMUNITY COUNCILOR BEN CALABRANA, who said that many of those who sold a kidney squandered their money on home appliances.

As the wider world of the transplant chain, requiring the market could help the government monitor more closely over how donors spend their kidney windfalls.

Batavia senior community leader Ben Calabrana said that while some saved their money wisely - buying a house or starting a small business, for instance - too many squandered their money on home appliances.

"These people are the poorest of our poor and do not know how to invest. The government should have an agency to manage organ donations," said Mr. Calabrana.

MANILA (SPECIAL) KIDNEY TRADE, PAGE 11



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 Tourism

- 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.**
- [Gill J1](#), [Madhira BR](#), [Gjertson D](#), [Lipshutz G](#), [Cecka JM](#), [Pham PT](#), [Wilkinson A](#), [Bunnapradist S](#), [Danovitch GM](#). Transplant tourism in the United States: a single-center experience. [Clin J Am Soc Nephrol](#). 2008 Nov;3(6):1820-8. doi: 10.2215/CJN.02180508. Epub 2008 Oct 15.

Claim 2 – Will Increase Supply

- 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?

Iran – a Case Study

- **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.”
- [A.J Ghods, S Savaja, P Khosravanica](#). Adverse effects of a controlled living-unrelated donor renal transplant program on living-related and cadaveric kidney donation. [Transplantation Proceedings. Volume 32, Issue 3](#), May 2000, Pages 541

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.

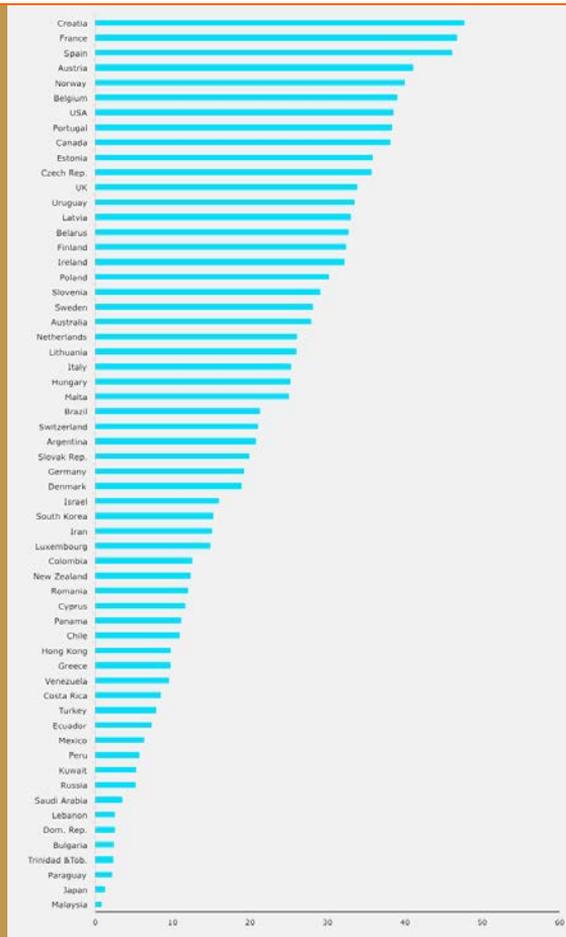
Guidelines for Reimbursement

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

Conclusion

□ I conclude: **Oppose Trade in Organs**

□ Thank You