



Commerce in organs — an ethical dilemma

There should be no financial disincentives to living donors. All donors should be legally entitled to reimbursement of those expenses incurred solely by the act of donation. Appropriate compensation for pain, discomfort and inconvenience suffered by living donors, is morally acceptable and may be adopted in a regulated fashion. The well established position of transplantation societies against commerce in organs has not been effective in stopping the rapid growth of such transplants around the world. Individual countries will need to study alternative, locally relevant models, considered ethical in their societies, which would increase the number of transplants, protect and respect the donor, and reduce the likelihood of rampant, unregulated commerce.¹

The mantra that commerce in organ donation is unacceptable is being challenged. Ethical dilemmas involving the allocation of scarce donor organs remain controversial.² Owing to the critical international shortage of cadaveric donors, boundaries are being pushed to meet the needs of potential recipients. Constant reappraisal of these ethical and moral issues is therefore appropriate. Issues that relate to cultural and economic imperialism and pronouncements of transplant societies may also require re-evaluation. A Human Tissue Act or its equivalent usually governs legislation on the donation of human tissue in various countries and is in line with the mission of internationally recognised organ transplant societies. In general, such acts are congruous with the South African Human Tissue Act³ which states that 'It is an offence to charge a fee in relation to the donation of human organs'. In many countries the lay press reports that 'the sale of body parts is now coming of age'.⁴ Terms such as 'rewarded gifting' and 'donor' are changing to terms such as 'vendor', opening a Pandora's box.⁵

Cameron and Hoffenberg⁶ feel strongly that arguments in favour of the sale of organs are sufficiently cogent to warrant further discussion. An overview of arguments for and against commercialisation is as follows:

1. **Against commercialisation:** organs are priceless and donated for altruistic reasons. They are seen as a gift, freely given, never bought or sold.

For commercialisation: deontological experience indicates that the supply of blood is only maintained by offering money, and that altruism has failed to supply organs to meet demand.

2. **Against commercialisation:** paid organ donation inhibits cadaver donation and the development of cadaver programmes.

For commercialisation: live donation is only a supplement to cadaver donation; payment will be demanded by relatives of

cadaver donors, and payment to live donors is compensation for pain, discomfort, inconvenience and the risk of operation.

3. **Against commercialisation:** paid donation exploits the donor and diminishes autonomy. Paid donors in developing countries are poor and ignorant concerning organ donation, are exploited, and lose autonomy. The concept of a 'reward gift' is a cosmetic exercise concealing the true commercial reality.

For commercialisation: prohibition removes the best or only option the donor may have of earning money for an important cause, thus depriving the individual of autonomy.

4. **Against commercialisation:** paid living transplantation is performed in poor circumstances and increases risks to the donor. Conditions are medically far from ideal and success rates are low, commercial objectives encourage poor pre- and aftercare of donors, and inadequate screening for disease increases the risk to donor and recipient.

For commercialisation: actual risk of loss of life during kidney donation is estimated to be ~ 0.03%, and the marginalisation of paid living donation leads to its performance in less than ideal circumstances.

5. **Against commercialisation:** purchase of organs allows rich individuals to 'jump the queue', which is inequitable. Access is denied to poor recipients because of lack of money, thus denying the basic ethical principle of justice.

For commercialisation: all organs would be sold to a central, properly controlled agency to minimise exploitation, thereby ensuring informed consent from the donor. Adequate pre-donor screening would be performed, and the agency would ensure that the organs are properly stored and matched with potential recipients and allocated according to medical or social need, not to the highest bidder.

Equally disturbing is the use of executed prisoners as organ donors. In the developing world there are additional socio-economic, indigenous and cultural, religious and ethical issues to consider. In addition, strategies to expand the pool of living donors that are ethically sound and morally acceptable must keep pace with recent advances in medicine.

The Iranian live unrelated transplantation model is financially driven and is being studied by many countries with great interest. Following the Islamic Revolution in Iran in 1979 renal transplantation was discontinued, the haemodialysis programme was in jeopardy and group patient deaths occurred. For religious reasons, cadaveric organs are not available. After an initial limited live related donor transplantation programme, the government sponsored a financial compensation model for living donors in 1996.⁷



Currently 1 200 renal transplantations are performed annually through this model. At present Iran has no renal transplantation waiting list.

It is the contention of the ethicist that 'As long as transplantation provides the only hope for the remedy of fatal conditions, and the demand outstrips supply, the issue of organ selling will not go away. As long as organ sales are illegal, there will be a black market. Legalisation provides the only hope for control and the protection for both sellers and buyers.'⁸

Clearly the ethical dilemmas arising from the contentious issue of commercialisation of organs for transplantation require serious interdisciplinary debate among medical professionals, ethicists, lawyers, politicians, theologians, religious leaders and the public. These views should contribute to policy formulation and relevant evolving legislature.

K S Satyapal

Deputy Vice-Chancellor (Academic and Research)

University of Durban-Westville

A A Haffejee

*Department of Surgery
Nelson R Mandela School of Medicine
University of Natal
Durban*

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