Rewarded Gift for Living Renal Donors
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ABSTRACT

Although the waiting list for renal transplantation is growing from year to year, the participation of unrelated living donors in kidney transplantation remains controversial. Patients want to be transplanted as soon as possible, not years later. Nevertheless, cadaveric organ donation has not been able to meet the requirements for all patients in need. With a continuous shortage of organs, the use of living unrelated donors is likely to decrease patient suffering and waiting list mortality. The excellent short- and long-term results of living unrelated transplantation have stimulated physicians toward a wider use of this donor pool. Therefore, transplants from living donors, whether related or unrelated, may be proposed as a therapeutic option for end-stage renal disease patients. In this article we explain the necessity of compensating altruistic living donors as an incentive. It is concluded that living unrelated renal transplantation programs should be legalized and controlled by international and national transplant societies to prevent illegal trade and to provide better care for donors.

ORGAN TRANSPLANTATION is the best medical therapy for end-stage renal disease (ESRD). But the shortage of kidneys for transplantation causes much suffering and death worldwide. The current systems of organ procurement are not obtaining sufficient organs. In most countries living unrelated (LUR) renal transplantation was not accepted for decades by many authorities, because of the alleged moral implications and the fear of being involved in commercialization. More recently, some transplant centers began to accept emotionally related individuals who have no genetic relationship (eg; spouses and friends) as donors.1 The number of centers performing LUR transplants has also steadily increased each year over the past decade.2,3 In some countries, such as the United States, the sale of organs is prohibited; however, proposals have been made recently to lift this ban.4–8 LUR donation may be an ethically justifiable way to solve the organ scarcity. The available evidence, mainly from retrospective surveys, suggests that LUR donation is a safe and effective procedure with acceptable risk for the donor.9 Some argue that it may be time to consider legalizing living organ donation with rewarded gifting or compensation to the donor. There is enormous opposition to monetary incentives for live organ donation, but there are several good arguments for doing so, which we review briefly. It is important that although arguments about LUR donation are mostly about kidney donation, donation of other organs, such as liver lobes and lung tissue, might be considered suitable subjects in the near future.

CONCEPTS ABOUT PAID DONATION

Unregulated trade has been conducted internationally between donors and recipients crossing national borders. There are many rumors and stories about the existence of organ trafficking that seem to be contrived by journalists, since most of them have not been confirmed. However, a great deal of evidence suggests that in many parts of the world, commerce in organ transplantation is rampant.10 This situation results in renal transplantation with coercion and exploitation by middlemen without adequate medical care of donors and even recipients. In this situation, what is the duty of international organizations and professional ethics committees that are responsible for the defense of human rights and moral values?

Implementation of an ethical market in human organs has been proposed by some authorities.6–8,11,12 The most important argument in favor of payment for organ donation is saving of lives of those awaiting a transplant.13 It is undoubtedly true that the majority of transplants directly or indirectly save lives. But it is clear that lifesaving alone is not the main ethical justification for organ transplantation. There are reasons to favor regulation of compensated donation. This approach enables authorities to monitor
developments and react efficiently when the need arises to prevent indecent price escalation that puts organ donors at the mercy of affluent buyers.8 On the one hand, a legalized system would protect donors from unscrupulous middlemen whose sole interest is profit making and ensure that the organs are sourced legitimately.8 On the other hand, it would introduce guidelines that would offset inequalities and injustices in procurement and allocation.8 With a legalized, well-controlled LUR renal transplant program, any patient’s death might be avoided. The great burden of dialysis expenses would be relieved and quality of many patients lives improved.14 Such an ethically acceptable regulatory approach including medical monitoring might prevent additional physical and psychosocial hazards to donors.

One of the most important considerations in the use of living donors is safety. According to the literature, the risk rate for donor complications is low.15–17 Despite an HLA disparity, the rejection and survival rates of LUR transplant using current immunosuppressive protocols are comparable to those of living related donors (LRD) and better than those of cadaveric transplants.3,15,18 Although the results of transplantation from LUR donors are excellent, there are frequent medical complications that are sometimes life-threatening, when the procedure is carried out illegally without medical supervision.19,20 It may be possible for a system of paid donation to assure the safety and dignity of the donors.

The other important issue regarding the donor, in addition to safety and medical suitability, is whether the donor understands the risks of nephrectomy.21 Donors should be fully informed, willing to donate, competent, and free from coercion. The people who voluntarily donate an organ to a relative are sometimes subject to greater coercion than those who sell their organs, because of internal pressure and pressure from other family members to save the loved one.15

Some claim that the establishment of using strangers as donors would set transplant medicine on a slippery slope toward commercialism of vital organs. One response to this objection is that an organization under governmental regulation could purchase the organs and distribute them.25 On the other hand, there is quite a difference between one person who sells his or her kidney in the grip of poverty in a scientifically supervised center and someone (a middleman) who sells organs of unknown origin to wealthy people. This is the difference of “controlled compensated donation” and “black market organs.”71 According to news reports, wealthy recipients travel abroad to receive kidneys from paid strangers in developing countries.5,22,23 Moreover, as noted by some authors,5,22–24 despite the fact that transplantation using paid living donors is illegal, it occurs, some workers contend that it would be better to legalize the practice so that it could be regulated appropriately. Some authors have proposed noncash compensation, such as an income tax deduction or a reasonable payment for sales, that might be arranged through a national regulatory body.5

Finally it must be mentioned that in the transplantation process, the recipient receives a great benefit in kind and the surgeon, medical team, and transplant coordinator are paid. This means that everyone is paid but the donor. The donor, who is exposed to the considerable pain and injury of the operation, has not any right to take a reward. Nevertheless, there is a financial risk for the donor, especially in cases of complications that potentially can lead to temporary disability and loss of work.25 Is it fair that donor is not compensated?

**IRAN’S CONTROLLED PROGRAM**

In Iran, with a continuous lack of adequate organs for transplantation, the use of LUR donation was adopted to decrease waiting list mortality. Postrevolutionary state, imposed war, various external embargoes, serious problems with hemodialysis, and death of some ESRD patients compelled the country’s health care system to allow transplants from LUR donors. Iran’s controlled LUR transplant program was adopted in 1988. At that time only 30% of patients or the waiting list for transplantation received a kidney from an LRD. This program was an obligatory approach to save many lives, not merely to ameliorate the quality of life. As a result, the renal transplant waiting list was eliminated in 1999 in our country. At present the number of renal gift recipients has increased to more than 16,000. Given the rumors about the exchange of money between recipients and donors, the Iranian government undertook to reimburse a reward to donors via charity organizations in 1997. This gift is given as a reward from society to compensate the donor for the sacrifice, although undoubtedly an human organ is invaluable. Nongovernmental charity organs (NGOs) have assumed the responsibility for registration and evaluation of recipients and donors to eliminate middlemen and illegal buying–selling processes. All efforts have been made to diminish recipient-donor relationship to prevent illegal commerce. The donors are introduced to the Charity Foundation of Special Diseases (CFSD) to receive a rewarded gift. This foundation is a NGO, so its social assistance programs attempt to dissuade donors who are selling their kidney merely in the grip of poverty by providing for their needs by other means.

In the current decade, several studies have been performed about the transplant system in Iran.26–33 The majority of studies suggest that there is no coercion in Iran. These documents negate the possible violation and coercion against women and children in the country. Donors are true volunteers, although poverty may be the principle incentive in some cases. Rich and poor recipients are equally transplanted by means of governmental rewarded gifting. In one study, 50.4% of recipients were poor, and 36.2% and 13.4% were middle class, and wealthy, respectively.33 The surgical team is not involved in donor or recipient selection. On the other hand, foreigners are not allowed to undergo organ transplantation from Iranian LUR donors. A complete medical workup, including
screening for serious contagious diseases, such as hepatitis B and HIV infection, as well as psychosocial evaluation and donor-recipient tissue matching are performed routinely before operation in all cases.

Although some workers have claimed that there is evidence of marketing in human organs that would eventually deprecate and destroy the present willingness of members of the families or the public to donate their organs, according to a recent assessment, the number of related donors has been variable during past years. The increased number of donors has been correlated with unrelated donors. Since the approval of the “Brain-death Act” and the ever-increasing public awareness, the total number of cadaveric donors has also been increased since 2000. Technical limitations of procurement, reserving, and transplanting cadaveric organs are the main problems in Iran, so that many of the potential organs from brain-dead persons are not used. This is a problem in many developed or developing countries.

The annual incidence of ESRD is increasing, namely, from 38.5 per million people (pmp) in 1998 to 49.9 pmp in 2000. About 45.5% of these patients had a functioning renal gift (108.3 pmp) and 53.7% were on hemodialysis monitored. Culturally appropriate policies of compensation of a central system that shares them in the community purchase organs must be carried out under strict supervision.

Ethically, society has a compulsory responsibility to support the poor and low-income people to establish social justice. The government must be informed of these abhorrent and unethical practices. Nevertheless, society should offer a suitable way to reward living donors, especially those who dedicate their organs with an altruistic incentive. Furthermore, society has a compulsory responsibility to support the poor and low-income people to establish social justice. The purchase organs must be carried out under strict supervision of a central system that shares them in the community according to a fair conception of medical priority. Ethically problematic aspects of the practice must be controlled and monitored. Culturally appropriate policies of compensation ought to be considered in each country, all adopted programs must be frequently evaluated for revision as necessary.

CONCLUSION

Discussions about LUR in different countries reveal the necessity of regulating policies for buying and selling organs. Undoubtedly human organ is invaluable, but to encourage people incentives for donors are useful. However, there must be supplemented by adequate medical economic, and psychological support. To avoid commercialization, medical professionals, religious authorities, jurists, ethicists, and lawyers must act soon to regulate unrelated compensated transplantation. Certainly, no screening or control system is complete, donors and recipients are always at risk of exploitation. Therefore, both the public and the government must be informed of these abhorrent and unethical practices. Nevertheless society should offer a suitable way to reward living donors, especially those who dedicate their organs with an altruistic incentive. Furthermore, society has a compulsory responsibility to support the poor and low-income people to establish social justice. The purchase organs must be carried out under strict supervision of a central system that shares them in the community according to a fair conception of medical priority. Ethically problematic aspects of the practice must be controlled and monitored. Culturally appropriate policies of compensation ought to be considered in each country, all adopted programs must be frequently evaluated for revision as necessary.

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