Lifting the Price on Human Life:

HOW NONFINANCIAL DONOR COMPENSATION COULD ERADICATE THE ORGAN TRADE

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ABSTRACT
The increasing number of patients in need of organ transplantation has fostered the growth of an international black market in which the wealthy purchase kidneys, liver, or other tissue from vulnerable persons. Oftentimes, victims endure substandard care and are forced to consent to life-threatening procedures for little to no compensation. Since voluntary donation alone is unable to reconcile supply with demand, more economically developed countries have begun to experiment with reimbursing donors for incurred expenses and creating procedural barriers for those who would prefer to opt out of post-mortem donation.[1] However, poverty can be equally as problematic as the shortage of organs itself. In this regard, the ideal solution should eliminate the initial need for people to donate out of desperation. After relating the organ trade to issues of substandard care and criminal exploitation, it becomes evident that nonfinancial donor compensation, in the form of housing, tuition, insurance, or employment, could be an effective means of suppressing the illegal organ market and restoring basic rights to disadvantaged donors.

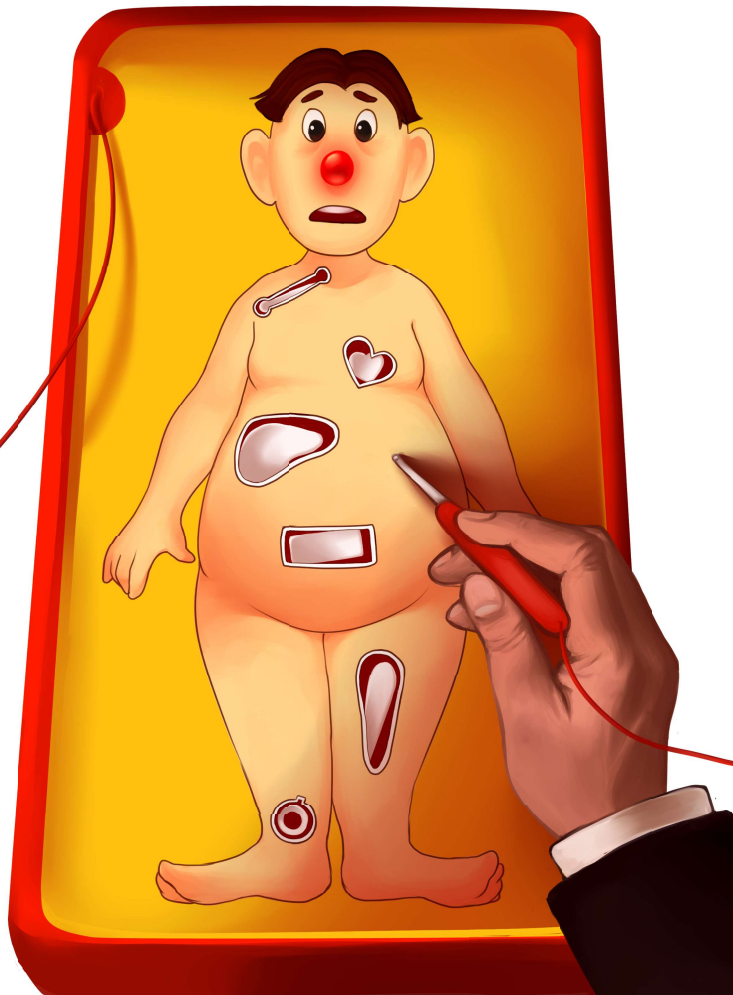
INTRODUCTION

Among the legislatures of more economically developed countries, it is difficult to conceive of non-directed organ donation as anything other than an anonymous act of altruism. Advancements in medical science, particularly in relation to tissue rejection, have increased the accessibility of transplantation and the demand for organs worldwide.[2] The practice has since expanded from altruistic arrangements to multinational, profit-driven transactions in which waitlisted patients from wealthy nations purchase organs from the impoverished. Due to the gap between supply and demand, it is not uncommon for countries such as the United States to accumulate twice as many patients as there are consenting donors and witness 22 waitlisted patient die each day (see Figure 1).[3]

To address the global organ shortage crisis, a plethora of policies have been offered for debate, ranging from financial incentivization to presumed consent for post-mortem donation. Notably, in the Iranian system of paid kidney donation, 84% of donors fall below the poverty threshold.[2] Additionally, the European model of presumed consent has failed to increase its procurement of living-donor organs, the most sought-after commodity in transplant medicine.[2] Thus, in lieu of the aforementioned schemes, this paper argues that nonfinancial donor compensation represents the most equitable and effective solution to the problems of substandard care, socioeconomic exploitation, and criminal activity underlying the organ trade.

COMPENSATION ENHANCES HEALTH OUTCOMES,

Although transplantation surgery can result in significant complications, including blood clots, infection, and organ failure, these risks can be carefully weighed and mitigated in a regulated infrastructure where patient health is prioritized over potential profit. Instead, organ traffickers regularly condone substandard medical procedures that are dangerous to both donors and recipients. For this reason, waitlisted patients who gamble on the foreign organ trade are more likely to contract postoperative HIV or hepatitis B and C.[5] Those who receive government compensation for publicly regulated organ donation would no longer have to endure covert medical malpractice in an effort to conceal illegal activity. Furthermore, an incentivized donation system could damage the integrity of informed consent if the idea of a financial reward inhibits potential donors from fully considering the risks of surgery and the burden of recovery. This effect would be most pronounced among the poorest participants, to whom financial compensation could seem irrefutable and, therefore, exploitative in nature. Accordingly, paid kidney donation is associated with depression, dissatisfaction, and discrimination.[5]



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ALLEVIATES THE FINANCIAL BURDEN OF DONATION,

As the demand for organs continues to rise, a growing minority of waitlisted patients from Canada, Europe, Israel, and the United States are offering their money to potential sellers from the poorest slums of the world – individuals who are willing to sacrifice a kidney for as little as $1000 in compensation.[5] Moreover, the lasting economic benefit for donors is limited at best due to postoperative employment disability and the perceived deterioration of their health. In fact, when traffickers employ coercion, breech a mutually agreed upon contract, or harvest organs from patients who consented to unrelated surgical procedures, victims may receive no monetary compensation whatsoever.[6] A nonfinancial donor compensation system would reroute undue profits from traffickers to impoverished donors in the form of employment training, low-income housing, tuition, health insurance, or provision of a government job. The advantage of nonfinancial incentives over direct monetary payment is not merely symbolic, as it provides binding assurance that government spending will be converted into socially responsible investments poised to raise the standard of living for its constituents.

LIMITS SOCIOECONOMIC EXPLOITATION,

The current state of the organ trade gives the wealthy preferential access to an extended life via exploitation of vulnerable populations, resembling a scaled-down version of modern slavery based on socioeconomic disparities. Of the people who contribute organs to Pakistan's for-profit organ market, two thirds are migrants, nearly 70% are slaves or bonded labourers, and 90% are illiterate.[7] An institutionalized donor compensation system could both increase the supply of transplantable organs and reduce the population of vulnerable persons by offering social support as an incentive for donation. Although legalization may produce a noticeable increase in organ availability, the poorest and neediest who depend on public healthcare could become permanently affixed to the transplant waitlist. To Professor A. Vathsala, director of the renal transplantation program at Singapore's National University Hospital, "such payment institutionalizes the belief that the wealthy ill have property rights to the body parts of the poor".[8]

AND REINSTATES ALTRUISTIC DONATION.

Among impoverished countries, altruism, the conventional incentive for organ donation, can easily be substituted with threats of violence, sexual abuse, and other measures of coercion. On one hand, offering direct monetary payment in exchange for a kidney or liver could encourage potential donors in impoverished countries to pursue organ donation through a legally mandated route, stifling the supply of patrons who sustain the criminal trade. On the other hand, the external motivation provided by financial incentives could lower the perceived praiseworthiness of organ donation and 'crowd out' the intrinsic motivation upholding existing altruistic donors.[9] The threat of financial incentives arousing disgust and medical mistrust is especially problematic given that affective attitudes were shown to be more powerful predictors of the decision to donate than cognitive factors.[10] It follows that, in an interview study involving 155 next-of-kin, 6% of donor families stated that they would have withheld their consent if an incentive had been offered.[11] Alternatively, the poverty-alleviating and crime-reducing dimensions of a nonfinancial donor compensation system would yield a certain ethical appeal over the moral suspicion elicited by the concept of organ commodification, restoring credibility to the concept of altruistic organ donation.

CONCLUSION

So long as demand exceeds supply, the exchange of human organs, if not the gift of human life, will persist in one form or another, whether it be illegal, authorized, or incentivized. As medical researchers investigate the role of genetic engineering and three-dimensional printing in creating alternative sources of transplantable organs, policymakers are continually experimenting with new strategies for promoting organ donation. Aside from strictly increasing the availability of organ donors, however, a nonfinancial compensation system offers a distinctive means of alleviating poverty, restricting exploitation, and restoring confidence in altruistic organ donation within impoverished countries. Under this model, unearthing the underground organ trade would be analogous to lifting the price on basic human rights. ■

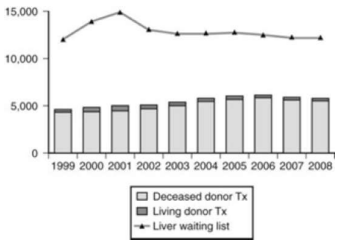

FIGURE 1: Supply-Demand Disparities in Liver Transplantation, United States, 1999-2008.[4] Despite efforts by the Organ Procurement and Transplantation Network to increase the rate of kidney and liver donation in the United States, the number of deceased and living liver donors has remained relatively constant over a ten-year period, resulting in a persistent gap between the supply of transplantable organs and the number of patients on the national liver transplant waiting list.

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This article was reviewed by Dr. Arthur Matas, a transplant surgeon from the University of Minnesota. His research interests include: increasing access to transplantation, long-term living donor outcomes, and improving outcomes for transplant recipients.