



Compulsory Incentivized Organ Donation

A CASE FOR FAIRER ORGAN DONOR POLICY IN ONTARIO

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Ontario, like many other countries around the world, follows a voluntary organ donor system. Citizens are given the option of becoming donors at the age of 16 and are scarcely reminded of the option ever after. As such, less than a quarter of Ontarians are registered organ donors. Not only is this an unnecessary waste of precious organs, it is also an extremely unfair system, as both donors and non-donors are considered of equal priority to receive organ transplants. We thus call for a compulsory incentivized organ donation system in Ontario, as a fairer and more efficient organ donor policy. This policy automatically considers all citizens as organ donors after a certain age, where unwilling citizens can opt out if they wish to do so. However, individuals that choose to opt out are given less priority for organ transplants as compared to those who remain as organ donors. By automating organ donor registration and providing disincentive to opt out of organ donation, such a policy ensures a greater availability of organs for all Ontarians.

INTRODUCTION

There are approximately 1,500 individuals on the waitlist for organ transplantation in Ontario.¹ Many of these people will not receive the organs they so desperately need simply because there is a lack of available organs. In 2012, 68 waitlisted Ontarians died for this very reason. Apart from unnecessary loss of life, organ shortages cause significant harm to society in numerous ways. Despite this, less than 25% of Ontarians are registered donors.¹ Evidently, our discretionary organ donor system is a sub-optimal allocation of human resources. A potential improvement to our healthcare system would be to adopt a compulsory incentivized organ donation policy.

FLAWS OF THE CURRENT SYSTEM

DECREASED STANDARD OF LIFE

The extensive wait-time for organ transplantations in Ontario is a severe flaw in our current organ donation policy. The average waitlisted patient has to wait four to six years before receiving a kidney transplant in Ontario.² This prolonged delay can cause further deterioration in the patient's condition. The resulting consequence is two-fold. First, deterioration may occur to the point where an organ transplant may not be viable for the patient. Second, for those patients that do undergo successful transplantation, their deteriorated condition during the wait-time may lead to a shorter lifespan than otherwise expected if an earlier transplantation had occurred. In essence, our current organ donation policy creates wait-times that not only decrease viability for organ transplantations, but also decrease the effectiveness of the transplanted organs.

USE OF LIVING DONORS

In many cases, patients waiting for transplants often turn to living donors for organs. It is truly unfortunate that the standard of living for healthy individuals must be sacrificed to save the lives of the living,^A while so many perfectly viable organs are lost everyday due to the wishes of the deceased (or their unexpressed wishes to donate). Respecting these wishes is important; harvesting organs without permission would be an infringement of an individual's freedom of choice and right to a personal belief system. However, requiring potential donors to opt in to become registered donors does not maximize the number of organs that can be harvested with donor consent. This is evidenced by the fact that many Ontarians who have expressed an interest in becoming organ donors have not registered to do so.¹ These individuals are listed as non-donors. Even if such potential donors would have otherwise chosen to donate, their loved ones may disallow organ harvest out of the mistaken belief

^A In some studies, it has been noted that the quality of life of living donors has improved after kidney donation, as measured by the SF-36 standardized quality of life health questionnaire. The long-term follow up study by Johnson et al. shows positive results of overall wellbeing and encourage the continuation of living donor kidney transplants.(7)

that it was the deceased individual's decision not to donate. This is an unavoidable negative externality of our current opt-in policy, and one that seriously questions the fairness of our use of organs from living donors when viable organs from deceased but otherwise willing owners are simply wasted.

CREATION OF ORGAN BLACK MARKET

The creation of an organ black market is also an undesirable outcome of organ shortage. In low-income countries, citizens living in poverty can often be tempted to sell their organs for money. Although transaction of organs is illegal in Ontario and many other parts of the world, there is such a vast shortage of organs that certain organs can be sold for up to \$200,000 in some countries.³ Apart from the ethical concerns of organ transaction, the existence of a black market can be a powerful motivation to steal organs from helpless individuals. Traffickers and surgeons who sustain these markets earn huge profits from selling organs at a much higher price than what the donors themselves are paid, if they are at all compensated. The World Health Organization recently revealed that the illegal kidney trade has reached a rate of more than one purchase per hour.³

COMPULSORY INCENTIVIZED ORGAN DONATION

COMPULSORY DONATION

Compulsory organ donation systems have already been implemented in many European countries. In these countries, each citizen automatically becomes a donor at a certain age, but can opt out at his or her discretion. As a result, organ donation rates are much higher in comparison to countries that have not adopted a similar policy.⁴ The most obvious benefit of such a system is a decreased shortage of organs, which consequently decreases the need for funding to increase awareness about organ donation. One of the biggest reasons why more people have not signed up as organ donors is a lack of awareness about the issue and a lack of social pressure to register as a donor. The most exposure that many people receive concerning the option of becoming a donor is a simple question when they renew their health card or driver's license. With no context or additional information, the "safe" option then becomes to not opt-in for the time being, until more information is received. However, due to the lack of awareness about organ shortages, many of these individuals will never receive the additional information needed to make a fully informed decision. In comparison, an opt-out system ensures that individuals who are against organ donation will take the time to opt out. Also, by changing the status quo, adopting an opt-out policy can decrease

the notion that choosing to be a non-donor is the "safe" option. Furthermore, it serves as a means for society to facilitate altruism as much as possible. Requiring social benefactors to fill out paperwork to contribute to society seems both inconsiderate and counterproductive.

INCENTIVIZED DONATION

Although a compulsory organ donation policy would address many problems in our current system, there is still a question of fairness that is not addressed by this policy. Regardless of what reason or belief system an individual would have for opting out of organ donation, for an organ donor and non-donor patient to be considered equally viable to receive an organ transplant is unfair. It is thus necessary to further adopt an incentivized policy whereby organ donors would have priority to receive transplants over non-donors. Of course, the degree of organ necessity and consideration for special circumstances (i.e. if someone were to opt-out due to a medical condition), must also be factored into the equation. However, blindly allocating scarce altruistically-derived resources to non-participating individuals is ill-conceived.

Singapore has already established a policy that closely resembles the compulsory incentivized system proposed in this paper. The Human Organ Transplant Act in Singapore presumes consent for the recovery of certain organs for transplantation after death. The act includes all mentally healthy Singapore citizens and permanent residents of 21 years and above, unless they have chosen to opt out. Moreover, individuals who opt out are designated a lower priority to receive organs should they require transplantation in the future.⁵ A systematic review comparing countries with opt-in policies versus presumed consent found that kidney donation rates increased over six-fold in the three years following legislation.⁶ The policy's successful outcome in Singapore makes it worthy of consideration for implementation in Canada.

CONCLUSION

It is evident that Ontario's organ donation policy is in need of revision. Our current system creates organ shortages that lead to decreased collective welfare and social efficiency. Not only would a compulsory incentivized system reduce these shortages, it would also increase efficacy and equity in Canadian healthcare. It is high time that Ontario, and Canada as a whole, begins to progress towards a fairer and more optimal policy for organ allocation. ■



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