

Organ and tissue donation:

“Financial incentives provide the best solution to the crisis of organ and tissue donation”

Introduction

The shortage of human tissues and organs is a worldwide problem, with the search for more effective ways of encouraging organ donation taking place in countries across the globe, from the [USA](#), UK and [New Zealand](#) to India, [Israel](#), and [China](#). Much discussion has centred on the question of whether consent for organ donation should be [presumed](#) unless individuals have explicitly opted out of their organs being donated upon their death. However, increasing attention is also being paid to the idea of allowing financial incentives to be provided to organ donors. In the UK, a leading bioethics body, the [Nuffield Council on Bioethics](#), recently launched a public consultation on [Human bodies in medicine and research](#). A key question addressed by the consultation is whether it is ethical to use financial incentives to increase donations of [organs and tissue](#), which in most cases is currently illegal in the UK. In India, the discovery of an illegal kidney transplant scheme in [Guragaon in 2008](#), and the subsequent arrest of its main doctor, Dr Amit Kumar, brought the debate on the ethics of organ donation and trading to the fore. The failure of Indian legislation to prevent organs being traded has led some to ask whether a regulated system of financial incentives would be preferable to black market organ trading. Critics argue that any such system, however well run, will inevitably exploit the poor and lead to the commodification of human life.

The problem of donor shortages

In India the shortfall in organ donors is severe. Every year an estimated 100,000 Indians die waiting for organs, with only [3,500 reported transplant operations](#) carried out across the country. While medics have warned that a rise in lifestyle diseases is widening the demand-supply gap, and will continue to do so over coming years, many also underline the significant infrastructure, expertise and organisational gap that needs to be closed if India is to boost organ transplants. The use of organs in India is regulated by the [Human Organs Transplant Act](#), which was introduced in 1994 to streamline transplantation and donation activities. Most notably the Act accepted brain death as a form of death and made the sale of organs a punishable offence. Despite the early optimism that greeted the act, its role in increasing the rate of organ donations has been largely [deemed a failure](#) by medical professionals whilst the illegal trading of organs in India has continued unabated. The problem of donor shortages is an international one: it is [estimated](#) that of the 660,000 people in the world who require any form of transplant, 10% receive one each year; and of these, 10% receive their transplant through commercial ‘transplant tourism’.

There are different aspects to this debate, depending on which organs and tissues are being talked about. For organs such as hearts and livers, the debate is focused on encouraging people to donate at the time of their death. The questions about kidneys and bone marrow involve ‘living donors’, who will undergo risky and painful procedures to donate. To what extent should people be encouraged to put themselves through such procedures for somebody else’s benefit? All of these discussions share a common theme: should individuals donate their organs and tissue for altruistic reasons, or should they receive financial rewards for doing so?

Donating for the common good?

The current situation in India and the UK is one where individuals ‘opt in’ to the organ donor register if they wish to donate their organs after death. Payment or incentives for living donations of organs and tissue is prohibited. This is based upon the ideal that people should donate their organs and tissues for [altruistic reasons](#); a situation that prevents people from being pressurised, through financial or legal means, and which represents a broader [public-spiritedness](#) that would be irreparably damaged by the introduction of incentives. One possible alternative that has been discussed in the UK is moving towards a system of [‘presumed consent’](#) where people are assumed to agree to consent to their organs being donated after death, unless they actively ‘opt out’ during their lifetime or their families are strongly opposed. This system is used in [Spain](#), which is known for its high donation rate, and [many other European countries](#).

But [some argue](#) that the emphasis of the 'altruistic' ideal represents an evasion of our collective responsibility to maximise life-saving organ recovery and to provide real benefits and care to those that are prepared to donate.

Rewarding people for their sacrifice?

There are many forms of financial incentive up for discussion. One is a system similar to that used in Iran, where a compensated and regulated living-unrelated donor renal transplant program was adopted in 1988. Eleven years later, Iran had [eliminated its waiting lists](#) for kidney transplants. Suggested alternatives to cash payments include incentives such as help with paying for funeral costs, a system of [grants](#) to reimburse living donors, or [tax credits](#). Some have raised concerns that payment for organs and tissue will exploit the poor and vulnerable. With the comparatively low costs associated with transplants in India, critics warn that the poor of Asia will effectively become organ farms for the wealthy, in both a national and global context. However, some studies carried out in the United States suggest that payments motivate people to donate kidneys [across income groups](#), and that payments do not deter people from [donating altruistically](#). It is argued that the ban on financial incentives in the developed world leads to 'transplant tourism', where individuals buy organs from desperate members of less wealthy societies; or even on [the black market](#) in countries like the USA. It is also argued that living donors face financial barriers to donating, and that incentives should be thought of as [reimbursement](#). Some argue that offering financial incentives could encourage people to lie about their medical history, and put [recipients at risk](#); but others counter that these problems could be [overcome](#) with medical screening and regulation. It is widely argued that altruism alone [does not work](#), and nor is it straightforward, since it forces the recipient of an organ to carry an emotional debt.

The reality of organ trading in India and elsewhere has prompted many to view paid donations as exploitation of the poor in the developing world through global inequalities. The charge of [exploitation](#) finds the use of organs in exchange for money disturbing and de-humanising. Others [argue](#) that our intuitive repugnance at the idea of payment does not provide a reliable guide as to the morality of the question; and that restricting the trade of organs may do more harm than good for the donor as well as the recipient. From this viewpoint, some suggest it may be better to focus on ways to ensure the interests of the paid donor are properly protected within a [legalised](#) system for the sale of organs.

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