

Compensation for Kidney Donation: A Price Worth Paying

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The article by Rapoport and colleagues in this issue of *IMAJ* [1] is welcomed for presenting a brave view on the ongoing debate of the ethical and legal aspects of compensation for live organ donation. For many years, even a discussion of the pros and cons of this possibility was taboo, not to mention any clear position in favor of such an approach. In fact, the trend of avoidance among many European and American policy-makers and some ethicists regarding any form of decision-making in favor of compensation for organ donation can be viewed as ethical paternalism. Without doubt this is a thorny ethical dilemma, but, like other disputes, it involves various aspects and viewpoints. Hence, from the perspective of a fair and honest deliberation one cannot neglect and *a priori* reject any one side of the argument. Rapoport et al. [1] join a growing number of physicians and philosophers who openly support the permissibility of compensation for organ donation [2–4].

Good ethics start with good facts. It is therefore pertinent to summarize some relevant facts:

- Almost no country in the world has yet succeeded in satisfying the demand for kidneys among those in need of transplantation.
- In the United States in 1999 a total of 3,088 dialysis patients died while waiting for a renal transplantation [5], and in Israel 80 dialysis patients died while waiting [6]. It is estimated that about 15–20% of patients on dialysis die annually [7]. These data clearly indicate a problem of lost lives that could be saved were more organs to become available.
- Live renal donation is a low risk procedure. The donor mortality rate is about 0.03%, and immediate complications vary between 1 and 10% [4]. Recently, a laparoscopic technique for nephrect-

omy has significantly reduced the complications related to general anesthesia and major abdominal surgery [8,9]. Long-term follow-up of patients who underwent live kidney donation revealed only mild and insignificantly increased blood pressure as a manifestation of late complications. This is certainly a much lower risk than the work of policemen, firemen, military or security personnel, all of whom risk their lives for a noble purpose in return for a salary. Moreover, it is certainly a much lower risk than car racing, competitive skiing, or boxing, whose participants are heavily compensated for a low, if any, moral worth. Hence, in a world where no act is required to be performed in an altruistic way, there is no moral justification for such an approach to organ donation.

- The trend of renal transplantation from live donors is increasing in western countries: 5–10% of renal transplantations have been performed from live donors in Britain, about 30% in the USA, and about 50% in Norway [3,10]. This significant increase in live donors requires an explanation. It is likely that transplantation centers are using unrelated live organ donors who are unlawfully and secretly compensated. Moreover, it is probable that many of these donors are abused, underprivileged, and deceived, and have no public protection.

Despite the fact (or perhaps because of it) that compensation for organ donation is illegal in western countries, there is an ongoing black market of live kidneys in developing countries that is controlled primarily by racketeers in the west [11–13]. The exploitation of these third-world donors is even more reprehensible in that they receive only a small part of the payment made by the

recipient as most of it goes to shrewd middlemen, as well as the fact that the postoperative care given to the donors is exceedingly poor. These facts are well known to all policy-makers and ethicists, including those who vehemently oppose any type of compensation, yet nothing is being done about it. The present situation – where only the wealthy can afford life-saving transplantation while both the donors and the recipients are shamefully exploited – is the worst moral solution.

Several ethical-philosophical arguments against compensation have been proposed, all of which are rejected by others who see no fundamental ethical objection to payment for organ donation. These arguments include the requirement to perform such a noble action altruistically, the violation of the ethical principle of non-maleficence, the equation of such an action to slavery, viewing such an act as human indignity, and an emotional-psychological intuitive objection to the payment for body parts. The discussion concerning these ethical pros and cons are beyond the scope of this editorial and can be found elsewhere [2,11].

Of greater concern are the social arguments, according to which the poor will always be the donors for the rich, notwithstanding some abuse that inevitably occurs, and their consent for organ donation will not be autonomous. The poor may feel coerced into becoming providers of spare body parts for other humans in order to support themselves. The counter-arguments include the fact that by denying compensation for organ donation does not improve the status of the poor; on the contrary, reasonable compensation will surely benefit the poor in many important aspects in their lives. It should be an individual's autonomous privilege to decide on such personal priorities. Society should not act in an overwhelming paternalism towards its competent citizens. Allowing altruistic live organ donation means that there is no significant risk in doing so; hence, compensation for such an act cannot be reasonably outlawed. Another important argument in favor of a fair, equal and publicly controlled compensation is the probability that the poor will become organ recipients on an equitable basis, which in the current situation is almost impossible.

Yet, in order to avoid, or at least significantly minimize the concern regarding the possible exploitation of the poor, the compensation ought to be meticulously planned. There should be clear guidelines, absolute separation between the donor and the recipient, strict governmental or public control and supervision, reasonable monetary compensation that by itself should not be the only incentive for organ donation, adequate monitoring and control of the psycho-socio-cultural match between the donor and recipient, and rigorous enforcement of the rules. The compensation can be either direct – i.e., public, equal and fair payment – or indirect, such as tax reduction, health insurance, educational support, and the like.

Interestingly, there is no fundamental Jewish legal prohibition against financial compensation for tissue or organ donations. Almost all the rabbinic authorities who expressed an opinion stated clearly that from a halakhic or Jewish moral point of view there is nothing wrong in receiving reasonable compensation for an act of self-endangerment, whereby one still adequately fulfills

the most important commandment – to save life [15–18].

In summary, arguments against compensation for organ donation ought to be very strong to justify the avoidance of concrete life-saving. Such arguments do not exist. The requirement for absolute altruism in organ donation is unrealistic, unfair and not morally substantiated. The societal responsibility to save lives should override the intuitive emotional tendencies to reject any compensation for organ donation. Time has come to abandon the ethical paternalistic approach, and open the issue to a fair and honest international debate. If the need for absolute altruism in organ donation will be considered ethically unnecessary, there will be a need for practical guidelines for the implementation of compensated organ donation. These regulations ought to be such that will avoid any exploitation of donors and recipients, and they should be strictly controlled. The agreed-upon practices should be legalized, and any digression from them outlawed and punished.

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