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Managing Suspected Cases of Organ Trafficking or Transplant “Tourism”—A Source of Ethical Concern for Transplant Professionals Worldwide

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Introduction: Managing patients who return home after commercial transplantation in a foreign country and those considering travel abroad, may create ethical dilemmas for donation and transplantation professionals. Research in the Netherlands suggests approximately 35% of transplant professionals are likely to encounter at least one returning transplant “tourist”,^[1] however the prevalence of such experience internationally is unknown.

Methods: A working group of the Ethics Committee of The Transplantation Society (TTS) conducted a study investigating professional experience of ethical issues in donation and transplantation. Participants were recruited via email to participate in an anonymous survey in English or Spanish. Survey items addressed participant demographics and professional experience of ethical issues or concerns in specific domains of donation and transplantation practice. Invitations were sent to TTS members and to the leadership of national and regional transplantation professional societies, for dissemination among members and colleagues. Data were collected between January 27- May 1, 2016. Selected data pertaining to reported experience of issues relating to organ trade, transplant tourism and financial incentives for donation are presented in this paper.

Results: 864 respondents from 84 countries completed the survey (44% Europe; 20% North America; 12% Latin America; 9% Asia; 8% Middle East; 4% Australia and New Zealand; 2% Africa). 40% of respondents were physicians; surgeons (23%); donor or transplant coordinators (21%); other (16%). 33% of respondents (n = 281) reported personal experience of ethical issues relating to organ trading, transplant tourism or incentives for donation. Among nephrologist respondents, the proportion with such experience was 47% (n = 85). Of all respondents with such experience, 66% reported experience of ethical concerns in retrospective management of transplant travellers; 57% prospective management of patients considering travel abroad to purchase an organ; 44% management of foreign patients who travelled for the purpose of donation or transplantation; 35% management of living donor-recipient pairs where a commercial relationship is suspected.

Conclusions: At least one third of transplant professionals may experience ethical dilemmas related to management of patients who have traveled, or are considering travel abroad for commercial transplantation, or who may be involved in organ trafficking. Guidance tools are urgently needed to support clinicians in managing such ethical dilemmas.

The Transplantation Society Ethics Committee. Declaration of Istanbul Custodian Group.

Reference:

1. Ambagtsheer F, Van Balen LJ, Duijst-Heesters WLJM, Massey EK, & Weimar W. Reporting organ trafficking networks: a survey-based plea to breach the secrecy oath. *American Journal of Transplantation*. 2015;15: 1759–1767.

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Banking on Living Kidney Donors – a New Way to Provide and Preserve Opportunities for Donation

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Introduction: A new program of advanced donation is being piloted in the US to address a barrier to living kidney donation in the form of “chronological incompatibility” between potential donors and their intended beneficiaries. In this program, a person whose kidney is not currently required for transplantation in a specific recipient may instead donate to the paired exchange program: in return, a commitment is made to the specified recipient that priority access for a living donor transplant in a paired exchange program will be offered when or if the need arises in the future. This commitment has been symbolically described as a “voucher”.

Methods: We evaluated the current model of advanced donation to identify ethical risks and potential benefits of the program.

Results: The program enables advanced donors to help their intended beneficiaries obtain a transplant in the future, while helping to meet public needs for transplantation in the present. However, conditions imposed in the current program unduly limit the potential benefits of the program, particularly the prohibition of transfer of “vouchers” during the lifetime of the donor. If a person close to the donor unexpectedly develops the need for transplantation but is unable to take advantage of the voucher, the donor may experience significant decisional regret, especially if they would have been eligible to donate at this time in the absence of advanced donation.

Conclusion: Advanced donation enables a form of public virtual banking of kidneys obtained through living donation by providing opportunities for donation to the common pool of organs for public allocation, while preserving the future opportunity for donors to benefit a designated individual. If advanced donation vouchers were transferable, this program might greatly increase non-directed donation by those who are chronologically incompatible with their intended transplant recipient, and those who are willing to make an altruistic donation but concerned about potential future transplant needs of loved ones.