

Trafficking for organ transplantation

An **organ transplant** is the transplantation of a whole or partial organ from one body to another (or from a donor site on the patient's own body), for the purpose of replacing the recipient's damaged or failing organ with a working one from the donor site. Organ donors can be *living*, or *deceased*.

One of the ***driving forces for illegal organ trafficking*** and “transplantation tourism” is the price differences for organs and transplant surgeries in different areas of the world. According the New England Journal of Medicine, a human kidney can be purchased in Manila for \$1000- \$2000, but in urban Latin America a kidney may cost more than \$10,000. Kidneys in South Africa have sold for as high as \$20,000.

Price disparities based on donor race are a driving force of attractive organ sales in South Africa. Although these prices are still unattainable to the poorer citizens of the world, especially those whose governments offer little or no financial health care support, compared to the fees of the United States, where a kidney transplant may demand \$100,000, a liver \$250,000, and a heart \$860,000.

THE TRANSPLANT TRADE, First shown in April 2004

Across Britain today 20,000 people are in desperate need of a new kidney – yet last year only 1,700 received one. Transplant tourism is surging as people realize that, if they travel to South Africa, India or the USA, they can illegally buy a life-saving kidney from a living donor. Some countries are on the verge of legalizing payments to donors, while others are clamping down harder than ever.



But who is the victim and who is the villain in the trade - the seller, the buyer or the broker? Is it right that individuals should help others sell a part of their body? Should the transplant trade be legalised? Whose right is it to say who can and cannot sell a part of their own body, and why can't a dying person choose to buy an organ to save their life?

These issues are explored in the documentary *The Transplant Trade*. The presenters travel across five continents to meet those searching for an organ, those who are selling body parts for hard cash and the brokers who make the transplant trade turn over.

TRANSPLANT TOURISM, DOCUMENTARY, 52'

Produced by: Paperny Films



There is a devastating shortage of organs in the industrialized world and a growing number of patients are turning to the international black market in human body parts. It is a market that is literally exploding, as more and more people from Europe and North America are drawn into the secret, lucrative and sometimes dangerous world of transplant tourism. Their destinations: Turkey, Peru, the Philippines. The film follows Monching San Luis, a 46 year old Filipino-Canadian on his search for a new kidney, meeting with the neighbourhood kidney broker in the 'toilet neighbourhood' of Manila. We hear the opinions of medical professionals who not only admit to such practice, condemning the circumstances of the transplants but often find themselves

the reluctant participants of post-surgery care.

Appendix:

I. EU clampdown on "Organ Transplant Tourism", 17 October 2003

MEPs will next Thursday back tough new EU proposals to clampdown on the illicit trade in human organs - including proposals which would mean that wealthy European patients who pay living donors from developing countries for their organs would face criminal charges.

"Current EU law covers trafficking in human beings for sexual purposes or labour, but not the donation of human organs. We must close that legal loophole. (...) Our concern is that, as medical progress increases transplant demand, and the Internet facilitates the identification of potential donors, the trade in illegal human organs can only be expected to grow."

"We need EU action now to close gaps in the existing law which would allow further development of what is an abhorrent trade. We need to put a clear definition of illegal organ trafficking in place across the EU and set minimum penalties which are tough enough to act as a deterrent."

"We must have an extraterritoriality clause which makes it illegal for EU citizens to pay for organs in transplants carried out abroad. Since the 1980s, the number of cases of this so-called 'transplant tourism' has continued to rise. In the past few years, we have seen a growing number of high profile cases of 'transplant tourism' such as that of Londoner Thor Andersen buying a kidney for £3000 from a woman in Pakistan. That wealthy British patients are able to exploit desperate people in this way with no fear of penalties is a disgrace."

On the need for a comprehensive approach, Robert Evans added,

"Transplant tourism is driven by the critical shortage of organs available and in order to tackle the problem it is essential to address its root causes."

"We need to re-examine the situation regarding the legal use of human organs for transplant and look at shifting the balance from a donor system where people opt-in, to one where people may opt out if they decide to say no."

"We need an EU-wide database of patients waiting for organ transplants, so newly available organs can be rapidly matched with potential recipients and patients can be prioritised according to objective criteria. And an EU-wide database of legally available organs, so medical staff across the EU can check the origin of organs quickly and accurately. Without this facility, it may be difficult to prove that medical staff found to have participated in illegal transplants were aware that the organ was not supplied legally."

He added: "The current shortage of legally available organs is due in no small part to the lack of public information and understanding on the issue. Surveys regularly show that while the vast majority of citizens say they would be willing to donate their organs after death, only a small minority has formally expressed their consent via a donor card or public register. As a minimum, there is a glaring need for Governments and the European Commission to do more on donor information campaigns."

II. April 20, 2006 Transplant Tourism

From the [BBC](#) ([via](#)): The British Transplantation Society says an accumulating weight of evidence suggests the organs of thousands of executed prisoners in China are being removed for transplants without consent.

III. The British Transplantation Society about Transplant Tourism

The BTS considers that payment for organ or tissue donation where the donor accrues financial or material gain is unethical. Such payment is illegal under current legislation. An organ or tissue for transplantation should be freely given without coercion, financial or material gain.

Since it is important to increase organ donation from all sources, the BTS strongly believes that there should not be any disincentive to donate. It follows then that financial expenses that arise during the process of organ or tissue donation that would not otherwise be incurred should be reimbursed.

Such reimbursement should be the responsibility of the health services and any system set up to provide such reimbursement should effectively exclude the possibility of exploitation of donors or profit to intermediaries.

The suggestion that an "ethical market" be developed where financial incentives that are independent of the recipient are employed to increase organ donation contravenes the principles of equity and justice by encouraging disadvantaged individuals in society to donate. Furthermore such a market could allow commerce in organ and tissue transplantation to arise and is regarded as unacceptable.

The British Transplantation Society does not support the practice of potential organ or tissue transplant recipients traveling abroad to circumvent the ethical, moral and legal framework governing organ transplantation in the UK.

Clinicians are expected to inform their patients that they believe this practice to be ethically unacceptable and to positively discourage their patients from travelling abroad. It is recognized, however, that although the clinician is not supportive of their patient's actions, he/she nevertheless has a duty of care, which continues after transplantation should this occur. This duty obligates the clinician to:

- ❑ fully inform and frankly discuss with the patient and their family the potential risks and benefits of going abroad for a transplant;
- ❑ encourage a live donor transplant in this country (such that the relationship of the donor with the recipient meets the requirements of the Human Organ Transplant Act);
- ❑ provide their normal standard of care to that patient before and after return if the patient carries through the action.

The reasons for this position are:

1. Such an action compromises the standards of ethical behaviour agreed by the society in which the recipient lives, in this instance the UK. The recipient is morally bound to adhere to such standards by virtue of their chosen residence.
2. It is clear that the use of donors from abroad breaches the principles of equity and justice in organ allocation, both for the individual travelling abroad from their usual residence and for recipients in other countries deprived of the opportunity of an organ transplant.
3. Clinical outcomes are frequently demonstrably inferior in some countries undertaking transplantation from paid live donors and/or transplantation from donors under other forms of coercion.