Human organ sales: regulating against the racketeers

As scientific understanding continues to advance, so 'spare part surgery' is becoming ubiquitous. But as Shima Gyoh observes, we also need to regulate against exploitation of innocent individuals

It was at a World Health Organization (WHO) conference in Namibia many years ago that Dr Stamps, then Minister of Health for Zimbabwe and I were light-heartedly discussing the possibility of indefinite prolongation of human life through high technology medicine.

Stamps said: 'In Europe, death it is inevitable, in Africa, imminent but in the United States, optional!' We both laughed. Advanced countries do over 80% of global organ transplantation. Africa accounts for less than 2% of the world total.[1]

Spare part surgery, which often featured in jokes when I was at medical school, has become today's routine elective procedure. WHO Global Observation on Donation and Transplantation shows that in 2012 alone 114 690 solid organs were transplanted[1]: kidney - 77 818; liver - 23 986; heart - 5 935; lung - 4278; pancreas - 2423; and small bowel - 169. Both the scope and need keep expanding. Two transplants of the face have already been done.

Transplanted organs are usually removed from healthy young people within minutes of violent death, usually road traffic crashes. While such deaths are common, the opportunity of harvesting organs under such conditions without violating the standards of ethics are not. Although the figures for 2012 show a 1.8% increase on 2011, they represent only about 10% of global needs. Waiting lists are long and many patients die without getting the organs they need.

Cadaveric organs are easier to procure, but the longer period of ischaemia they invariably undergo decreases the chance of success. On average, 64% of the operations in the US and 72% in Europe are done with organs from cadavers. Live donation provides the highest chance of success.

Live donation of unpaired organs presents difficult problems, but the liver's large size and its great regenerative powers make it the only unpaired organ increasingly involved in live donation. The kidney is paired and can comfortably support life. Recipients from both related and unrelated donors are recording long post-operative survivals[2] in various parts of the world. Some have already clocked 48 years and still counting!

End stage renal failure is a common and very distressing condition, and the ability of renal transplantation to restore patients to normal life has made the frequency of the operation to be more than twice that of all the others combined. Living donors provide about 42.5% of global kidney transplants. Yet the prospect of performing major operations on donors that do not themselves have health problems raises serious ethical choices for both patients and doctors.

Waiting lists that average 4.5 years in the US are associated with greatly reduced life expectancy. The hardship of being tied to long sessions on dialysis machines heightens desperation. There is temptation to turn a blind eye to sharp practices that cut corners and deliver quicker results. Here lies the power of the middlemen who source for donors and frequently derive more financial reward than even the donors. In the developing world, poor, ill-educated people are sometimes tricked into the donor operations without understanding its significance.

There is pressure in many countries to legitimise monetary compensation for live donors in order to attract more volunteers, diminish waiting times and curb sharp practices. Iran has fixed the rate at about US$4000, and does not have long waiting lists. Some have suggested that it should be about US$15 000 in advanced countries.

The average cost of the kidney transplant operation in the developed world is around US$160 000, and much less in middle-income countries that are now attracting patients from the third world. Cheaper centres, often with lower standards are found mostly, but not exclusively in the developing world.

The story of two Nigerian donors who were robbed of both their kidneys and their fees was recently told in the press[3] and is likely to be a common occurrence. Both donor and recipient colluded in lying for different reasons. In each case, the recipients family, desperate for an organ, and the poor largely illiterate donor, desperate to obtain the fee of US$7500 (N1.2 million), which he saw as sudden great wealth, elaborated lies that they belonged to one family, illustrating the deception with appropriate 'family' photographs. The doctors doing tissue matching would have had good evidence to suspect the truth, but they were not employed to kill the business of the institution paying their salaries. The cheated donors even concealed their overseas journeys from their families with the hope of surprising them with sudden good fortune. The middleman knew all this and felt fully protected by the dishonesty of his clients.

There is need for governments in developing countries to move smartly to protect the interest of both donors and recipients of organs through stricter regulations, combined with monitoring and educating the public, and to curb the frequent violation of human rights being perpetrated by unscrupulous individuals.

Prof Shima Gyoh has held many posts ranging from village doctor to DG of Nigeria's Federal Ministry of Health and Chair of the Medical and Dental Council of Nigeria.

References

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