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ARTICLES & COMMENTARY

A Way to Reward Organ Donors

By Sally Satel, Benjamin Hippen, M.D.
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ABSTRACT

The government should devise a safe, regulated system in which would-be donors are offered incentives to donate a kidney.



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A grim medical milestone has just been reached: Over 100,000 people now wait for a new kidney, liver, heart or lungs. Sadly, this is no surprise. Ever since the first successful organ transplant took place in 1954, there have never been enough organs.

Kidneys are in greatest demand. Over three-fourths of the national list comprises people waiting for one, according to the United Network for Organ Sharing, the entity that collects and distributes organs from the newly deceased under contract with the Department of Health and Human Services.

Only one in four people on the list will get a kidney transplant this year. The rest will languish on dialysis while their names crawl to the top of the list--an ordeal that can take five to eight years in big cities.

Every day, eleven people die waiting for a kidney that never arrives. Tragically, they were healthy enough to benefit from a transplant when first listed. But since no friend or relative was willing or able to donate (a healthy person can live a perfectly good life with just one of his two kidneys) they had to wait for an organ from someone who died.

Some have taken matters into their own desperate hands. They rent billboards, place ads soliciting kidney donors and join online sites to find a sympathetic donor. Some even go abroad with the sickening knowledge that their new organ might come from an impoverished third world native or an executed prisoner in China.

Despite decades of public education about the virtues of donating organs after death, only half of all Americans have designated themselves as donors on their drivers' licenses. And if family members are unaware that their loved one wanted to give, they are just as likely as not to deny permission for the organs to be taken.

Last year 6,306 people gave a kidney to a loved one--the lowest number since 2000. Bless all these altruistic souls, but if we are to save thousands of lives each year policy makers must face the fact that altruism alone isn't enough.

So here is our proposal: The government should devise a safe, regulated system in which would-be donors are offered incentives to donate a kidney--not necessarily cash payment but material reward of some kind.

Creative ideas abound. Perhaps a donor could receive something as simple as lifelong health insurance. The most efficient plan would be for states to implement their own creative ways of giving a combination of incentives to donors: tax credits, tuition vouchers or a contribution to a tax-free retirement account.

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Keep in mind, it would not be the sick person who reaches into his own bank account to reward the donor, rather the government would provide compensation. That way, no matter how big or modest one's income, everyone in need of a kidney would benefit. And, in keeping with the current system for distribution of organs from the newly deceased, the kidney would go to the next person in line.

Donors, of course, would receive education, undergo careful medical and psychological screening and receive quality follow-up care. Would the promise of a reward exploit poor donors who saw it as an offer they couldn't refuse? Unlikely. A months-long screening process and a non-cash reward won't appeal to those in desperate need of financial help. What they want is quick cash. And that's not what our proposal calls for.

Within such a framework, altruistic donation would proceed in parallel with a system that offers compensation. But first Congress must revise the 1984 National Organ Transplant Act (NOTA) so it is no longer a felony for donors to receive compensation. This would clear the way for pilot studies of incentives.

Senator Specter, R-Pennsylvania, is circulating a draft bill called the Organ Donor Clarification Act of 2008. He plans to introduce it in November. The bill simply clarifies that NOTA had never intended to preclude government action to encourage organ donation.

Thus, if the Act passes, there will be no doubt that state-sponsored in-kind incentives, such as a tax credits for living kidney donor or funeral benefits for deceased donors, would be legal. Meanwhile, existing penalties for organ brokering are increased.

Surprisingly, a major obstacle to incentives has come from the predominant advocacy group for patients with renal failure: the National Kidney Foundation. The foundation worries that offering benefits to donors will "cheapen the gift," according to its spokesman.

We don't see it that way at all. When one of us, Sally Satel, needed a transplant two years ago and was searching for a donor, any kidney--whether its previous owner received compensation or not--would have been precious beyond measure.

The same goes for the other of us, Benjamin Hippen, a nephrologist who sees patients suffer on dialysis everyday. Some die waiting for an organ that never arrives. He wants to see more kidneys transplanted safely, no matter whether they are given by a loving friend, by a relative or by a stranger who accepts a reward for having saved the life of a stranger.

This year, thousands of Americans will die needlessly for want of an organ. We already know what isn't working. It is time to try something else.

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