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BODY & SOLD

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Did Steve Jobs' wealth buy him a faster liver transplant? It certainly helped -- and the Apple CEO's odyssey showcases some of the problems with organ donations in America.

The 54-year-old Jobs lives in California, where precious livers are hard to come by. To improve the odds of getting a transplant, he relocated to Tennessee, where the competition for vital organs is much lower. Last year, only 45 people in Tennessee were removed from the waiting list because they died or became too sick to transplant. In California, 449 people -- 10 times as many -- did not survive, according to the United Network for Organ Sharing, or UNOS.

What Jobs did is perfectly legal. Surely, thousands of other Americans needing life-saving livers, kidneys or lungs would do the same in a heartbeat.

But unlike Jobs, few patients can afford to move to another state to improve their chances. Nor can they afford to register at multiple transplant centers -- each charging a fee -- and then fly across the country at a moment's notice to the first regional center at which an organ is available. This, too, is legal -- and much more efficient with a private jet.

Under current policy, available organs go to the sickest patient registered within a given region. Thus, Mr. Jones of northern Florida (a locale known for a short waiting list), who needs a liver in the next few months may get a transplant before Mr. Smith of The Bronx who needs one immediately.

There have been calls to change this practice, to allow more sharing between locales, and give sicker patients a better chance at a rapid transplant no matter where they live.

But the more critical issue is the organ shortage across the nation.

Despite years of urging people to sign their organ donor cards, the number of donors last year was lower than in 2005, according to UNOS, the entity that maintains the waiting list under contract with the Department of Health and Human Services. Last fall, a grim milestone was reached when the number of people waiting for an organ topped 100,000. About 15,800 people are waiting for a new liver alone, but fewer than half will likely receive one this year.

To change this, we must abandon our sole reliance on the principle of donor altruism. While I know firsthand the glory of selfless giving -- I received a kidney from a friend a few years ago -- I also know that virtue alone isn't saving enough lives. We need to offer incentives.

The state of Pennsylvania grasped this years ago. In 1994, the late Gov. Robert P. Casey, who received a heart-and-liver transplant a year earlier, signed a law that would enable a bereaved family of an organ donor to get a burial benefit of up to \$3,000 paid by the state directly to the funeral home.

But then Pennsylvania health officials got cold feet. They feared that the law flouted the 1984 National Organ Transplant Act (NOTA), which makes giving something of material worth in exchange for an organ a felony punishable by up to five years in jail and/or a fine of up to \$50,000. In the end they did not implement the funeral benefit.

Experts continue to debate the legality of a state or federal government rewarding donors or their families, but it's hard to imagine that Congress truly intended that a widow in Harrisburg be punished for accepting a state-sponsored burial benefit.

Indeed, an in depth look at the history of our transplant policy shows that the framers of NOTA were most concerned about brokering the buying and selling organs for profit.

Even the Congressman who spearheaded NOTA in 1983, Al Gore, spoke of using "a voucher system or a tax credit to a donor's estate" if "efforts to improve voluntary donation are unsuccessful."

Sen. Arlen Specter (D-Penn) is circulating a draft bill that would clear the way for governmental entities to offer incentives. In addition to Pennsylvania, politicians in Wisconsin and Utah have shown interest in similar measures.

Clearly, the time for incentives has long passed. Eighteen people will be dead by tomorrow at this time because they could not survive the wait. To save more lives Congress must revise NOTA to permit donors to accept third-party benefits. You shouldn't have to run a major corporation to have a shot at a second chance.

Sally Satel is a resident scholar at the American Enterprise Institute and editor of "When Altruism Isn't Enough: The Case for Compensating Kidney Donors" (AEI Press).

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