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THE WALL STREET JOURNAL.

WSJ.com

OPINION | MAY 16, 2008

Why We Need a Market for Human Organs

By SALLY SATEL

Gavin Carney, an Australian nephrologist, held a press conference in Canberra recently to urge that people be allowed to sell their kidneys. "The current system isn't working," he was quoted in the Sydney Morning Herald. "We've tried everything to drum up support" for organ donation, but "people just don't seem willing to give their organs away for free."

For \$50,000, however, some Australians probably would donate organs. This is the amount that Dr. Carney, a professor at the Australian National University, suggests the federal government, "with proper ethical controls," should offer willing donors. He would have the government repeal the ban on kidney sales so it can purchase and distribute organs to patients languishing on dialysis.

Dr. Carney wants to keep desperate patients away from black markets. But until the kidney shortage is resolved, patients in Australia – along with those in countries all over the developed world – will continue to resort to them. The World Health Organization estimates that 5% to 10% of all transplants performed annually take place in the clinical netherworlds of China, Pakistan, Egypt, Colombia and the Philippines.

Because of the global organ shortage, thousands of patients die unnecessarily each year for want of a kidney. (In my case, I was lucky to have received a kidney from a friend.) And because organ sales are illicit, corrupt brokers may deceive indigent donors about the nature of transplant surgery, cheat them of payment, and ignore their postsurgical needs and long-term complications. The only way out is to increase the supply of available kidneys – whether by a cash payment to potential donors or through some other form of compensation.

Unfortunately, most of the world transplant establishment does not share this view. Instead, organizations such as the WHO and the international Transplantation Society focus on the obliteration of illicit markets.

The latest country to "get tough" is the Philippines. A few weeks ago, the government banned the sale of kidneys to foreigners. The reverberations are already being felt; a recent headline in the Jerusalem Post read, "Kidney Transplant Candidates in Limbo after Philippines Closes Gates." (Israel has one of the lowest rates of donation in the world, so the government pays for transplant surgery performed outside the country.)

Similarly, patients from Qatar who traveled to Manila are "looking for alternative solutions," according to The Peninsula. Many had turned to the Philippines because countries such as China, India and Pakistan have begun cracking down on illicit organ sales.

But the prohibition policy urged on these countries will only end up pushing organ markets further underground, or cause them to blossom elsewhere. World health authorities should direct their passion toward promoting a legal apparatus for exchange.

To do so, they'll have to relinquish some gross misconceptions.

One is that a legal system of exchange will inevitably replicate the sins of unauthorized markets. "We don't want to open up that type of exploitation," warned Nicola Roxon, Australia's federal minister for health, when she heard Dr. Carney's proposal. But he is not promoting a free-for-all. His goal is a regulated, transparent regime backed by the rule of law and devoted to donor protection.

Another misconception is that a compensation system inevitably preys on desperate people. "They will be the only ones who would put up their hands," said Dr. Tim Matthews, the head of the advocacy group Kidney Health Australia.

One way to circumvent this risk is by not catering to desperate people. A model system could establish a months-long period of medical screening and education. By providing in-kind rewards financed by the government – such as a down payment on a house (one of Dr. Carney's suggestions), a contribution to a retirement fund, or lifetime health insurance – the program would not be attractive to people who might otherwise rush to flawed judgment (and surgery) on the promise of a large sum of instant cash.

Would prospective donors lie about their health to be eligible for compensation? An irrelevant worry in the context of regulated exchanges, since they would have to undergo rigorous medical testing over several months, which is the standard of care for altruistic donors. And donors or health-care professionals would be legally liable for any harm suffered by a patient as the result of receiving a diseased or substandard organ.

The way to stop illicit transactions – and the depredations of underground markets – is to sanction legal exchanges.

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

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Printed in The Wall Street Journal, page A11

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