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Kidney Shortage Inspires A Radical Idea: Organ Sales

As Waiting List Grows, Some Seek to Lift Ban; Exploiting the Poor?

By LAURA MECKLER
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Amid a severe kidney-donor shortage, an idea long considered anathema in the medical community is gaining new currency: payments for people willing to give up a kidney.

THE ECONOMISTS' VIEW

Some economists also are urging the adoption of market-based innovations to increase supply.

The University of Buffalo's **Julio Elias**, left, argues that, distasteful or not, monetary incentives are the most efficient way to boost the number of organs available for transplant.

But Harvard University's **Alvin Roth**, right, says cultural mores preclude such a system.

The two debate, in **Econ One on One**.

YOUR VIEW: JOIN THE DISCUSSION

Should the U.S. allow people to sell their kidneys? Vote, and share your thoughts in an online forum.

One of the most outspoken voices on the topic isn't a free-market libertarian, but a prominent transplant surgeon named Arthur Matas.

Dr. Matas, 59 years old, is a Canadian-born physician best known for his research at the University of Minnesota. Lately, he's been traveling the country trying to make the case that barring kidney sales is tantamount to sentencing some patients to death.

"There's one clear argument for sales," Dr. Matas told a gathering of surgeons earlier this year. The practice, currently illegal in the U.S., "would increase the supply of kidneys, save lives and improve the quality of life for those with end-stage renal disease."

The doctor supports a regulated market only for kidneys, since live donors can give one up and survive without excessive health risks. (Transplants of other organs, such as livers and lungs, pose greater

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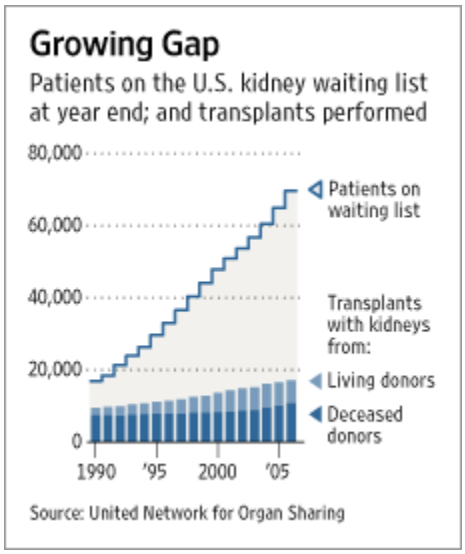
complications to a living donor.) And Dr. Matas doesn't rule out financial incentives for the families of deceased donors.

Among his opponents on the issue is a friend and colleague, Francis Delmonico. A Harvard University professor who has played a central role in shaping national transplant policy, the 62-year-old physician has several objections to organ sales. He fears such a system would attract the poor, vulnerable and unhealthy, and that altruistic donations might wither away.

"Payments eventually result in the exploitation of the individual," says Dr. Delmonico, who also worries about encouraging black-market sales both here and in developing countries. "It's the poor person who sells."

The two men, and their different perspectives, represent one of many intensifying battles in medicine -- a field where ethics and efficacy sometimes collide. At the core of the kidney-sale debate are complex issues surrounding transplantation. Given the imbalance of supply and demand, physicians and policy makers are forced to ration what's available while considering more radical ideas for obtaining organs.



The federal ban on organ sales dates back to 1983, when Virginia physician Dr. H. Barry Jacobs proposed buying kidneys -- mostly from the indigent -- and selling them to whomever could afford to buy. His plan was met with widespread outrage. In Congress, then-Rep. Al Gore (D., Tenn.) introduced legislation banning the sale of organs. The bill became law in 1984.

Since then, the gap between demand
for which data are available, there we
kidney transplant and about 7,000 dec
grown more than fivefold -- an increase fueled partly by higher rates of diab
kidneys has only inched up. Some of the gap is made up by living donors, b
about 4,400 people died on the waiting list.

The issues for and against sales have been debated in many medical forums
transplantation consider whether the U.S. should experiment with some sort

Appearing at a January meeting of the American Society of Transplant Surg
their thoughts on the issue. Afterwards, the audience was asked to take side
majority indicated they would support a trial to determine the viability of a

At an August conference in New York, Marian A. O'Rourke, a nurse and fo
Transplant Coordinators Organization, listened to Dr. Matas. She, too, foun

"Every time I hear this talk, it makes me think a little bit more about it and
reaction against it," she told him after his presentation.

"You need to hear the talk a few more times," Dr. Matas quipped back.

Kidney sales are common in some developing countries, including Pakistan
against the law. Iran is the only country with a government-sanctioned marl
these places are often exploited. Much of the fees go to unscrupulous broke
ensure donors are healthy enough to withstand surgery.

At the moment, there appears to be little, if any, political support so far for
changing U.S. law. Still, Dr. Matas and his growing ranks of allies hope
discourse and research might eventually lead to a change in policy.

Under the current system, patients who need a kidney transplant are put on
waiting list for kidneys from deceased donors, which are handed out based
geography, waiting time and various medical factors. Waits vary across the
country, and easily top five or six years in many areas. Those who have a
willing, living donor can bypass the list altogether and get transplants right
away. But the donors must give their kidneys freely and attest that no one is
paying them to do so.

Dr. Matas envisions a plan where donors would be able to sell their kidneys
regardless of motivation. A set price, he says, could be established by the
government and paid by the recipient's insurance, typically Medicare. The
kidney would go to whoever is at the top of the waiting list, rich or poor. Pc
psychologically screened to make sure they are suitable donors. Afterwards
see what impact the kidney sale had on their life and overall health.

"It's a concept that takes a little while to sink in," Dr. Matas acknowledges.
right."

While ethical questions loom -- especially those about exploiting the poor -
written off as taboo.

His logic: The poor might be the most likely to sell a kidney. But if it is saf
sense of compassion or obligation, why should giving up a kidney be banne

Some medical ethicists are coming around. These include Arthur Caplan, a
Pennsylvania who once debated this issue with Dr. Matas. He had been con
desperate and trying circumstances," and that wealthy types would find a w
kidney faster.

Now, he says, "I've started to think [a trial is] at least worth a look."

The idea still faces plenty of opposition. Last year, for instance, the Institute Academies of Science, explicitly rejected payments of any kind. They cited


Francis Delmonico

The National Kidney Foundation was so strongly ag a Washington think tank sought to host a panel disc unwavering in its long-established opposition to any its aversion to any scheme of buying and selling org wrote.

Dr. Delmonico, meanwhile, has worked to maintain substantial weight. Until last June, he was president Under direction of the federal government, the netw Dr. Delmonico now serves as medical director of th World Health Organization.

Despite their differences over organ sales, Drs. Mata have been kidney-transplant surgeons since the late-1970s, when the field w another. Dr. Matas's wife sent gifts when Dr. Delmonico's grandchildren we recommendations for the best Italian food in Boston's North End when Dr.

Dr. Delmonico has used his influence to help kill efforts on the kidney-selli including the American Medical Association and the United Network for O studies of payments to families that donate a loved one's organs after death.

Dissent was strong, including from Dr. Delmonico, who testified before Co Foundation. "The sale of bodies or body parts would undermine the fundam Energy and Commerce Committee. The bill went nowhere.

The federal government has since established a program to reimburse living and meals. Today, more than a dozen states offer a tax deduction of up to $ outright sales have remained a largely unpopular subject.

In some ways, Dr. Matas is an unlikely change agent. He is best known for use of cyclosporine, an important post-transplant medication used to preven

Completing his residency at the University of Minnesota in 1979, he gravita attracted to the excitement that coursed through the developing field. Resea were working to improve shaky success rates, which saw only about half of survive a year.

"The opportunity to do clinical research to try and improve that was phenon didn't set out to become a crusader."

He didn't think much about organ sales, going along with the orthodoxy in rising demand for transplants -- and a shortage of kidneys -- began to take i Describing the wait-list process to patients was particularly rough. "I used t four or five years. Right now in Minnesota, I'm telling them six years."

This was on his mind in 2002, when he traveled to Miami and heard a talk b
University College London. She posited that none of the arguments against
further examine his own beliefs.

His first step was to ask whether kidney sales would be financially viable. I

In February 2004, he and a colleague published a paper calculating that the
and compensate a donor and still break even. The reason: Medicare pays fo
Transplant recipients no longer need the costly procedure, which translates

His paper suggested that compensation to donors include health and life ins
surgery. Initially, he called the people who would sell their kidneys "vendo

"A significant payment could be made to the vendors without increasing the
paper, published in the American Journal of Transplantation, concluded.

In the same issue, Dr. Delmonico and another colleague sought to choke of
that found some kidney sellers in India suffered postoperation health proble
didn't necessarily improve after the operation. They said sales could alter th
pressured to approve donors because money was on the line.

The debate in the medical literature was on. A few months later, Dr. Matas
rebutting Dr. Delmonico's main points. The poor are more likely to be selle
them take on other dangerous jobs. And if the body is so sacred, why does t

In late 2004, Dr. Matas, writing in the same publication, offered a full-fledg
regulated U.S. market could counter unregulated ones in other countries.

Dr. Matas was elected president of the American Society of Transplant Sur
with Dr. Delmonico. At the New York transplant conference this summer, I
abroad would be inevitable here, too: young people forced by their poverty-
bidding for the best organs.

"The person is not left better off, but they're left with one less kidney."

Dr. Delmonico, who opened the conference as keynote speaker, had left by
day. Despite several years of sparring at conferences and in journals, the pa
- until this fall.

Two months ago, they found themselves at the same conference in Minneap
at the Hyatt Regency. For more than an hour, they talked about their differe
agreed that the U.S. should eliminate disincentives to kidney donation (such
that all donors should be properly monitored after surgery.

But they couldn't bridge the divide on sales. Dr. Delmonico is convinced th
the door to sales is allowed to open at all. "[Dr. Matas says] 'You regulate it

"We're just friends," says Dr. Matas, "who have agreed to disagree."

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