

ITNS/TRIO Debate, 09/26/08, Incentivizing Organ Donation by Richard Darling, DDS, post-transplant patient representing those dying in ICU's today

Paying students to encourage good grades is a policy being used in numerous states. If that time has come, then surely it is time for a pilot project that would provide reimbursement to living donors and deceased donor families to save lives and reverse America's organ-donor crisis. Indeed, paying for other body products, such as sperm and ova is already accepted¹ and recently the AMA voted to lobby Congress to permit the study of financial incentives for organ donation. In addition, Senator Specter (R-PA) has proposed the Organ Donation Clarification Act of 2008 that if passed will eliminate some of the prohibitions against financial incentives for organ donation.

Almost 100,000 patients are waiting for an organ today and one of them, or one who was delisted due to becoming too sick for transplant, dies every hour—those are UNOS's facts.² Hundreds of thousands of renal patients presently on kidney dialysis are not even listed yet due to the shortage of organs.

Opponents to financial incentives stress the need for further education of Americans about the need for altruistic donation. But it must be noted that if such education was 100 percent successful and every deceased donor was utilized under our present system of altruism, there would still be a significant shortage of organs.³

If you were a physician or director in charge of an emergency room after a catastrophic event and 100,000⁴ patients were waiting outside the door with one dying every hour,⁵ would you tell the hospital president and the media, "We don't need to try new policies or get more help?" Of course not, you'd be fired.

"Financial incentives" would proceed as follows: in a government regulated system, living donors and deceased donor families would be offered one of various incentives should they agree to donation including: \$50,000 cash payment, a decade of medical insurance (Medicare), a \$50,000 tax benefit, contribution to an IRA, or a school tuition voucher. In the case of the living donor, all hospital expenses of surgery and follow-up care would be provided and he/she would be reimbursed for lost wages.

There are forty-six million Americans without health insurance⁶ and prior to our country's recent financial crisis seventy million also had medical expense debt problems.⁷ Clearly, the health insurance incentive would be attractive to millions and we believe the waiting list would be completely eliminated within 5-10 years.

By including deceased donor families as being eligible to receive financial incentives, recoveries of all organs would be increased significantly.

Can a person "buy" an organ? No, the payers, including the government and private insurers, would provide the funds or the health insurance. Sixty percent of transplants are kidneys. Each patient taken off of the kidney waiting list saves up to \$400,000 for the payers so a deceased donor who provides two kidneys would save these payers between \$400,000 to \$800,000.

Thomas Mone is CEO of the largest OPO (UNOS's organ procurement organizations),⁸ the President of the Association of OPO's, and a Director at UNOS. In an article written in the LA Business Journal expressing his opinion, Tom has courageously endorsed trial projects to incentivize kidney donation with the government providing health insurance to a living donor.

But, you reply, payments to donors are forbidden by law--the National Organ Transplant Act (NOTA).⁹ Yes, and when NOTA was passed in 1984 there was no waiting list.¹⁰ When the list was started in 1989 there were only 19,095 patients on it. With almost 100,000 waiting now, we cannot afford the luxury of moralizing that helping a living donor and a deceased donor family with financial incentives is unethical. Indeed, it is not only ethical, it is the right thing to do.

NOTA allows payment to almost everyone in the transplant chain such as hospitals, OPO's, MD's, nurses, the recipient benefits with "life" and even the US tax-payer benefits financially when a patient comes off dialysis.¹¹ Who is not reimbursed?? The most important persons in providing the "Gift of Life": a living donor or a deceased donor family.

Some living donors find incentivizing organ donation repugnant. Our ally, Sally Satel, MD, asks, "are they willing to penalize innocent people languishing on dialysis and facing imminent death because others are not as "purely" generous [altruistic] as they are? While altruism is a sufficient motive for some donors, it is equally obvious that it is not sufficient to motivate enough donors to provide sufficient organs. Why should those people be left to die simply to preserve the sense of purity that altruistic donors enjoy?"¹²

Living kidney donor Virginia Postrel states, "The argument that paying organ donors is 'an affront' to unpaid donors is disgusting. Are unpaid donors giving organs to save lives or just to make themselves feel morally superior? Even in the latter case, they shouldn't care if *other* people get paid.

It is time to confront the living donors who are against incentivizing organ donation and point out the obvious: they are jealous that someone may receive \$50,000 or a decade of health insurance for donating a kidney when they received only expenses and lost wages. They have a right to be jealous; it was not right to take an organ for free when others were, and still are, profiting from the altruistic donation.

Imagine setting up a lucrative business with a product that costs you nothing to obtain? Companies such as Genzyme Biosurgery, LifeCell, LifeNet Health, etc. are expected to gross over \$200 million dollars by 2012. Their business is providing tissues and organs for transplant.¹³ Some of UNOS's OPO's are also in this business. Is it ethical to allow them to receive financial gain from patients' tissues and organs, while patients and their families are not paid? No, it is not.

To those who have received an organ and are opposed to a trial project of incentivizing organ donation I say, "Shame on you. You had your life saved—you got your organ—and now you are opposed to trying a new approach that would save others?" That is also disgusting.

It is time for our opponents today to admit the obvious: the philanthropic policy of altruism is failing to meet the demand for organs and we have an organ-donor crisis. We are only asking for a trial project. The need for you to act today is urgent because waiting patients are dying—every hour—and you reversing your "Con" position today would send a powerful signal to those opposing such testing, decrease the time until this much-needed trial project is initiated and save thousands of lives.

¹ Sally Satel, MD: Organ Failure, doing battle with the National Kidney Foundation <http://www.slate.com/id/2197566/>

² http://fairfoundation.org/organdonation/waiting_list_death_rate.htm

³ Arthur Matas, MD, Past President: American Society of Transplant Surgeons at the CATO Institute

⁴ <http://www.optn.org/>

⁵ http://fairfoundation.org/organdonation/waiting_list_death_rate.htm

⁶ http://fairfoundation.org/organdonation/46_million_no_health_insurance.pdf

⁷ http://fairfoundation.org/organdonation/79_million_medical_debt.pdf

⁸ OPO: Organ Procurement Organization as overseen by UNOS facilitate all transplants

⁹ Section 274e. <http://www.optn.org/ContentDocuments/NOTA.pdf>

¹⁰ http://fairfoundation.org/organdonation/UNSO_wait_list_history.pdf provided by UNOS

¹¹ Amy Friedman, MD, Associate Professor and kidney transplant surgeon, Yale University

¹² Sally Satel, MD: Does Donor Compensation "Vitiate the Gift"?

¹³ http://fairfoundation.org/organdonation/200_million_soft_tissue_allograft_market_will_grow.pdf