

Time to admit failure and change

Schools paying students to encourage good grades is common. 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 reverse America's organ-donor crisis. Paying for sperm and ova is already accepted (1) and Senator Specter (R-PA) has proposed the Organ Donation Clarification and Anti-Trafficking Act of 2008 that will prohibit trafficking and eliminate some of the prohibitions against financial incentives for organ donation.

100,583 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—that is a crisis. (2) Hundreds of thousands of renal patients are still waiting to be listed.

If 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 100,583 (4) 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, a decade of medical insurance (Medicare), or a \$50,000 tax benefit. 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 46 million Americans without health insurance (6) 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, including US taxpayers, between \$400,000 to \$800,000.(3)

But, you reply, payments to donors are forbidden by law. Yes, and when it was passed in 1984 there was no waiting list.(8) When the list was started in 1989 there were only 19,095 patients on it. With over 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.

Present law allows payment to almost everyone in the transplant chain such as hospitals, MD's, nurses, the recipient benefits with "life" and even the US tax-payer benefits financially when a

patient comes off dialysis.(9) Who is not reimbursed?? The most important persons in providing the "Gift of Life": a living donor or a deceased donor family.

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.

Living-donor opponents are jealous that someone else may now receive financial gain for donating a kidney when they only received 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 a business with a product that costs nothing? Companies such as Genzyme Biosurgery are expected to gross over \$200 million dollars by 2012. Their business is providing tissues and organs for transplant.(10) Is it ethical to allow them to receive financial gain from patients' tissues and organs, while patients and their families are not paid?

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

The philanthropic policy of altruism is failing to meet the demand for organs, we have an organ-donor crisis and we need a pilot project to test financial incentives for organ donation.

- 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) http://fairfoundation.org/organdonation/UNSO_wait_list_history.pdf provided by UNOS
- 9) Amy Friedman, MD, Professor of Surgery, SUNY Upstate Medical University, Syracuse, NY
- 10) http://fairfoundation.org/organdonation/200_million_soft_tissue_allograft_market_will_grow.pdf

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