

Lantos Briefing

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The Transplantation Society

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From the Eighth Plenary Meeting of the World Health Assembly,

22 May 2004, A57/VR/8. WHA57.18

1. URGES Member States:

- (1) to implement effective national oversight of procurement,
processing and transplantation of human cells, tissues and organs,
including ensuring accountability for human material for transplantation;
- (2) to cooperate in the formulation of recommendations and guidelines
to harmonize global practices in the procurement,
- (3) to consider setting up ethics commissions to ensure the ethics of cell,
tissue and organ transplantation;
- (4) to extend the use of living kidney donations when possible,
in addition to donations from deceased donors;
- (5) to take measures to protect the poorest and vulnerable groups
from transplant tourism and the sale of tissues and organs,
including attention to the wider problem of international trafficking
in human tissues and organs;





The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



To address the growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs, a Summit Meeting was held in Istanbul of more than 150 representatives of scientific and medical bodies from 78 countries around the world, and Including government officials, social scientists, and ethicists.

Organ trafficking and transplant tourism and commercialism: the Declaration of Istanbul www.the.lancet.com Vol 372 July 5, 2008

Organ trafficking is the recruitment, transport, transfer, harbouring, or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation.

Transplant commercialism is a policy or practice in which an organ is treated as a commodity, including by being bought or sold or used for material gain.

Travel for transplantation is the movement of organs, donors, recipients, or transplant professionals across jurisdictional borders for transplantation purposes. Travel for transplantation becomes **transplant tourism** if it involves organ trafficking and/or transplant commercialism or if the resources (organs, professionals, and transplant centres) devoted to providing transplants to patients from outside a country undermine the country's ability to provide transplant services for its own population.

Alternative development

Corruption

Crime prevention and
criminal justice

Drug prevention,
treatment and care

Drug trafficking

HIV and AIDS

Human trafficking and
migrant smuggling

Money-laundering

Organized crime

Piracy

United Nations Convention against Transnational Organized Crime and its Protocols

Conference of the Parties to the United Nations Convention against Transnational Organized Crime

- [Working groups established by the Conference of the Parties](#)
- [Full text of the Convention and its Protocols](#)
- [Status of ratification](#)

The United Nations Convention against Transnational Organized Crime, adopted by General Assembly resolution 55/25 of 15 November 2000, is the main international instrument in the fight against transnational organized crime.

Elements Of Human Trafficking

On the basis of the definition given in the Trafficking in Persons Protocol, it is evident that trafficking in persons has three constituent elements;

The Act (What is done)

Recruitment, transportation, transfer, harbouring or receipt of persons

The Means (How it is done)

Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving payments or benefits to a person in control of the victim

The Purpose (Why it is done)

For the purpose of exploitation, which includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices and the removal of organs.

Organ trafficking and transplant tourism and commercialism: the Declaration of Istanbul www.the.lancet.com Vol 372 July 5, 2008

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Rani sold her kidney to a broker named Dhanalakshmi who used to have a shop outside Devaki Hospital in Chennai.





? liver donor from Bangladesh

<http://www.globalpost.com/dispatch/news/regions/asia-pacific/111024/bangladesh-dhaka-organ-trade-microfinance-grameen>

Victims of Trafficking and Violence Protection Act of 2000



(2) COERCION- The term 'coercion' means--

- (A) threats of serious harm to or physical restraint against any person;
- (B) any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
- (C) the abuse or threatened abuse of the legal process.

(3) COMMERCIAL SEX ACT- The term 'commercial sex act' means any sex act on account of which anything of value is given to or received by any person.

(4) DEBT BONDAGE- The term 'debt bondage' means the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined.

(5) INVOLUNTARY SERVITUDE- The term 'involuntary servitude' includes a condition of servitude induced by means of--

- (A) any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or
- (B) the abuse or threatened abuse of the legal process.

Organ Trafficking

Illegal

Transplant Tourism

No legal definition and no prohibition by national law

If transplant tourism involves illegal organ trade
there is a territorial limitation





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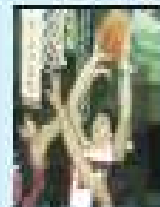
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WorldB4



**PAYBACK TIME
FOR ELY
BUENDIA**
Life&TimesC1

RP admits 'rampant' traffic in human organs

In one slum,
3,000 people
admit having
sold a kidney

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Alberta firm dealing in organs

CALGARY -- An Alberta company is helping patients with failing kidneys buy new organs from live Pakistani donors, sparking a fierce debate about the ethics of paying cash for human body parts.

BY THE LEADER-POST (REGINA)

MAY 2, 2006

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CALGARY -- An Alberta company is helping patients with failing kidneys buy new organs from live Pakistani donors, sparking a fierce debate about the ethics of paying cash for human body parts.

Overseas Medical Services, a Calgary medical brokerage, will arrange a speedy kidney donation and transplant surgery through Lahore-based Aadil Hospital -- for \$32,000 US.

Aruna Thurairajan, a former Sri Lankan medical administrator who owns the company, said Monday that liver, pancreas and lung transplants are also available for purchase from Pakistani donors through the hospital.

Since her company started offering the service earlier this year, however, she has only received requests for kidney donation.

"I have had a steady stream of callers," said Thurairajan, who receives a 10 per cent commission on the patient's hospital bill.



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Finding a Donor

If you are facing kidney failure and are medically qualified for a transplant, the miracle of kidney transplant may be accessible to you thanks to the efforts of the various online communities established for living donors, potential donors, their families, and the medical community.

Choosing Your Transplant Team

Angeles Health International brings medical travel patients from around the world to the Angeles hospital network, the largest private hospital system in Mexico featuring best in class medical technology.

Our work with kidney transplant patients takes place at Hospital Angeles Tijuana, a state-of-the-art medical facility built in 2006, located just minutes from downtown San Diego and featuring a kidney transplant team that has been working together for more than 13 years.

Get a Personalized Quote

First Name (required)

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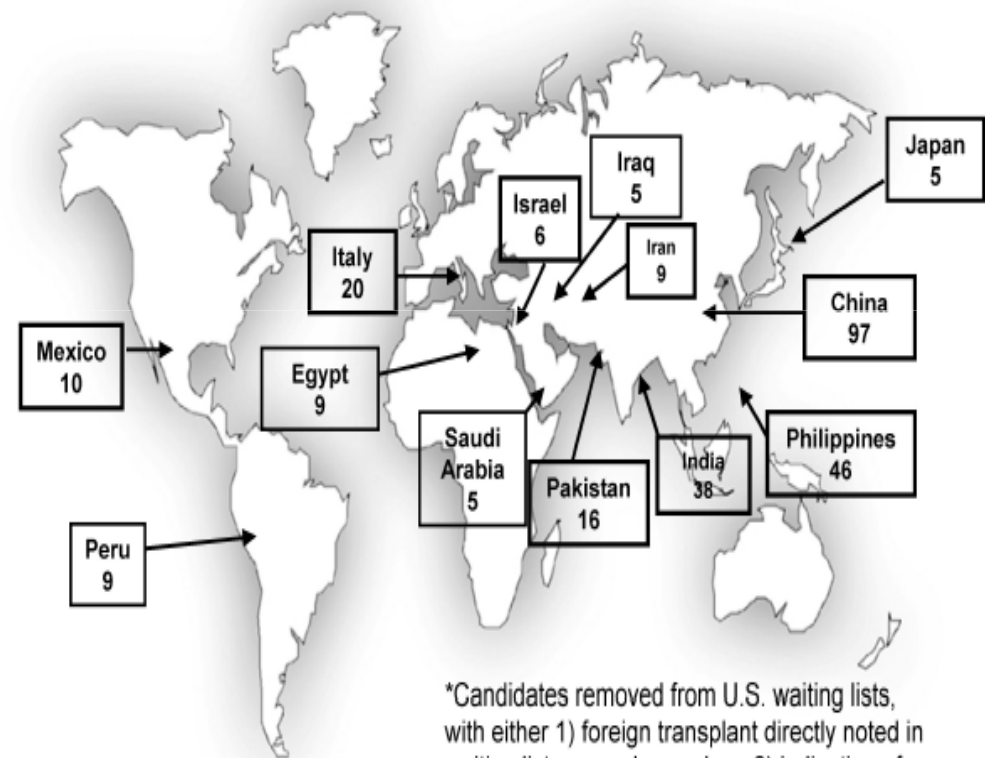
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Transplants in Foreign Countries Among Patients Removed from the US Transplant Waiting List

American Journal of Transplantation 2008; 8 (Part 2): 988-996

R. M. Merion^{a,b,*}, A. D. Barnes^{b,c}, M. Lin^d,
V. B. Ashby^{b,e}, V. McBride^d, E. Ortiz-Rios^d,
J. C. Welch^{b,c}, G. N. Levine^{b,c}, F. K. Port^{b,c}
and J. Burdick^d

Figure 1: Countries with at least five transplants of patients from US waiting lists.



Source: SRTR Analysis, August 2007

*Candidates removed from U.S. waiting lists, with either 1) foreign transplant directly noted in waiting list removal records or 2) indication of transplant at other than the listing center with confirmation of foreign transplant by listing center

Scientists find new superbug spreading from India



By Kate Kelland and Ben Hirschler
LONDON | Wed Aug 11, 2010 5:45pm EDT

(Reuters) - A new superbug from India could spread around the world -- in part because of medical tourism -- and scientists say there are almost no drugs to treat it.

Researchers said on Wednesday they had found a new gene called New Delhi metallo-beta-lactamase, or NDM-1, in patients in South Asia and in Britain.

U.S. health officials said on Wednesday there had been three cases so far in the United States -- all from patients who received recent medical care in India, a country where people often travel in search of affordable healthcare.

NDM-1 makes bacteria highly resistant to almost all antibiotics, including the most powerful class called carbapenems. Experts say there are no new drugs on the horizon to tackle it.

NDM-1 — A Cause for Worldwide Concern

Robert C. Moellering, Jr., M.D.

N ENGL J MED 363:25 NEJM.ORG DECEMBER 16, 2010

The past several years have seen a number of reports of superbugs: methicillin-resistant *Staphylococcus aureus*, the so-called ESKAPE organisms (an acronym for *Enterococcus faecium*, *S. aureus*, *Klebsiella*

pneumoniae, *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, and enterobacter species), and others.¹ For the most part, these organisms owe their superbug status not to enhanced pathogenicity or virulence (although some are capable of causing overwhelming disease in the proper setting) but to their resistance to multiple antimicrobial agents.

The most recent reports of superbugs in the professional and lay literature discuss NDM-1, which stands for New Delhi metallo-beta-lactamase 1 and actually refers not to a single bacterial species but to a transmissible genetic element encoding multiple resistance genes that was initially isolated from a strain of

Klebsiella obtained from a patient who acquired the organism in New Delhi, India.² Subsequently, organisms in the Enterobacteriaceae family containing this genetic element (or variants thereof) have been found widely throughout India, Pakistan, and Bangladesh and are now turning up in Britain and, in rapid order, many other countries around the world. The spread of these organisms has prompted widespread concern because some of them are resistant to all antimicrobial agents except the polymyxins.

Concern about antimicrobial resistance in bacteria is not new, however. This fact is clearly reflected in articles published 50 years ago in the *Journal*. A 1960 editorial accompanying an article

on novobiocin and tetracycline (see box) decried the overuse of antibiotics and the irrational use of fixed combinations of antimicrobials, which were widely manufactured and prescribed by the pharmaceutical industry at that time. Another article on the transmissibility of staphylococci noted that the administration of tetracycline to hospitalized patients increased the rate of nasopharyngeal colonization with *S. aureus*, much of which showed resistance to tetracycline. Another *Journal* editorial on antibiotic resistance quoted a study from Hammersmith Hospital clearly showing that limiting the use of antimicrobial agents in the hospital setting was associated with a decrease in resistance to penicillin and tetracycline among staphylococci.

Thus, as of 50 years ago, most of the important principles concerning the nature, dissemination, and potential control of antibiotic resistance were known: the role

Dear Insuree,

Re: Update on coverage for transplants
Policy nos. 14484521, 14484700

We wish to bring to your attention that the Organ Transplant Act, 2008, (hereafter – the Act) came into effect in May, 2008. The Act, which is designed to regulate several aspects of organ transplants, contains among other things, provisions prohibiting both the trade in organs and any brokering or mediation in pursuance of organ donations.

The Act permits organ transplants performed outside Israel and also the participation of Israeli bodies in the financing of such transplants provided only that such overseas transplants are performed in accordance with the terms of the Act, in particular:

- Both the harvesting and the transplant of the organ shall be carried out in accordance with the law of the state where the transplant is due to be performed;
- The provisions of Israel's Organ Transplant Act prohibiting any trade in organs are observed.

Accordingly, anyone who has valid transplant cover with this company, and who makes a claim on the company for cover of the costs of an organ transplant, will be henceforth required, within the normal process of claim clarification, to submit to the company all assurances and affidavits necessary to satisfy the provisions of the Act, including confirmation that the organ was neither donated nor obtained in return for any reward or promise of reward, neither to the donor nor to any other person.

We emphasise that under the terms of your policy you must apply to the company before any transplant is carried out. No insurance benefits will be authorized to cover the costs of performing a transplant in a state or under procedures which do not conform to the provisions of the Act.

The full text of the Act can be viewed on the Israeli Knesset's website, <http://www.knesset.gov.il> by following the links to Legislation – Acts, Official Gazette – Organ Transplant Act, 2008.

Consequences of Transplant Tourism:

- **Transplant tourists prevent deceased donor organs from being available for the people of the destination country because the rich tourists who pay for the organs are preferentially cared for.**

Although the government of Latin America asserts Latin Americans that receive a priority for deceased organs on the wait list, the problem for poor Latin Americans is that they do not have equal access to the list.

- **Transplant tourists impede the development of deceased or altruistic live donation that otherwise would develop in the client country.**

If the insurance companies of a country preferentially send patients to the Philippines or Pakistan for organs because the transplant will cost less with a meagre payment to the organ vendor, deceased donation and altruistic living related donation (in the country that the tourist resides) are affected by that systematic approach to use the poor of the destination country as the source of organs.

Stories

MailOnline

Why are so many foreign patients allowed to come here and take organs donated to the NHS?

By SUE REID

Last updated at 11:33 PM on 21st February 2009

Tory Shadow Minister for Health Stephen O'Brien says: 'I am angry this is happening at the cost of British lives'

Some doctors are so appalled by what they believe to be blatant unfairness against Britons that they are defying the rule and refusing to give organs donated by Britons to foreigners.

Dr Mervyn Davies, a consultant liver specialist at St James' Hospital in Leeds - which does not treat transplant patients from abroad - says: 'There is a shortage of donors, and we cannot cater for the whole of the European Union.'

The Government's own unpublished figures show that over the past two years, 40 Greeks and Cypriots alone have received British organs.

In addition, Libyans, Chinese, Israelis and patients from the United Arab Emirates - all outside the EU - have been given livers, kidneys and hearts donated here.

Looking at her now, it is hard to believe. Exactly four years ago, Elena Maniati was close to death. Her eyes were canary yellow, her skin sallow and her weight down to five stone - ravaged by liver disease.

Pathetically weak, she struggled to walk more than a hundred yards. Meeting friends was impossible, in case they gave her an infection.

Her flourishing career as an accountant was over and, in the prime of life, all that Elena could do was pray for a miracle.

Yet today she is the picture of health. Sitting in a Greek seaside town, 100 miles from Athens, she is smiling as she explains:



Elena Maniati from Pathas in Greece, who was given a new liver at the Royal Free Hospital in North London, after more than a year on the NHS Organ waiting list

Home > Video > 60 Minutes: Newsmakers Videos



"What Happened To Your Finger?"

[Add a comment](#)

November 1, 2009 5:00 PM

A former member of the Yakuza, Japan's organized crime syndicate, explains the price he paid for an underling's mistake.

60 Minutes aired a startling piece Sunday on the questionable liver transplants received by Japanese **crime** bosses at UCLA Medical Center during 2000-2004. Despite a long list of in-need American patients ahead of him, Tadamasa Goto, described as Japan's John Gotti, received a liver in just six weeks after allegedly paying upwards of \$1 million in cash. Dotting her story with compelling details of the Yakuza subculture, reporter Lara Logan explains how a well-known foreign criminal received excellent medical care--perhaps at the expense of innocent **Americans**.



Health Status and Renal Function Evaluation of Kidney Vendors: A Report from Pakistan

S. A. A. Naqvi^{a,*}, S. A. H. Rizvi^a, M. N. Zafar^b,
E. Ahmed^c, B. Ali^a, K. Mehmood^d, M. J. Awan^e,
B. Mubarak^c and F. Mazhar^f

Table 1: Demographics of vendors and control donors

Parameter	Kidney vendors (n = 104)	Control donors (n = 184)	p-Value
Occupation			
White collar job	0 (0%)	20 (11.0%)	0.0001
Self-employed	12 (11.5%)	36 (19.5%)	0.079
Skilled worker	10 (9.6%)	89 (48.3%)	0.0001
Housewife	10 (9.6%)	20 (11.0%)	0.738
Student	0 (0%)	2 (1.0%)	0.286
Laborer	0 (0%)	9 (4.8%)	0.020
Bonded labor	67 (64%)	0 (0%)	0.0001
Unemployed	5 (4.8%)	8 (4.3%)	0.857
Monthly income \$ US			
< 50	89 (85%)	0 (0%)	0.0001
50–100	10 (10%)	6 (3%)	0.020
100–200	4 (4%)	97 (53%)	0.0001
> 200	1 (1%)	81 (44%)	0.0001

History of vendors revealed jaundice in 8%, stone disease in 2% and urinary tract symptoms in 4.8%. Postnephrectomy findings between vendors versus donors showed BMI of 21.02 ± 2.8 versus 23.02 ± 4.2 ($p = 0.0001$), hypertension in 17% versus 9.2% ($p = 0.04$), serum creatinine (mg/dL) of 1.17 ± 0.21 versus 1.02 ± 0.27 ($p = 0.0001$), GFR (mL/min) of 70.94 ± 14.2 versus 95.4 ± 20.44 ($p = 0.0001$), urine protein/creatinine of 0.150 ± 0.109 versus 0.10 ± 0.10 ($p = 0.0001$), hepatitis C positivity in 27% versus 1.0% ($p = 0.0001$) and hepatitis B positive 5.7% versus 0.5% ($p = 0.04$), respectively. In conclusion, vendors had compromised renal function suggesting inferior selection and high risk for developing chronic kidney disease in long term.

Table 2: Postnephrectomy complaints and complications

Complaint	Kidney vendors (n = 104)	Control donors (n = 184)	p-Value
Physical weakness	71 (68.3%)	4 (2.1%)	0.0001
Fatigue	11 (10.5%)	0 (0%)	0.0001
Fever	35 (33.7%)	4 (2.1%)	0.0001
Pain at site of surgery	61 (58.7%)	20 (11%)	0.0001
Urinary tract symptoms	50 (48.1%)	6 (3.2%)	0.0001
Dyspepsia	14 (13.4)	4 (2.1%)	0.0001
Loss of appetite	10 (9.6%)	0 (0%)	0.0001
Depression	5 (4.8%)	1 (0.5%)	0.010

Quality of Life and Life Events of Living Unrelated Kidney Donors in Iran: A Multicenter Study

Ali-Akbar Nejatisafa,^{1,5} Soroush Mortaz-Hedjri,¹ Tahereh Malakoutian,^{2,3} Mohammad Arbabi,¹ Monir Sadat Hakemi,^{2,4} Ali Nobakht Haghighi,² Mohammad Reza Mohammadi,¹ and Iraj Fazel²

Results. Complete data were available for 424 (84.8%) donors. The mean age was 27.6 ± 4.6 years and 84.4% of the participants were men. Ninety-five percent of the respondents reported having experienced at least one stressful life event during the 6 months before kidney donation. The three most frequently experienced life events were the increase in life expenses, low income, and household duties. The most stressful life events were job loss, financial problems, and death of a family member. The participants reported more stressful life events with a mean total stress score (112.6 ± 75.0) double than the findings of a previous study in normal population. In all the four domains of WHOQOL-BREF, the participating donors scored lower than previously determined community norms.

Conclusion. We observed that the quality of life of Iranian LURDs may be low and they may be at risk of experiencing more stressful life events. To be most efficient, the health services should continue after donation and compensate for mental health and psychosocial problems as well.

The different aspects of the Iranian controlled LURDs program should be appraised and necessary changes should be made before presenting it as a successful model to the rest of the world.

Transplantation 2008;86: 937–940



The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



- Organ trafficking and transplant tourism violate respect for human dignity and the principles of equity and justice and should be prohibited.
- Because transplant commercialism targets impoverished and otherwise vulnerable donors *, it inexorably leads to inequity and injustice and should be prohibited.

(*such as minors, illiterate and impoverished persons, undocumented immigrants, prisoners, and political or economic refugees)

- This prohibition should include a ban on all types of advertising (including electronic and print media), soliciting, or brokering for the purpose of transplant commercialism, organ trafficking, or transplant tourism.

+ Protect your health

+ Follow your conscience

+ Do not break the law

The Declaration of Istanbul

In 2008, a group of leading medical experts from around the world met in Istanbul, Turkey to develop strategies to prevent organ trafficking and transplant tourism.

The group well appreciates the desperation felt by many patients in need of a transplant. It put forth a number of principles and proposals designed to promote both deceased and living donor transplantation around the world in a manner that protects the health and welfare of both recipients and donors while ending exploitation. They developed a policy document called The Declaration of Istanbul.

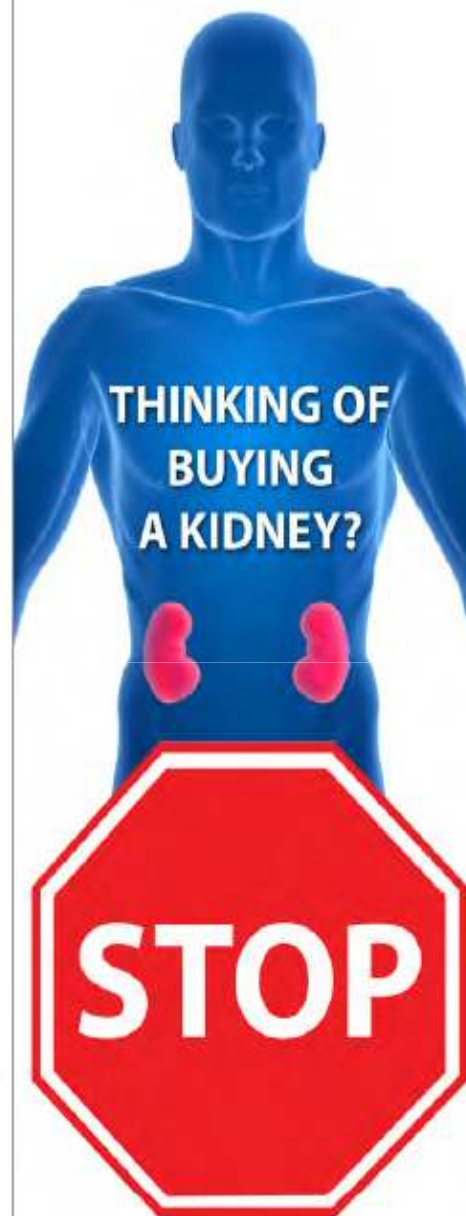
In 2010, the Declaration of Istanbul Custodian Group (DICG) was formed to promote the principles of the Declaration internationally. The DICG is sponsored by two major international professional organizations, The Transplantation Society (TTS) and the International Society of Nephrology (ISN). More than 80 international professional societies and governmental agencies have endorsed the Declaration of Istanbul.



For more information:

DECLARATION OF ISTANBUL
CUSTODIAN GROUP

www.declarationofistanbul.org



WHAT YOU NEED TO KNOW

+ Introduction

For many patients with end-stage kidney disease transplantation is the treatment of choice. Transplantation is a sophisticated procedure requiring an experienced team of surgeons and nephrologists in an advanced hospital environment. Kidneys transplants may come from a deceased donor or a living donor.

The availability of a deceased donor kidney and its allocation to you will depend on practices that are specific to your country of residence and are not discussed further here.

A living kidney donor is typically a close blood relative. In some countries a legal or emotional relationship (such as a spouse, partner, or friend) may be acceptable for donation. In each of these cases the act of donation is done willingly as an expression of love, trust, and mutual concern. The donor and recipient each care that the other has a safe and successful outcome. Transplants like this are performed openly and legally, and the outcome is typically excellent for both the recipient and the donor from a medical, psychological, and social point of view.

There is however, another source of living donor kidneys. Some people, in dire financial distress, may be willing to sell one of their kidneys. The buying and selling of kidneys is called "transplant commercialism", and it is illegal in almost all countries of the world. Kidneys taken from executed prisoners are also sometimes sold.

This brochure discusses some of the implications for you in buying a kidney and is meant to discourage you from taking this step even out of desperation.

+ What exactly is transplant commercialism and tourism?

In transplant commercialism, there is an exchange of money or some other form of significant material benefit between the recipient and the donor, either directly or, more frequently, through a middleman or broker who collects a fee for "services." The donor (really a "kidney seller") also receives money, usually much less than what the broker collects. As a result the amount of money spent by the recipient is more than would be paid for a legal transplant. Most medical insurance does not cover commercial transplantation.

Leaving your country of residence to undergo transplantation is commonly called "transplant tourism." Most transplant professionals disapprove of the practice and are also concerned that the level of care you receive will be inferior to that you will receive in your own country.

+ Why is transplant commercialism illegal?

- + Many countries have laws that specifically ban transplant commercialism.
- + Most likely it is illegal in the country where you live.
- + Transplant commercialism results in more harm than good.
- + It exposes donors and recipients to unnecessary dangers and undermines the healthy development of organ donation in both the home country of the recipient and the country they travel to purchase a kidney.



The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



5. Jurisdictions, countries and regions should strive to achieve self-sufficiency in organ donation by providing a sufficient number of organs for residents in need from within the country or through regional cooperation.
 - Collaboration between countries is not inconsistent with national self-sufficiency as long as the collaboration protects the vulnerable, promotes equality between donor and recipient populations, and does not violate these principles;
 - Treatment of patients from outside the country or jurisdiction is only acceptable if it does not undermine a country's ability to provide transplant services for its own population.

Self-sufficiency in Donation and Transplantation

Equitably meeting the transplantation needs of a given population using resources from within that population.

Country, sub-region, region, globe



A call for government accountability to achieve national self-sufficiency in organ donation and transplantation

Prof [Francis L Delmonico](#) MD , [Beatriz Domínguez-Gil](#) MD [§], [Rafael Matesanz](#) MD [§], [Luc Noel](#) MD [‡]

Summary

Roughly 100 000 patients worldwide undergo organ transplantation annually, but many other patients remain on waiting lists. Transplantation rates vary substantially across countries. Affluent patients in nations with long waiting lists do not always wait for donations from within their own countries. Commercially driven transplantation, however, does not always ensure proper medical care of recipients or donors, and might lengthen waiting times for resident patients or increase the illegal and unethical purchase of organs from living donors. Governments should systematically address the needs of their countries according to a legal framework. Medical strategies to prevent end-stage organ failure must also be implemented. In view of the Madrid Resolution, the Declaration of Istanbul, and the 63rd World Health Assembly Resolution, a new paradigm of national self-sufficiency is needed. Each country or region should strive to provide a sufficient number of organs from within its own population, guided by WHO ethics principles.

Legislation to enable and regulate donation and transplantation

Integration of deceased donor program into national health system -- a sustained infrastructure-

Government support for a central organization with coordination authority that:

- authorizes and certifies organ procurement (and transplantation) programs
- implements the deceased donation process
- allocates organs
- collects data-- with required reporting from donation and transplantation hospitals
- provides report on donation and transplantation activities
- develop strategies for improvement
- professional training and education
- funding accountability



Central organization accountability:

- donor assessment
- family consent
- donor management
- implementation of critical pathway
- family care
- organ distribution
- follow-up of medical information
- establishment of donor registry

