ABSTRACT

The challenge to resolve the gap between supply and demand for organs is a global phenomenon. The possible solutions can invariably involve a range of ethical and moral dilemmas. This is certainly the case when considering rewards and compensation for kidney donation. In their thought provoking study, Ghahramami et al. [1] provide the perspectives of medical professionals on these issues. The views of nephrologists concerning rewards and compensation chime with views of the public, which have been highlighted in many previous studies. Rewards and compensation for organ donation are perceived, by some, as barriers to successful organ donation transplant programmes; whereas others view them as potential facilitators to increasing organ donation rates. It is interesting to note that two-thirds of survey respondents believe that introducing some kind of reward or offering compensation would lead to an increase in organ donation. This finding is not unique to this study and is evident in many public surveys where respondents have expressed a belief that offering some form of incentive would have a positive impact on organ donation rates. Disappointingly, the debates concerning the type of reward or compensation and its potential impact on donation rates continue to take place in a relatively ‘evidence base-free’ vacuum. What is abundantly clear is that many lives continue to be lost in many countries due to a lack of suitable organs for transplant. What is less clear is which forms of reward and compensation actually have an impact on donation rates and whether they positively impact the life experiences of donors, recipients and their families. This level of evidence- base is urgently required.

The gap between supply and demand for organs persists worldwide, and consequently, the quest to narrow this gap continues to explore issues that court controversy: The article of Ghahramami et al. provides an interesting medical professional’s perspective dimension to the knowledge base concerning rewards and compensation for kidney donation [1]. Terminology is important in this respect, as the study authors have interpreted reward as offering an incentive and considered this a less altruistic act; and compensation as akin to removing a disincentive and enabling an altruistic act to take place [1]. There is a plethora of literature regarding the views of the public concerning incentives towards organ donation [2–11]. However, public policy is not informed solely, if at all, by the views of the public. More often, public policy is often shaped by bringing together the views of the public and those of the professionals providing the service—in this case, organ donation and transplantation. In the study by Ghahramami et al. they specifically consider nephrologists [1]. The study should be read with interest but also tempered with caution. Policymakers, medical professionals and academics have long acknowledged that the public and the public’s views are not homogenous; the same principle is true for medical professionals. Nephrologists are an important and august network of professionals endeavouring to deliver best clinical practice to their patients. However, it is important to recognize that there will be variation between nephrologists both in terms of their clinical practice and in terms of their views of public policy solutions to solving the organ donor shortage.

There are, of course, a range of rewards and compensations that could be offered for kidney donation. The study by Ghahramami et al. examines four of these possible interventions: health insurance for donors, compensation, financial rewards for families of deceased donors and financial rewards to living donors—and it is important to recognize that the ethical and legal frameworks in which these are operationalized are different depending on each country’s jurisdiction [1]. These interventions have been discussed recently by the Nuffield Council of Bioethics Report—‘Human Bodies: donation for medicine and research’, in which they are described as part of the ‘intervention ladder for promoting donation’ (p. 168) [12]. Such interventions need to carefully distinguish between those that
are altruistically focussed—for example, remove barriers and disincentives to donation experienced by those disposed to donate (provision of free life-long health insurance to a living donor or compensation to cover loss of salary); and those that are not altruistically focussed—for example, offering benefits in kind or financial incentives to encourage those who would not otherwise have contemplated donating (financial rewards for families of deceased donors and financial rewards to living donors) [12].

The study authors adopted a pragmatic approach to data collection using email addresses and were successful in recruiting participants from 74 countries that allows for some regional exploration of issues. It is interesting to note that despite nephrologists having a vested interest in kidney donation, 10% of participants reported that they would not donate a kidney to a first-degree relative in the event of need [1]. This figure is comparable with a range of public attitude surveys that suggests that nephrologists are no more in favour of organ donation than the public [3, 13]. Furthermore, nearly one in five (18%) had not consented to deceased organ donation. Although this figure is markedly higher than found in the reports of public attitude surveys, it does illustrate that signing up on the organ donor register is not a universal action even among professionals who are perceived to be proponents of donation and transplantation.

The study findings are broadly similar to the results from studies examining public attitudes towards rewards and compensation [1–11]. The nephrologists in this survey were more supportive of altruistic-based compensation (75% supported free life-long health insurance) compared with lesser support for financial rewards (31% favoured financial rewards to living unrelated donors while 23% favoured rewards to related donors). Financial rewards for families of deceased donors had some appeal with 27% of survey respondents expressing support. Two-thirds (66%) of survey respondents believed that offering some form of reward or compensation would lead to increased donation. Nearly four out of five (78%) survey respondents were supportive of legislation banning organ sales. While on the one hand, this is reassuring, it does indicate that 22% of survey respondents, who work in the renal field, are not against organ sales. This demonstrates the continued and concerted efforts required to further publicize the WHO Guiding Principles and Declaration of Istanbul, which set out current international safeguards [14, 15].

This study provides some useful insights for future policy developments. Firstly, we should acknowledge that this study addresses an important information deficit. Namely, very little is known about what professionals directly related to transplantation really think about rewards and compensation for kidney donation. This study is a very important contribution to the knowledge-base in this respect. At the same time, the study findings need to be considered within the context in that they represent the findings of a specific group of medical professionals who have a vested interest in the success of transplantation and therefore in ensuring the reputation and integrity of organ donation. The views of nephrologists are certainly an important foundation for establishing a knowledge-base among relevant healthcare professionals, but it is important that similar views are sought from other healthcare professionals too. It is equally important to ensure that the views of healthcare professionals who have a vested interest in transplantation being a success, i.e. nephrologists, transplant surgeons, etc., are appropriately disaggregated and compared with the views of other healthcare professionals from different medical specialities. This would enable the emergence of a true and complex range of opinions and views that would reflect the heterogeneity of the medical profession.

Secondly, although the study attempts to make some international comparisons, the survey response rate and aggregation of countries mean that such comparators should be treated with great caution (as acknowledged by the study authors). For such international data to be meaningful, the socio-political context of ethical and legal developments in organ donation policy and the context of the public/private healthcare system need to be carefully scrutinized and understood for each country.

Finally, the study findings reveal an interesting similarity to surveys of public attitudes towards financial incentives for organ donation. Should we really be surprised by this, as clinicians too are part of the public.

Looking to the future, I would draw attention to the study’s finding that two-thirds of survey respondents believe that introducing some kind of reward or offering compensation would lead to an increase in organ donation [1]. This finding is not unique to this study and is evident in many public surveys where respondents have expressed a belief that offering some form of incentive would have a positive impact on organ donation rates [2, 4, 5, 11]. Disappointingly, the debates concerning the type of reward or compensation and its potential impact on donation rates continue to take place in a relatively ‘evidence-base-free’ vacuum. What is abundantly clear is that many lives continue to be lost in many countries due to a lack of suitable organs for transplant. What is less clear is which forms of reward and compensation actually have an impact on donation rates and whether they positively impact the life experiences of donors, recipients and their families. This level of evidence-base is urgently required and is beginning to emerge. Lavee et al. recently reported on early data from Israel, which provides a step in the right direction in terms of evaluating the impact of a range of legislative changes in order to enhance organ donation rates [16]. Tong et al. synthesized some insightful data documenting the experiences of commercial kidney donors, which highlights some of the unintended human consequences that arise in the pursuit of increased rates of organ donation [17]. Most recently, Lennerling et al. have examined the variation in reimbursement policies for living organ donation across Europe via the ‘Living Organ Donation in Europe’ (www.eulod.eu)—EULOD Project—and made recommendations for implementation and evaluation [18]. These recent examples provide a platform that we should be aiming to build upon. This would then enable a more sophisticated and mature debate to inform future policy direction. Such an aspiration is the very minimum that we should be striving for to ensure that we do justice to the public and patients that we serve.
CONFLICT OF INTEREST STATEMENT

None declared.


REFERENCES


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