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## Organ demand outpaces supply

There are awareness campaigns, donor registries and designation boxes on driver's licenses, but thousands of Americans still die every year waiting for a transplant because there aren't enough organs.

One solution, says Charlotte transplant surgeon Dr. Benjamin Hippen, would be to increase the number of living kidney donors by offering them money like they do in Iran.

"The typical response is a shudder," said Hippen, who spoke at an event in Greenville sponsored by Clemson University's Rutland Institute for Ethics last week.

"But in the U.S. and elsewhere, a number of different solutions have been proposed, and we're still not keeping up with demand," he said. "That suggests we have to look elsewhere."

More than 100,000 people are waiting for organs in the United States, the vast majority for kidneys, according to the United Network for Organ Sharing. Nine of 10 patients on South Carolina's waiting list also need a kidney, says Mark Johnson, spokesman for LifePoint Inc., the state's organ procurement agency.

"There is no doubt we need to increase the number of donors to save more lives," he said. "But this is obviously controversial."

Iran is the only country where organ sales are legal, said Hippen. The practice arose not only out of the need for organs, but for a cheaper way of treating kidney failure, he said. Iran's health care system was struggling under the high cost of dialysis, which has a five-year survival rate of 35 percent compared with transplant at a 10th of the cost and a 75-percent five-year survival, he said.

So people needing kidneys wait six months for a deceased donor, and if there are none go to centers set up by charities to be matched with people who want to sell their organs, he said. The donor, who must be a citizen, is paid about \$1,200 by the state and \$2,300 to \$4,500 by the recipient, or charity if he is poor, he said.

And since it was instituted, Hippen said, the waiting list for kidneys has been eliminated.

Abolishing the wait would be wonderful, says Johnson. But he fears that organ sales could hurt altruistic donation. And then there's the specter of a middleman in the process.

"People dying waiting for an organ is a concern," he said. "But so is putting a price on the gift of life."

Hippen allows there are ethical concerns about exploitation, coercion and commodification of body parts, and that incentives should address them. But he believes altruistic and incentive systems can coexist, noting the percentage of uncompensated donors in Iran hasn't changed. And, he says, the incentive doesn't have to be cash. It might be lifelong medical care or college tuition.

Johnson also worries about the source of Hippen's data.

"If the research came from another country instead of Iran," he said, "I think we'd be more comfortable."

Hippen said his data is from articles in peer reviewed journals by Iranian doctors with whom he corresponded, though he has no independent way to confirm it. However, he said those doctors acknowledge some problems with their system, including the lack of follow-up on donors.

"There's not a lot of great data on the donors," he said. "Most are men. Most are undereducated and disproportionately poor. The lack of information is worth deep moral concern. And we can't help recipients at the expense of donors."

Yet that's what happens on the black market, he said. Illegal organ trafficking preys on desperately poor people, usually women, who may be coerced.

"The money is spent quickly, it's not as much as promised, and the long-term outcome is not good," he said, adding those complications aren't seen in Iran.

The National Kidney Foundation doesn't support incentives, said foundation spokeswoman Ellie Schlam, who also expressed concern it could limit altruistic donation. Instead, it recently announced a plan to increase the number of organs.

Among the recommendations:

- \* Cover the recipient's immunosuppressive drugs for life instead of three years
- \* Guarantee living donors reimbursement for all expenses related to donation, including lost wages, as well as access to health care related to donation and insurance, and
- \* Ensure deceased donor families get help with expenses, such as funeral costs.

Hippen says that aside from saving lives, an incentive program could save millions of taxpayer dollars by reducing dialysis. The U.S. spends \$22.7 billion — or 6.5 percent of the Medicare budget — on kidney failure each year, with \$2.2 billion of that going to transplants and the rest to dialysis, he said.

“It may turn out that, even if a system of incentives is introduced in the U.S., it won't work,” he said. “Maybe this isn't the answer. But if it isn't, I'm not sure what is.”