

The social determinants of organ trafficking: a reflection of social inequity

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Abstract

Organ trafficking has become evident in its global scope and consequences. Poverty, vulnerability, destitution and a system of exploitative transplant practices are social determinants for commercial living organ donation. Guided by the WHO resolution on organ transplants and the Istanbul Declaration, transplant practices can advanced standards of greater social equality rather than exploit social determinants of poverty, vulnerability and destitution by way of exploitative health systems.

Introduction

Since the first documented kidney transplant performed in 1950 and the introduction of medicines to prevent tissue rejection, transplant medicine has made enormous strides. It has saved or enhanced the lives of hundreds of thousands of patients worldwide. Transplant procedures have evolved from being restricted to technically specialized medical settings and genetically similar individuals such as twins, to being practiced throughout developed and many developing countries in diverse clinical institutions and between recipients and living

donors who are often strangers. Concerns that transplant science would become a “victim of its own success” and create a desperate demand far exceeding supply arose early in the development of this technology. Indeed, organ-failure patients’ demand for organs greatly exceeds supply and has created a global search for available organs for transplant. A result has been the reliance upon commercial living donors in many circumstances.

Organ trafficking refers to the unjust practice of using a vulnerable segment of a country or population (defined by social status, ethnicity, gender or age) as a source of organs. Commercial living-donors (CLDs), as we refer to them, resort to organ donation either for some promised gain or are the victims of outright organ theft. Organ trafficking can be for the benefit of local patients, or in cases of “transplant tourism,” for patients from abroad who gain access to an organ while bypassing laws, rules, or processes of any or all countries involved.¹

The term “organ trafficking,” as derived from the UN Protocol to Prevent, Suppress, and Punish Trafficking, entails:

*the recruitment, transport, transfer, harboring or receipt of persons, 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, of a position of vulnerability, of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation by the removal of organs, tissues or cells for transplantation.*²

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Submitted: December 4, 2008
Accepted: December 23, 2008
Conflict of Interest: None declared*

The scope of organ trafficking, like other forms of trafficking, has been difficult to measure due to its clandestine nature. Yet the extent of organ trafficking is becoming increasingly evident.³ The World Health Organization (WHO) indicates that approximately 10% of transplant organs come from trafficking.⁴

Social Determinants that Incite Commercial Living Donation

Organ trafficking is most significant in countries where there is a destitute underclass, transplantation procedures occur within an established yet inequitable health system, and a governmental leniency exists regarding these practices. Studies on CLDs conducted in Egypt,⁵ India,⁶ Iran,⁷ Pakistan⁸ and the Philippines⁹ indicate that they consist of poorly educated, unemployed, and uninsured individuals living under the poverty line. They are mostly middle age (average age is 33). They are also predominantly male (95% in Egypt, 71% in Iran, 78% in Pakistan, 93% in the Philippines) except in India where only 29% are male. More research is required to explain the gender distinctions. Research from India indicates that husbands of female CLDs in India pressure them to sell a kidney. The most common circumstance for resorting to a commercial living organ donation is a debt crisis and financial compensation is the principle incentive for “donation.” In Pakistan, many CLDs are bonded laborers hoping to end their servitude. Their condition make them prime targets for exploitation by organ brokers and transplant professionals in search of matching organs for high paying patients.

Conditions of vulnerability that induce CLDs to resort to an organ sale are situated within an environment of non-transparent, inequitable, and exploitative health care systems. Proposals have emerged for a regulated organs market, such as in Iran, as a solution to increase organ supplies and curb black market abuses. Yet, studies suggest that the Iranian system is still influenced by third party brokers and the CLDs consist of the poor.^{10,11} Iranian transplant professionals

acknowledge the limitations of their system, citing a lack of medical follow-up for CLDs.¹² Whether in a regulated or unregulated/black market system, organ trafficking is socially arranged such that organs from poor and vulnerable individuals flow as commodities to ailing, yet more privileged patients who are able to make the purchase.

The consequences of organ donation for CLDs have also become evident in studies of their well-being. CLDs consistently report a general deterioration in their health status; this was true for 78% of donors in Egypt, 86% in India, 60% in Iran, 98% in Pakistan and 48% in the Philippines. CLD’s also report their economic situation declined as a result of their commercial organ donation. The majority report a compromised ability to perform intensive work, that the organ sale did not enable them to escape debt, and thus did not improve their economic status. The majority of CLDs also reported social isolation because of the stigma attached to commercial organ donation. Finally, in each of these studies, CLDs expressed psychological distress and regret about the organ donation and they discouraged others from making a similar donation.

Recommendations

Two significant instruments have been established in the past year to serve as guidelines on transplantation and to combat organ trafficking. Updated Guiding Principles on Human Cell, Tissue, and Organ Transplantation were contained in the World Health Organization’s Executive Board report on human organ and tissue transplantation adopted at its session on 26 May 2008.¹³ These Guiding Principles provide an ethical framework for transplantation from living donors. The Istanbul Declaration, the result of an international summit on organ trafficking, transplant tourism and commercialism on May 1, 2008, aimed to halt these unethical activities and to foster safe and accountable practices that meet the needs of transplant recipients while protecting donors.¹⁴

These documents emphasize that organs, tissues and cells should be donated freely and not because of financial incentives. This holds true both for a regulated market and for an unregulated/black market. Engaging governments to establish a legal framework for transplants and oversight of transplant practices are essential first steps. Governments must establish systems for the recovery of organs from both deceased and living donors and of assuring equitable organ allocation without consideration of financial or material gain, or regard to gender, ethnicity, religion, or social or financial status. Self sufficiency in supply of therapies of human origin should be an aim of every country or jurisdiction. Finally, transplantation practices should be transparent. All parties, including pharmaceutical companies and insurance companies, should be held accountable for their engagement in those processes which prioritize profit generation at the disregard of social justice.

While official guidelines and policies have reduced exploitative transplant practices, they have not been sufficient to combat the international organ trade. The establishment of a detailed law to end organ trafficking in India resulted in a shift of transplant tourists from India to Pakistan and the persistence of clandestine transplant centers within India where the organ market still thrives. Thus, civil society must also engage in the mission of combating organ trafficking, particularly at the grassroots level.

Civil society must mobilize to condemn organ trafficking and enhance alternatives such as altruistic donation from both living and deceased donors. Civil society organizations play an important role in creating public awareness of abuses in organ donation and the heroism and altruism of both living and deceased donation. This is especially important in countries where the sanctity of the dead is held to be important and thus there is much social discomfort around deceased donation. Further, the WHO Guidelines and the Istanbul Declaration emphasize the importance of providing long-term care to living organ donors as part of a commitment to a

concern for their well-being. In the absence of entities identified to provide this care for the live donor (especially CLDs), civil society organizations committed to health services (for the poor) are the only parties to provide this essential care until the infrastructure is established as a part of a comprehensive system of transplantation.

For example, the Coalition for Organ-Failure Solutions (COFS) is a non-profit international health and human rights organization that emerged to combat organ trafficking through prevention, policy advocacy, and survivor support and to enhance alternatives for patients seeking an organ transplant. COFS outreach services to CLDs include clinical follow-up and care for ailments that are a result of their organ donation, health education about organ donation, economic empowerment services such as micro-credit opportunities, counseling and peer support, and legal services. COFS mobilizes other health and human rights civil society organizations in both destination and client countries to combat the trade in human organs at policy and grassroots levels.

The international community must rebuild public trust in transplants in a context where trafficking has exploited social vulnerabilities to obtain organs. Care for the live donor (altruistic and commercial) that assures safety and addresses donor needs, is an essential component of redemption from the exploitative practices via transplant technology. Organ trafficking must be addressed in each country through a national legal framework and governmental oversight. Guided by the WHO resolution on organ transplants and the Istanbul Declaration, transplant practices can advance standards of greater social equality rather than exploit social determinants of poverty, vulnerability and destitution by way of exploitative health systems.

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