

## Renal Data from Asia - Africa

### **Ethical Disputes in Living Donor Kidney Transplantation: What Should We Do to Save Lives?**

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**ABSTRACT.** Living donor kidney transplantation has strong opposition and proponents. Opponents argue that this would exploit poor and female while proponents discuss the high mortality rate of ESRD patients and the low risk of a living donation. In this debate, we reviewed disputes in ethical aspects of living donor kidney transplantation to reach to a good overview of the current concepts on the issue.

*"To save an innocent human life is equal to saving the humankind." Holy Quran; AlMaeda:32*

#### **Introduction**

It is generally speculated that living donor kidney transplantation (TX) represents the single best form of therapy for end-stage renal disease in terms of quality of life, life-saving and cost effectiveness.<sup>1-4</sup> On the other hand, although with inferior results, because of no possible threat to a potential healthy living donor, renal TX from

deceased donors is generally considered as the most preferred and absolutely ethical method of kidney transplantation for treating end-stage renal failure. However, there is a tough obstacle: as the practice is becoming more popular globally, the profound gap between supply and demand is widening. Therefore, the critique of using living donor renal transplantation has come into view.

Since 23 December 1954, when the first kidney TX from a living donor performed in Massachusetts, USA, between identical twins, this method for kidney TX has become increasingly common, as a way for addressing the gap available between demand and supply for kidney transplants, worldwide. Despite this, the issue of living donor renal transplantation is overshadowed by cases of exploitation and corruption. A closer look at the literature<sup>5-7</sup> will show the magnitude of disagreement between the two

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### **Using Living Donors for Kidney Transplantation**

Sixty-thousand people are supposed to die each year lacking a kidney allograft just in the United States<sup>8</sup> and the statistics could be much worse in the under-developed countries where health care services are not comparable to the United States. Only in India, the number of people developing ESRD each year comprises to 100,000. This increasing demand for the donor kidneys has led to the advertising for a donor on highway billboards, by consulting websites, by making personal pleas in the media, by listing themselves in multiple registries and by relocating.<sup>9</sup> This has involved into organ trade and lots of ethical concerns. Just consider a millionaire needs a kidney; and how many people in the world may be ready to vend a kidney for money?

### **Altruistic Kidney Transplantation: a New Resolving Way**

Considering serious shortage of transplantable organs, several authors proposed methods for increasing “altruistic donations”.<sup>10,11</sup> But, what exactly is an altruistic donation? For some, an altruistic donation is simply a non-paid practice. However, even a purely altruistic donation has its own operating expenditure attributed to the procedure (e.g. job disturbance) resulting in possible barrier for altruistic donations for persons who depend on daily wages or lower socioeconomic status. On the other hand, financial agreements among recipient and donor is difficult to prove also. Sesso et al in their study on Brazilian transplantation proudly claim that “There has never been a financial incentive for LUD transplantation in our country, and our government and the National Medical Society proscribe the buying on selling of organs”; but in their study, they found that the number of altruistic donations between “emotionally related people” has been significantly raised compared to spouses through years.<sup>13</sup> Can this finding thoroughly be

explained by only higher motivation between “emotionally related people” than their spouses! Spouses can simply be defined legally but, who can determine truly “the emotionally related” persons? Therefore presence of vague definitions and strict criteria would result in altruistic donations only rarely.

### **Presumed Consent: Does it Make Sense?**

Debate has also focused on moving toward a system of presumed consent, in an approach similar to the one adopted and publicized in parts of Europe, where consent for donation is presumed unless specific waivers have been sought out and signed. Introduction of such a law has resulted in substantial increase of organ supply in these countries<sup>14</sup> with its own downside. The proponents argue that organ donation from potential donors are more readily available considerably more consistent with this method than their close relatives: The percentage of refusal is noticeably greater when the question concerning organ donation is put to the close relatives.<sup>11,12</sup> However, if the emotionally related persons such as spouse, parents etc cannot acknowledge the brain death of their beloved, what would be the implications for the presumed consent donation. This further becomes unacceptable if there are issues of possible medical neglect.

### **Gender Imbalances in Organ Receipt and Donation**

The worldwide gender disparity in receiving and donating living organs has produced the most intentional debates in the context of living transplantation. Supporters of living unrelated transplantation argue that the advantage of nondirected living donation (as it is practiced in Iran) is that it excludes pressure on the donor resulting from the relationship to the prospective recipient or family members. In genetically and even emotionally related living donations, decisions are always made within the family system with a non-obvious pressure on the relative donor. Significant gender imbalances have

been reported with higher donation rates for mothers, wives, and sisters donating much more frequently than their male counterparts in Germany,<sup>15,16</sup> Norway,<sup>17</sup> Switzerland,<sup>18</sup> the United States,<sup>19</sup> Canada,<sup>20</sup> Thailand,<sup>21</sup> Hong Kong,<sup>22</sup> India<sup>23</sup> and Turkey,<sup>24</sup> but not in Korea,<sup>25</sup> Oman,<sup>26</sup> and Iran.<sup>27</sup> The decisions of these women may well be motivated by their role within the family as the caring, supporting ones.

### Compensate a Kidney Donation: Is it OK?

Numerous arguments have been made about the ethical aspects of the kidney transplantation practice in Iran which is generally addressed as “Iranian model of kidney transplantation program”.<sup>1-7</sup> The experience which was a compensated program for using living unrelated donation (LURD) has fired up tenacious opponents as well as rigorous proponents since its introduction in 1988.<sup>1-4,6,7</sup> However, one thing that generally commonly exists is the comment that there is no difference between a “compensated kidney donation” and “selling kidneys”. According to an Iranian model, patients needing a kidney allograft register their name to a governmental non-profit institution, as well as potential altruistic donors. Compensation for this organ procurement must be thoroughly paid by the government with no financial relation between donors and recipients; although a gift by the recipients is not only is not prohibited but also is encouraged. One of the most important aspects of this system we should be aware of is that this gift should stay optional with no predefined amount of finance.

### What to do: Future Perspectives

Most authors against regulation of a living kidney transplantation program have no clear suggestions.<sup>10,11</sup> As mentioned, a “presumed consent” is the most touted answer<sup>12</sup> although as mentioned it also has its own ethical problems.

No doubt, the best way for addressing the problem is to prevent development of End-Stage Renal Disease (ESRD) in the community. But despite all endeavors, still a large number of

patients would lose their kidney function. The question still remains unanswered: “What should we do to save more lives?”

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