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Professional Forum: "Compensation or Incentives for Donors in Organ Transplants: Possibilities and Pitfalls"

SMA Ethics Convention, 12 November 2008

Monetary compensation for living unrelated organ donors is an ethical minefield, and may lead to a reduction of altruistic donors. Allowing foreigners to be compensated will most likely lead to the abuse and exploitation of poor and disadvantaged foreigners who are induced to come to

Singapore. Long term outcomes of organ donors and recipients have to be examined, so that informed decisions can be made.

These were some of the concerns raised by both panelists and attendees at the SMA Ethics Convention, held on 12 November 2008.

Dr Wong Chiang Yin, SMA President, in his opening address to the 160 people attending the convention, said that if the law is changed; he hoped that ethical considerations of the medical profession would be taken into account.

Likening organ transplants to gifts of life, Dr Thomas Murray, President and CEO of the Hastings Center, explained that the model of demand and supply cannot be applied to organ transplants. In his lecture, he also highlighted the current laws and processes for organ transplants in the United States.

He cautioned against using oxymorons like "rewarded gifting" which only serves to confuse the issue. Dr Murray made a distinction between compensation and reimbursement, noting that the terms were used interchangeably in discussions locally. He also pointed out that incentives in the form of "rewards" with monetary value which can be transferred to third parties are no different from monetary payments.



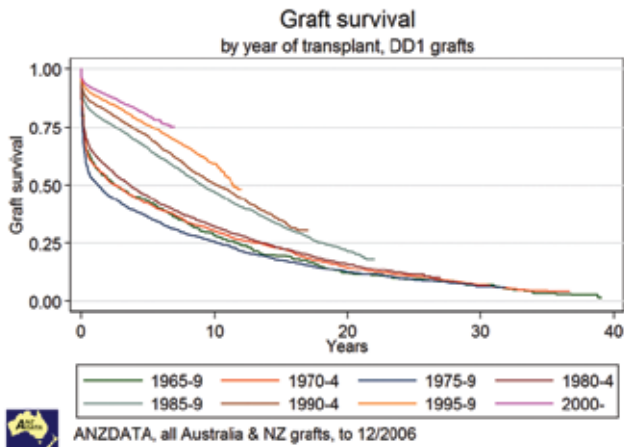
(L-R) Panelists Dr Thomas Murray, Prof Vathsala Anantharaman and Dr Arthur Chern.

Alternatives to organ compensation should be considered, for example, through the Transplant Growth and Management Collaborative. Employed in the US, this scheme is intended to increase the number of deceased donor organs transplanted in hospitals. This is accomplished through

a multi-disciplinary approach, by way of a high performance transplantation team, reaching out to families in a timely and sensitive manner, as well as training doctors in executing best practices efficiently. Dr Murray explained that organ trading does not function according to a free market model, and cautioned that implementing financial incentives may lead to a reduction of altruistic donors and may negatively affect those who are economically worse off. He also cited instances whereby financial payoffs do not reach the pockets of organ vendors, but profit middle men or debtors instead.

Dr Jeremy Chapman, President of the Transplantation Society and representative from the World Health Organisation (WHO) highlighted the recent WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. The guidelines, specifically Guiding Principle 5, lay down what is considered acceptable reimbursement, for example, costs of recovering from the operation, time loss as well as loss of income.

Dr Chapman pointed out that many in the public were under the misconception that renal transplants would return patients to normal health, this being limited only by the number of available donors. Highlighting this "return to normal health" outlook



(L-R) Panelists Ms Kuah Boon Theng, Prof Alastair Campbell and Dr Jeremy Chapman.



Dr Tan Chi Chiu, Chairman of the Singapore Medical Council's Medical Ethics Committee raising a question to the panel.

as deceptive and pointing out that transplants were “not a cure”, he presented data from an Australian long-term follow-up study on survival rates of transplant patients. The recipients of transplanted kidneys had increased morbidity and mortality rates when compared to the normal population, and there was also a very marked decline in viability of the transplanted kidney over successive years. He urged that the public be educated on the sobering statistics of kidney half-lives and associated risks following successful transplants.

Regarding proposals to compensate organ donors, Dr Chapman asked if the Singapore government was intending to create incentives for donors in the region to come to Singapore. He warned that legalising organ compensation in Singapore could lead to a domino-effect of inducing other countries to adopt this unethical practice. Dr Chapman emphasised that organ trade goes against basic human values, and is inconsistent with ethics. He suggested that member states in the region should address international trafficking so as to protect against transplant tourism, as well as recognise the mortality and morbidity risks in living donors.

Reiterating the WHO Guiding Principles, Dr Chapman stressed that donors should be free from exploitation, coercion or payment, and that gifts or rewards should not be disguised forms of compensation. He too concurred with Dr Murray that the issue of compensation, as opposed to reimbursement, suggests the objectification of the human body, and a subsequent degradation of values.

During the question-and-answer session, Prof Vathsala Anantharaman, President, Society of Transplantation (Singapore), reminded all that regionally, income rates are vastly different. A sum of money acceptable as minimal compensation in Singapore could amount to a substantial sum to a foreign donor in a developing country.

Dr Arthur Chern, Director of Health Regulations from the Ministry of Health implied that a public consultation would be announced very soon, to collect public feedback on this issue. In reply to a question asked, he said that any planned changes to the law cannot exclude foreigners.

However, the situation differs for locals and foreigners, said Ms Kuah Boon Theng, SMA Honorary Legal Adviser. Also, reimbursement may still end up as inducement, especially if a fixed lump-sum of money is given. She commented that fixing any amount of reimbursement, even for administrative purposes could be seen as a form of inducement and possible cause of exploitation.

An issue raised was that of individual autonomy, and whether a contract between informed, consenting donors and recipients would be considered ethical. The panel was of the general opinion that as donors may be of a specific impoverished population, they are considered as “vendors”. As such, the notion of free-will trading is incorrect, as only one party is technically free. It was also noted that in medical ethics, doctors should strive for a balance of ethical principles, in avoiding harm and yet maintaining one’s autonomy.

Dr Murray further explained that aside from mutual consent, the deed that transpires between

such parties must firstly be legal and ethical even if no harm is posed to anyone aside from both parties, and the public should be educated that such a matter has an impact beyond a personal transaction.

Keith Lai, an attendee, who is a medical student, asked if it would be more acceptable if any monetary compensation is made later, as an afterthought. To this, most panelists felt that such a notion would be easily abused, with organ recipients claiming that money given “was an afterthought”.

The muddiest area which is an ethical minefield was with living unrelated donations, said Prof Alastair Campbell, Director, Centre for Biomedical Ethics, NUS. By having the option of organ compensation, this may also affect the donation rate in related donor pairs, because genetic bonds may induce a patient to refuse a relative’s organ due to the risks involved to the relative.

In response to the idea of setting a fixed price to an organ, Dr Chern said that the Ministry would monitor the changes made, and make adjustments (e.g. scale down the scheme) if

necessary. He mentioned that public consultation would be conducted, and there would be an incentive to protect local Singaporeans, as well as foreigners.

“The inducement to foreigners will be intense, whether compensation is a fixed amount, or assessed by a committee”, said Dr Tan Chi Chiu, an attendee. The panel was of the opinion that a fine line separates reimbursement and compensation, and if the organ donor is paid too little, this would give rise to exploitation. On the other hand, if a donor is paid too much, the amount would be considered as inducement.

As panelists and attendees deliberated on the many suggestions and comments on compensation and reimbursement schemes, it was generally agreed that the subject was a complicated one. No quick and easy answers could be arrived at without extended deliberation between the public, government and medical sectors.

The Ethics Convention closed to rousing applause, and the Singapore Medical Association sincerely thanks all speakers, panelists and attendees for contributing to the success of the event. ■