

Markets for Kidney Transplants

■ Two authors with real-life experience want incentives to increase donations. A U.N. panel doesn't like the idea.

By Neil Munro

Virginia Postrel and Sally Satel have at least two things in common—they are free-market libertarian authors, and they share a pair of kidneys.

The two kidneys started their lives tucked inside Postrel, but in March 2006 she donated one to Satel, whose renal functions had inexplicably deteriorated. Since then, Satel's new kidney has invigorated her health, Postrel's writing career has advanced, and the women have united to lobby for legislation that would let state governments provide financial incentives to people thinking about donating a spare organ.

Their campaign has hit a rough patch, however. A draft bill was sidelined in April when Sen. Arlen Specter of Pennsylvania became a Democrat, leading to a staff shake-up. And on October 13, a United Nations panel is expected to recommend tighter regulation of international organ transplants and to discourage regulated markets and government-backed incentives for donors.

The pending report will be "very negative toward economic incentives," said Arthur Caplan, who co-chairs the panel, which was commissioned by the U.N. and the Council of Europe to look into international dimensions of the relatively new traffic in transplant organs.

However, without some form of incentive, Satel said, "[the waiting] list will get longer, and more people will go to the black markets" overseas. She is a psychiatrist and a resident scholar at the American Enterprise Institute.

About 70,000 Americans are waiting for kidney transplants. But the donated organs—most of which come from deceased people—are never enough to offset the number of new patients needing transplants. Between 1996 and 2005, only 14.6 percent of people on U.S. waiting lists got a kidney transplant, according to a 2006 report by the Health and Human Services Department. Many patients who don't get a new kidney die from



■ Sally Satel

■ Reinvigorated with a new kidney, she wants to replace black markets with regulated ones.

complications, because dialysis machines can't remove toxins as effectively as the real thing.

Insurance covers donors' medical costs, but more people might consider a donation, Satel says, if they could get some extra compensation. She is trying to establish pilot programs in which state governments test rewards such as tax breaks, education vouchers, or donations to charities. Unlike hearts and lungs, transplantable kidneys are relatively easy to obtain, because healthy people need only one of their two kidneys.

“There are those that say the market has more wisdom than professionals, but in the medical area, the market has proven not to be so wise,” Caplan contended. Cash incentives would be “exploitative and degrading” for donors, he said, and would reduce the professional oversight that minimizes the number of low-quality kidneys that would be sold in a marketplace. “Think Chinese toys.”

Rewards for donor organs could reduce the supply of freely donated kidneys, Caplan said, because of the inevitable criticism from both left-of-center and right-of-center groups, including the Catholic Church.

The New York City-based National Kidney Foundation opposes compensation for organ donors. In January, the foundation released an action plan that it said “will end the wait for kidney transplants in 10 years” by increasing success rates, finding more dead donors, and improving information networks.

To spur organ donations, the U.N. report will recommend that countries establish an “opt-out” system, Caplan said, allowing doctors to remove organs from people after death unless they have filed an objection. In Spain, the opt-out system has cut the wait for kidneys 20 percent below the U.S. level, he said.

But many of the people who die from complications while waiting for donations are poor, Satel said. Wealthier people can recruit people to make donations, register on multiple transplant waiting lists, or get organs from underground markets in China, Israel, and Eastern European countries, she said.

In 2007, Canadian human-rights lawyers working for the Coalition to Investigate the Persecution of the Falun Gong in China published a report that wealthy patients had flown to China to receive organs extracted from condemned criminals and political prisoners. In New York City, police recently broke up a group that paid poor Jews in Israel to donate organs to patients in the city's hospitals.

Satel argues that the shortfall of organs drives up costs. The Medicare dialysis program for kidney patients on the waiting lists cost the federal government \$20.8 billion in 2007, up from \$8.9 billion in 1995, according to the 2009 report by the U.S. Renal Data System's advisory committee.

Although the prospect of a regulated market for organs upsets many people, Satel said, the throngs of ailing patients and the black markets are “repugnant to me.”

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