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By

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Ability to purchase would largely eliminate waiting times, increase cost by only 12 percent



(HealthNewsDigest.com) - BUFFALO, N.Y. -- Economic analysis suggests that healthy young donors in economies like that in the U.S. that place them at low-risk for post-surgical death would sell a kidney or a portion of a liver at prices that would drastically increase the number of those organs available for transplant and increase transplant cost by only 12 percent.

In a study published recently in the *Journal of Economic Perspectives*, economist Julio Elias of the University at Buffalo and Gary S. Becker of the University of Chicago, argue that "the use of monetary incentives would increase the supply of organs for transplant sufficiently to eliminate the very large queues in organ markets, and the suffering and deaths of many of those waiting, without increasing the total cost of transplant surgery by a large percent."

The study may be found online at the journal's Web site: <http://www.aeaweb.org/jep/>.

Putting kidneys and other organs on the market may seem like the proposal straight from the cold heart of a free-market economist, but Elias notes that 18 Americans die every day -- more than 6,500 a year -- awaiting transplants.

"Although the number of kidneys, livers and other organs available for transplant has grown rapidly," he says, "the number of people awaiting transplants at any given time -- 97,000 -- has grown even more quickly."

"When an economist sees a persistent gap between supply and demand -- as in the demand for and supply of organs for transplants -- the next step is usually to look for the obstacles to market equilibrium," says Elias, assistant professor of economics in the UB College of Arts and Sciences.

"In the case of the market for transplantable organs," Elias says, "the obstacles are obvious. Very few countries allow the use of monetary incentives to acquire organs from either living donors or cadavers."

Although previous authors have discussed using monetary incentives to increase cadaveric organ donations, Elias and Becker stress the potential for eliciting more donations from living donors of kidneys and sections and livers, for example. Their collection, they say, is in several respects less subject to abuse and corruption than the collection of organs from cadavers.

Elias points out that the number of potential useable organs, especially from living donors, is very large

compared to the number of transplants needed. The present system blocks almost all of this potential supply, however, by disallowing payments for organs although such financial incentives would attract enough live donors to close the gap between supply and demand.

"Donating an organ for transplantation," the paper acknowledges, "may affect an individual's quality of life, risk of mortality and ability to perform market and non-market activities for some period of time after the surgery."

Building on the value of statistical life, a measure that summarizes tradeoffs between monetary wealth and fatal safety risks, and other parts of economic analysis, the authors compute how much additional income or market consumption an individual will require to be indifferent as to the question of selling an organ or not.

Their analysis suggests that in the U.S, a payment of \$15,200 per kidney, as a case in point, to a healthy live donor would significantly increase the pool of transplantable kidneys and eliminate the large queues in the market for kidney transplants.

Payment for organs, whether from live donors or cadavers, has been criticized on several grounds, among them the immorality of commodifying body parts, the likelihood that the poor would be the most likely donors and the possibility of reckless or impulsive donations.

The authors argue that paying for organs that save lives is no less moral than paying surrogate mothers for the use of their wombs or paying market wages to attract an army, which, they note, commodifies a recruit's entire body.

The organs of low-income persons who are sick are likely to be rejected, they say, so live donors would likely come from among the healthy poor and middle classes. They argue that poor individuals should not be deprived of revenue that could be highly useful to them, especially when their organs might save the lives of persons who are in desperate need.

Reckless or impulsive donations, say Elias and Becker, can be mitigated by requiring that donors be given written and verbal information about the risks posed by the surgery as well as afterwards. They also should be given a "cooling off" period, say the researchers, that is long enough for potential donors to seriously consider their decision.

The University at Buffalo is a premier research-intensive public university, the largest and most comprehensive campus in the State University of New York. UB's more than 28,000 students pursue their academic interests through more than 300 undergraduate, graduate and professional degree programs. Founded in 1846, the University at Buffalo is a member of the Association of American Universities.

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