

Radical reform is needed to stop the 'inhumane' practice of transplant tourism

June 13 2008

The UK government must bring in presumed consent to organ donation or allow a controlled donor compensation programme for unrelated live donors, in order to bring the "inhumane" practice of transplant tourism from the UK to an end, claims a doctor in this week's *BMJ*.

Professor Maqsood Noorani, former transplant surgeon at The Barts and The London NHS Trust in London, writes about his first hand experience as part of a transplant team trying to save the lives of British patients who have suffered complications after buying a kidney from a live donor in Pakistan.

In the world's poor countries including Pakistan, organs come mainly from live unrelated donors. It is claimed they are voluntary donations, says Noorani, but in reality most are sold by the desperately poor and transplanted into the rich. This exploits not only the poor but also women, who, according to Noorani's professional experience, constitute 95% of related live donors. In the male dominated society of Pakistan these women often have no say over what happens to them.

The trade in kidneys has become a lucrative business in Pakistan where private hospitals advertise their services in newspapers and on the internet. More needs to be done to bring it under control and stop donors and recipients dying, he claims.

He believes that Pakistan cannot simply change to a system like the UK where donation is made after death because this would encourage a

black market in cadaver organs with people being killed for their organs. Instead, governments of rich countries should put pressure on Pakistan to discourage these patients from travelling for organ transplants, and become self-sufficient themselves by introducing a presumed consent or controlled donor compensation system, he concludes.

It is the phrase "transplant tourism" that trivialises the act, writes Professor Leigh Turner from McGill University in Canada.

Commercial transplantation carries huge risks for the organ recipients, he says. Inadequate screening and testing has resulted in cases of HIV, hepatitis, malaria and tuberculosis. Recipients also often receive substandard surgical care, wound management and immunosuppressant regimens. Sellers are also vulnerable to harm from, for example, coercive organ brokers and organised crime networks.

In India, Pakistan, and the Philippines, most donors receive less than \$2000. The only winners are the organ brokers and transplant surgeons who can charge recipients more than \$80 000.

Transplant tourism should be recognised for the reality it is, says Turner, by referring to it as "cross border organ transplantation", "commercial organ transplantation" or "organ trafficking".

Source: BMJ

Citation: Radical reform is needed to stop the 'inhumane' practice of transplant tourism (2008, June 13) retrieved 31 January 2024 from <https://medicalxpress.com/news/2008-06-radical-reform-inhumane-transplant-tourism.html>

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