



The **DECLARATION** of **ISTANBUL**  
on **ORGAN TRAFFICKING** and **TRANSPLANT TOURISM**



[www.declarationofistanbul.org](http://www.declarationofistanbul.org)

# The Declaration of Istanbul(DOI): *Impact, Challenges, Future*

Sanjay Nagral MS, FACS

Director, Dept of Surgical Gastroenterology & Liver Transplantation,  
Jaslok Hospital & Research Centre , Mumbai, India

Ex Co Chair: Declaration of Istanbul Custodian Group

Co Chair: Ethics Committee, Asian Society of Transplantation

# The conundrum in modern organ transplantation

## A great example of

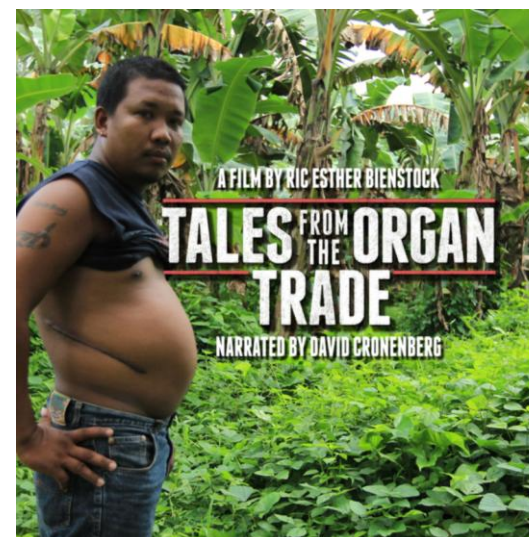
- Science, skill, innovation
- Team work
- Human to human solidarity

## But.....

- There is (& will be) a shortage of organs
- There is desperation for organs; individuals suffer/die without a transplant
- May attempt to coerce/ buy organs
- ***What should transplant professionals do..... ??***

# 1980's/90's; Growth of transplantation; parallel with commerce/coercion

- Awareness of transplantation; good outcomes
- Increased expertise / capacity to perform transplant
- Demand supply gap
- Social Hierarchy, vulnerability
- Poor regulation, Financialization of healthcare
- **Collusion by some professionals (someone has to do the transplant!)**



## CLINICAL PRACTICE

### High mortality among recipients of bought living-unrelated donor kidneys

A. K. SALAHUDEEN\* H. F. WOODS A. PINGLE  
M. NUR-EL-HUDA SULEYMAN K. SHAKUNTALA  
M. NANDAKUMAR T. M. YAHYA A. S. DAAR

Between June, 1984, and May, 1988, 130 patients from three renal units in the United Arab Emirates and Oman went of their own accord to Bombay, where they bought, through brokers, kidneys from living unrelated Indian donors for US\$2600-3300. 131 transplants were done, and the 122 patients who survived the perioperative period returned to their original renal units for follow-up. Altogether there were 25 deaths (16 before the end of 3 months, 4 in the next 3 months, and 4 more by the end of the first year), which gave a patient survival rate of 81.5% at 1 year. The patients who died had multiple complications, but infection was the commonest known cause of death. Patients were not properly instructed about their treatment, and little or no information was given to doctors following up the patients, criteria of suitability for transplantation were not strict, and patients were exposed to serious infections (including human immunodeficiency virus infection). In addition, the availability of living-donor programmes slows down attempts to establish cadaver-donor transplant programmes.

developed world depend largely on cadaveric donations, but in developing countries the main source is living donors. To overcome the shortage, many units around the world have started to use kidneys from living unrelated donors.<sup>2</sup> This practice is ethically permissible under some circumstances but, according to the (International) Transplantation Society,<sup>3</sup> not when the organ is purchased. Nevertheless there are allegations of sale of kidneys in developed<sup>4</sup> and developing<sup>5</sup> countries. Sale of kidneys has been condemned by the public and the profession on moral and ethical grounds, but the actual results of transplantation of purchased kidneys, when practised systematically and on a large scale, have not been substantively reported.

For several years now, some units in Bombay have run living unrelated transplantation programmes commercially.<sup>6</sup> Many end-stage renal failure patients from dialysis units in the United Arab Emirates (UAE) and Oman have gone there to avail themselves of this option and returned to us for post-transplant follow-up. We describe the follow-up findings.

Lancet 1990; 336: 725-28.

### Introduction

Transplantation is now established as the best treatment for end-stage renal failure (ESRF).<sup>1</sup> However, there is a shortage of kidneys for transplantation in most countries.

ADDRESS: Renal Units of Abu Dhabi and Dubai, UAE, and Muscat, Oman, and College of Medicine, Sultan Qaboos University, Oman (A. K. Salahudeen, MRCP, H. F. Woods, MRCP, A. Pingle, FRCP, M. Nur-El-Huda Suleyman, FRCP, K. Shakuntala, MB, M. Nandakumar, MRCP, T. M. Yahya, MRCP, Prof A. S. Daar, FRCS). Correspondence to Prof A. S. Daar, Department of Surgery, College of Medicine, Sultan Qaboos University, PO Box 32485, Al Khod, Muscat, Oman. \*Present address: Renal Division, Department of Medicine, University of California, San Francisco, CA, USA.

Mid 2000s

The World Health Organization estimated that **5-10%** (~13,000) of all solid organ transplants performed worldwide involve organ trafficking or transplant tourism.

## The state of the international organ trade: a provisional picture based on integration of available information

Yosuke Shimazono<sup>a</sup>

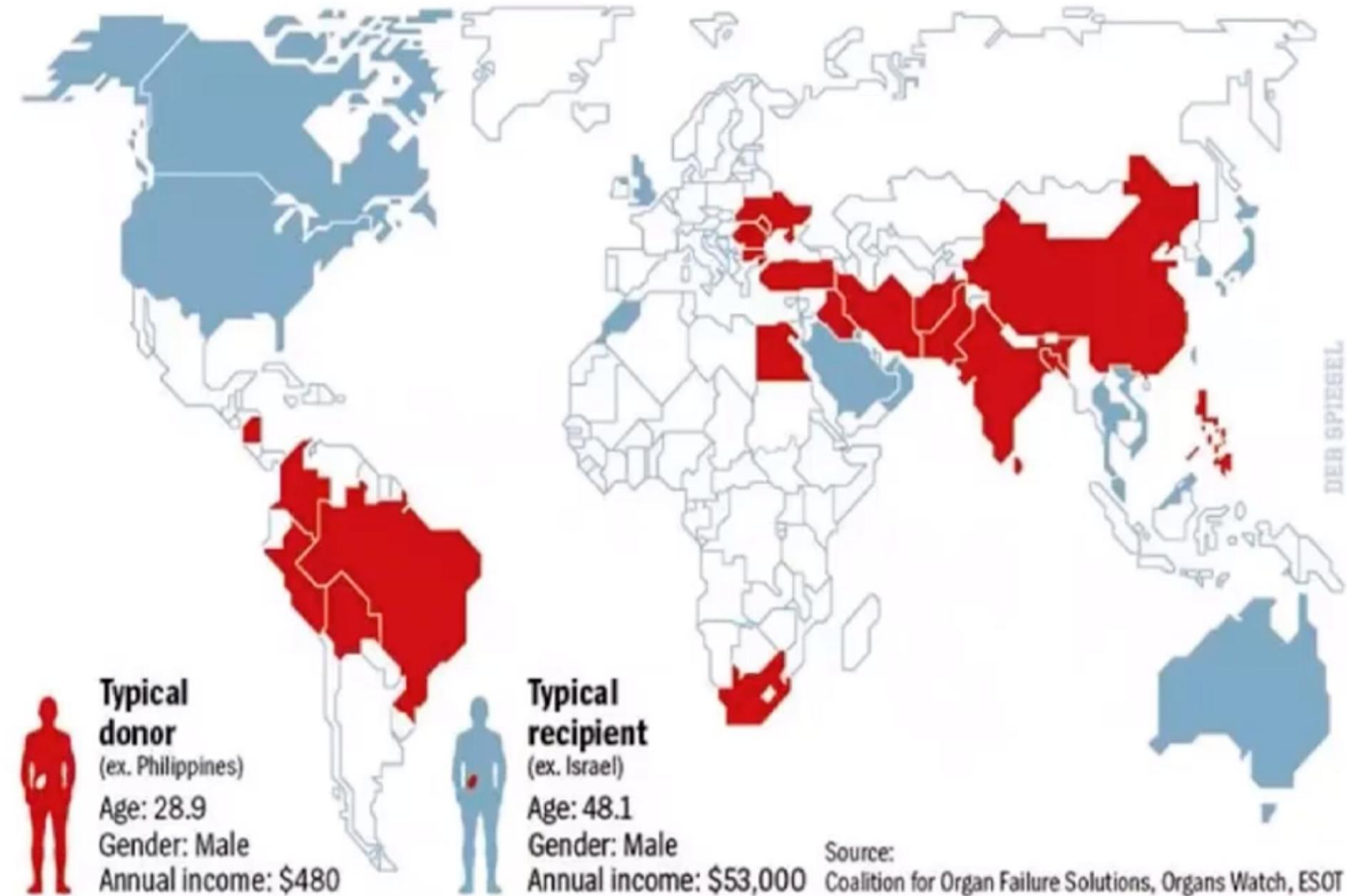
**Abstract** Organ transplantation is widely practised worldwide. The expansion of organ transplantation has led to a critical shortage of organs and the development of the organ trade. Many patients travel to areas where organs are obtainable through commercial transactions. Although the international organ trade is regarded as an important health policy issue, its current state remains obscure because of scarce data and the lack of efforts to synthesize available data. This paper is an attempt to integrate information about the current international organ trade and create a tentative global picture based on a systematic review of 309 media reports, journal articles and other documents. The international organ trade is described in terms of its forms, the organ-exporting countries, the organ-importing countries and its outcomes and consequences.

Bulletin of the World Health Organization 2007;85:955-962.

2007

## The Kidney World Order

■ Donor countries ■ Recipient countries



# Response to paid unrelated kidney donation

- Nothing wrong (its inevitable) , why not earn revenue & also help patients?
- Unregulated trade unacceptable, need a 'regulated' organ market
- Actively oppose/ report transplant commerce in any form ; ***autonomy & rights of the donor are as important as need of the recipient***



## The Declaration of Istanbul (2008/2018) on Organ Trafficking and Transplant Tourism

To address the growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs, a Summit Meeting was held in Istanbul of more than 150



150 participants, 78 countries  
Diverse backgrounds  
Professional orgs

Support from TTS & ISN



## The Declaration of Istanbul Custodian Group



*"The Mission of the Declaration of Istanbul Custodian Group (DICG) is to promote, implement and uphold the Declaration of Istanbul so as to combat organ trafficking, transplant tourism and transplant commercialism and to encourage adoption of effective and ethical transplantation practices around the world"*

## The Declaration of Istanbul on Organ Trafficking and Transplant Tourism

1. National governments, working in collaboration with international and nongovernmental organizations, should develop and implement **comprehensive programs for screening, prevention & treatment of organ failure**

2 **Legislation should be developed and implemented by each country or jurisdiction to govern** the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.

3. Organs for transplantation should be **equitably allocated** within countries or jurisdictions to suitable recipients without regard to gender, ethnicity, religion, or social or financial status.

4. The primary objective of transplant policies and programs should be optimal short & long term medical care to **promote health of both donors & recipients**

5. Jurisdictions, countries, and regions should strive to **achieve self-sufficiency** in organ donation by providing a sufficient number of organs for residents in need from within the country or through regional cooperation

6. **Organ trafficking & transplant tourism violate principles of equity, justice & respect for human dignity and should be prohibited.**

**Because transplant commercialism targets impoverished & vulnerable donors, it leads inexorably to inequity & injustice & should be prohibited**

## A new edition of the Declaration of Istanbul: updated guidance to combat organ trafficking and transplant tourism worldwide

2018

Transplantation 2019  
DOI:10.1097/TP.0000000000002540

1. Governments should develop and implement ethically and clinically sound programs for the prevention and treatment of organ failure, consistent with meeting the overall healthcare needs of their populations.
2. The optimal care of organ donors and transplant recipients should be a primary goal of transplant policies and programs.
3. Trafficking in human organs and trafficking in persons for the purpose of organ removal should be prohibited and criminalized.
4. Organ donation should be a financially neutral act.
5. Each country or jurisdiction should develop and implement legislation and regulations to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.
6. Designated authorities in each jurisdiction should oversee and be accountable for organ donation, allocation and transplantation practices to ensure standardization, traceability, transparency, quality, safety, fairness, and public trust.
7. All residents of a country should have equitable access to donation and transplant services and to organs procured from deceased donors.
8. Organs for transplantation should be equitably allocated within countries or jurisdictions, in conformity with objective, nondiscriminatory, externally justified, and transparent rules, guided by clinical criteria, & ethical norms.
9. **Health professionals & institutions should assist in preventing and addressing organ trafficking, trafficking in persons for purpose of organ removal & transplant tourism**
10. **Governments & health professionals should implement strategies to discourage & prevent the residents of their country from engaging in transplant tourism.**
11. Countries should strive to achieve self-sufficiency in organ donation and transplantation.

## Definitions

**Organ trafficking** consists of any of

- (a) removing organs from living /deceased donors **without valid consent** or in **exchange for financial gain** or comparable advantage to donor &/or 3rd person
- (b) any **transportation, manipulation, transplantation or other use** of such organs
- (c) offering undue advantage to or requesting same by healthcare professional, public official or employee of private sector to facilitate or perform removal or use
- (d) **Soliciting/recruiting donors/recipients for financial gain**
- (e) Attempting to commit or aiding or abetting commission of any of these acts

**Trafficking in persons for purpose of organ removal** is

Recruitment, transportation of persons, by **means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or position of vulnerability, or giving or receiving payments or benefits to achieve consent of a person having control over another person**, for the purpose of the removal of organs.



## Travel for transplant versus transplant tourism

- Travel for transplantation is the movement of persons across jurisdictional borders for transplantation.
- Legitimate ethical travel is a reality & acceptable.
- Travel becomes transplant tourism & unethical if
  - *It involves trafficking or*
  - *if resources (organs, professionals & transplant centres) devoted to providing transplants to non-resident patients undermine country's ability to provide services for its own population.*

# Financial neutrality in organ donation

- *Donors and their families should **neither lose or gain** financially as result of donation.*
- *Covering actual costs of donation is legitimate & may include*
  - Cost of evaluation of living donors
  - Charges for preserving opportunity for donation of potential deceased donors (e.g. elective ventilation)
  - Costs for perioperative phase of donation (e.g. travel, accommodation, and subsistence expenses of potential donors or donor families);
  - Expenses for post discharge care of living donor; cost of hiring personal assistance during recuperation of living donor
  - Income lost as a result of donating organ.
  - Providing living donors with compensation in case of undue damage resulting from removal of organ

## Spirit of the DOI .....

- Promotes transplantation as treatment of organ failure & self sufficiency
- Opposes transplant commercialism , specifically unethical travel (transplant tourism) and trafficking (organs & persons) by coercion or financial inducement
- Supports financial neutrality in donation (supports legitimate expenses for donation process)
- **Champions equity & access, opposes violation of human rights of vulnerable donors**
- **Not a legal instrument but relies on peer pressure & advocacy**
- **Promotes public trust in transplantation & in turn donation**

# Strengths

- Endorsement from professionals & global bodies (WHO, TTS, ISN, 150 endorsing orgs)
- Widely recognized as reference point over last 2 decades
- *Created Declaration of Istanbul Custodian Group (DICG) to promote DOI; 'live' document*
  - Website, position papers, meetings
  - Working with WHO, TTS, ISN, UNODC
  - Collaboration with regional/national transplant orgs (COE, AST, STALYC)
  - Submissions to Govts / regulatory bodies on reported unethical transplantation across countries
  - Support to whistleblowers & regulatory agencies



**IMPACT**

## **New and revised laws & policies** in several countries

- e.g. Updated WHO Guiding Principles in 2010 (WHA 63.22), Council of Europe *Convention Against Trafficking in Human Organs* (2014), prohibition of donation by/transplantation for foreigners, increased penalties for trade in organs, removal of insurance coverage for unauthorized transplants abroad, efforts to establish and expand ethical donation programs

## **Governance mechanisms**

- e.g. ethics committee review of foreign or genetically unrelated living donors, informal reporting systems of transplant tourism cases via the DICG

**Deterrence of proposed laws and policies** seeking to provide financial incentives for donation or facilitate transplant tourism

# PRC ; death row prisoners as donors

## Major global campaign led by DICG

- **Academic boycott** International & national medical societies & journals should not accept abstracts, publications or presentations from Chinese transplant centers unless authors clearly indicate that executed prisoners are not source of organs.
- **Membership of International professional societies by Chinese transplant professionals** Conditioned by acceptance of policies that specifically express unacceptability of executed prisoners as source of organs.
- **Pharmaceutical companies** must ensure that no executed prisoners are source of organs in studies
- **Training of Chinese transplant professionals** by international community must be conditioned on commitment that trainees will not engage in use of organs from executed prisoners.

American Journal of Transplantation 2011; 11: 426-428  
Wiley Periodicals Inc.

Personal Viewpoint

### The Use of Executed Prisoners as a Source of Organ Transplants in China Must Stop

G.M. Danovitch<sup>a,\*</sup>, M. E. Shapiro<sup>b</sup> and J. Lavee<sup>c</sup>

<sup>a</sup>David Geffen School of Medicine at UCLA, Los Angeles, CA  
<sup>b</sup>Hackensack University Medical Center, NJ  
<sup>c</sup>Heart Transplantation Unit, Leivie Heart Center Sheba Medical Center, The Sackler Faculty of Medicine, Tel Aviv, Israel  
\*Corresponding author: G. M. Danovitch, gdanovitch@mednet.ucla.edu

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Journal compilation © 2011 The American Society of Transplantation and the American Society of Transplant Surgeons  
doi: 10.1111/j.1600-6143.2010.03417.

gov/guidelines/belmont.html) and the International Conference on Harmonization of Clinical Practice (2). Yet this practice continues to this day in the People's Republic of China (PRC).  
  
In this regard two related articles in the August 2010 issue of the American Journal of Transplantation deserve our attention. Allam et al. (3) report on the complications suffered by patients returning to Saudi Arabia and Egypt after live transplantation in China. The authors comment that "th

## The Transplantation Society Regional Perspectives

### Open Letter to Xi Jinping, President of the People's Republic of China: China's Fight Against Corruption in Organ Transplantation

Francis Delmonico, Jeremy Chapman, John Fung, Gabriel Danovitch, Adeera Levin, Alexander Capron, Ronald Busuttil, and Philip O'Connell

The international media have recently focused attention on the resolve of China's new leadership to combat the rampant corruption within its society. The January 13, 2014, article in the China Daily, "For a clean and fair society," reported your guidelines for political and legal reform. The judicial system is now charged to "carry the sword of justice and scale of equality" for all of China. "The Chinese dream" has been announced as a goal for the nation.

## OTC Document

### China organ donation and transplantation update: the Hangzhou Resolution

Jie-Fu Huang, Shu-Sen Zheng, Yong-Feng Liu, Hai-Bo Wang, Jeremy Chapman, Philip O'Connell, Michael Millis, John Fung and Francis Delmonico  
Beijing, China

The much-anticipated change in the practice of organ donation and transplantation in China is now underway and affirmed by an important Hangzhou Resolution promulgated at the 2013 China Transplant Congress.  
  
donation and transplantation under the authority of the NHFPC:  
i) Human organ donation system:  
The human organ donation system, led by the NHFPC and involved by the Red Cross Society of China, aims to promote the organ donation campaign throughout the nation.  
ii) Human organ procurement and allocation system:  
The practice of human organ procurement and allocation will be "open and transparent" by an executive order "The Human Organ Procurement and Allocation (Interim)" released from the NHFPC in August 2013 that requires: a) Transparency in the allocation of organs to a national computerized waitlist (COTRS); b) The development of the organ procurement organization structure in each province; c) The training of organ donation coordinators.  
This regulation of the NHFPC is aligned to the State Council directive that mandates transparency and fairness in the practice of organ transplantation in

## Opinion

### China on the brink: there is hope for the end of their use of executed prisoner organs

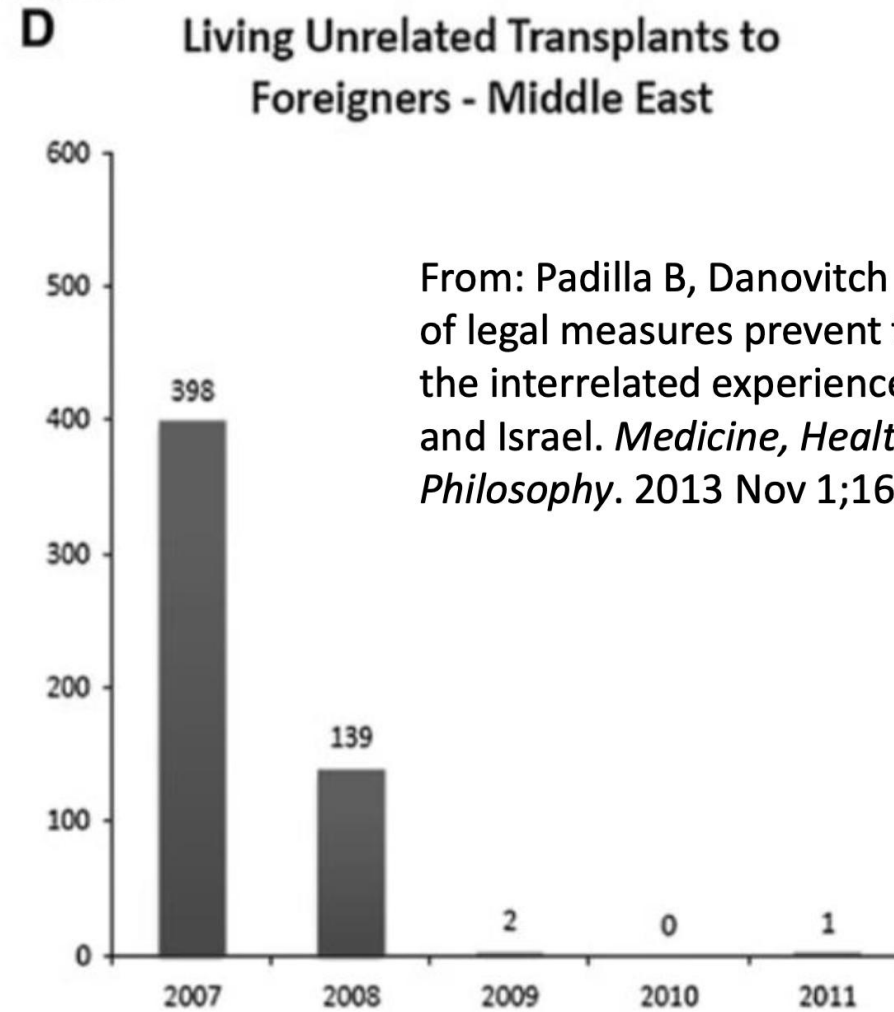
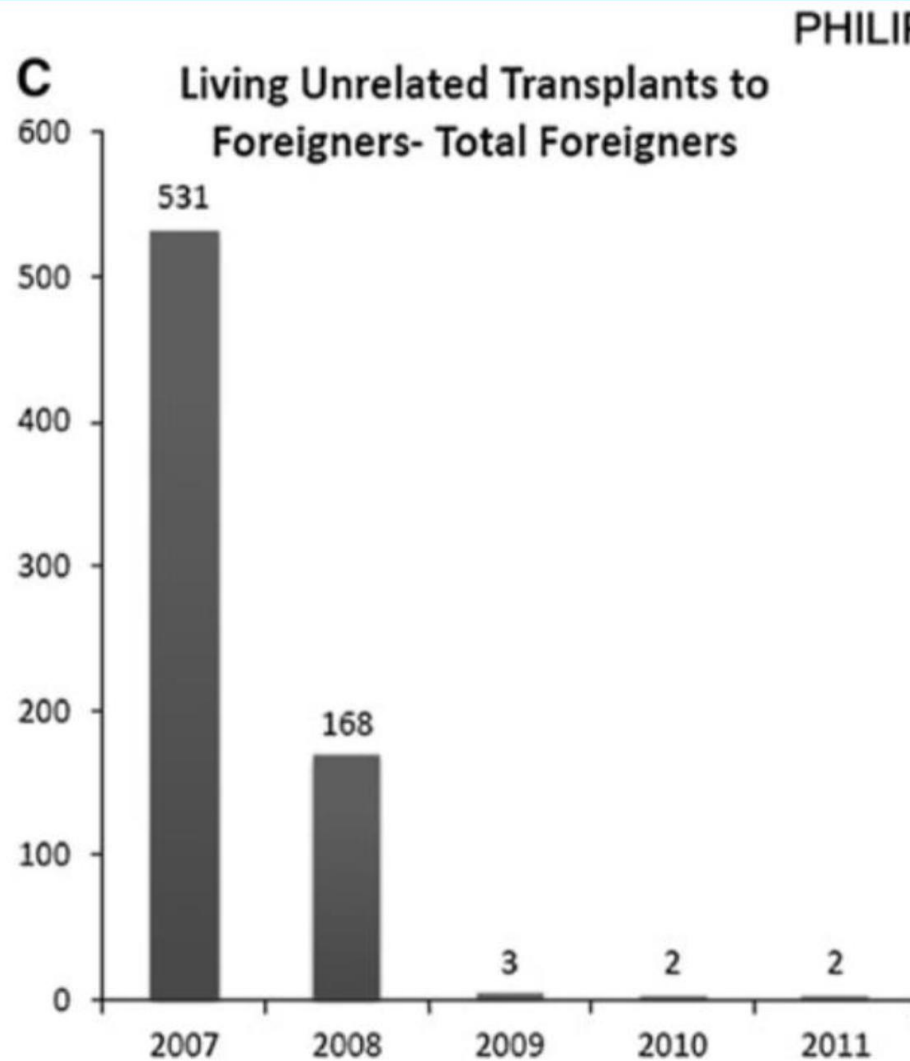
Gabriel M. Danovitch<sup>1</sup>, Francis L. Delmonico<sup>2</sup>

<sup>1</sup>Division of Nephrology, UCLA School of Medicine, Los Angeles, California, USA; <sup>2</sup>Harvard Medical School, Massachusetts General Hospital Transplant Center, Boston, MA, USA  
Correspondence to: Gabriel M. Danovitch, MD, Division of Nephrology, UCLA School of Medicine, Los Angeles, California, USA.  
Email: gdanovitch@mednet.ucla.edu

Submitted Jan 29, 2015. Accepted for publication Mar 06, 2015.  
doi: 10.3978/j.issn.2304-3881.2015.03.03  
View this article at: <http://dx.doi.org/10.3978/j.issn.2304-3881.2015.03.03>

This is an historic time for organ donation in China. Senior      To achieve the cessation of use of organs from the

# PHILIPPINES; Paid kidney transplants for foreigners, stopped after DICG campaign



From: Padilla B, Danovitch GM, Lavee J. Impact of legal measures prevent transplant tourism: the interrelated experience of The Philippines and Israel. *Medicine, Health Care and Philosophy*. 2013 Nov 1;16(4):915-9.



# Kenya ; 2023-25

Information from Israel to DICG about patients travelling to Mediheal Hospital, Kenya for buying kidneys

Cooperation between Kenya Renal Association & DICG

Petitions to Kenyan authorities

Major media reports

Kenya govt investigation & closure of Mediheal hospital

New law



**KENYA RENAL ASSOCIATION**

Upper Hill, KMA Center, Mara Road, P.O. Box 963 - 00606 Nairobi - Kenya Tel: +254 20 375 2727, Cell: +254 714 673 305, Email: info@kenyarenal.org

3<sup>rd</sup> May 2024

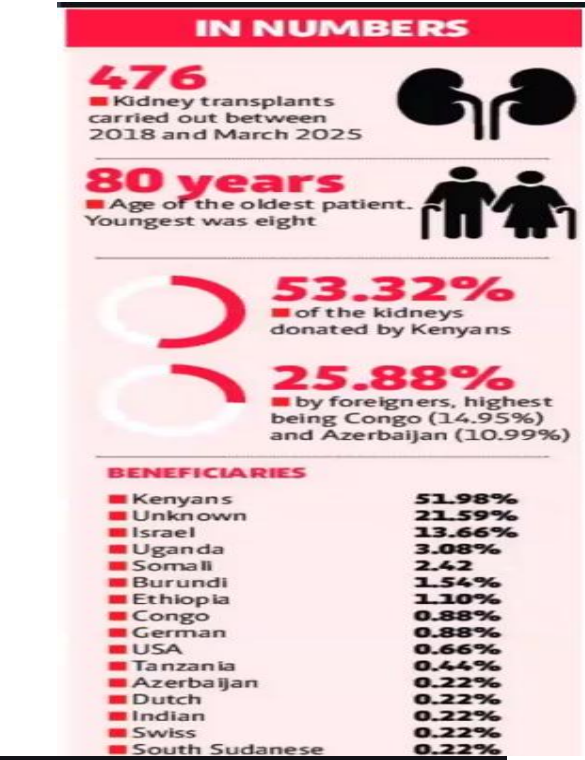
**PRESS RELEASE**

**\*\*Statement on Unethical Transplant Activities at Mediheal Hospital, Eldoret\*\***

**\*\*Introduction\*\***  
Since the first kidney transplant in Kenya in 1978, hundreds of transplants have been performed ethically and professionally under the oversight of the Kenya Renal Association and the Kenya Association of Urological Surgeons. These procedures have significantly improved the lives of kidney disease patients through voluntary donations.

**\*\*The Problem\*\***  
Recent activities at Mediheal Hospital, Eldoret, have raised serious ethical concerns. Reports indicate an increasing trend of transplant commercialization and transplant tourism at the facility, involving the sale of kidneys and the importation of patients for the purpose of transplantation. This is in direct violation of the World Health Organization resolutions, the Declaration of Istanbul, and Kenya's Health Act of 2017, which prohibits organ trade.

**\*\*Evidence of Unethical Practices\*\***  
Evidence gathered over the past two years from donor testimonies and recipient accounts suggests significant ethical breaches, including exploitation of vulnerable donors from local communities. This has not only endangered the health of both donors and recipients but has also damaged the reputation of Kenya's medical community internationally.





**DER SPIEGEL**

№ 16 | 12.4.2025  
Abonnement € 6,90  
4 Wochen € 26,80

**GELANLAGE**  
Was tun, wenn die Blase leidet?

**ORGANHANDEL**  
200.000 Euro für eine neue Niere

**SCHACHTELLE**  
Magnus Carlsen, der Unberechenbare



Wolfgang Fischer: Organe im brennenden Elend

Vorbereitend OP

nach OP

**Die Nieren-Connection**

**National News**

Harvesting Kenya Renal Association last year called for suspension of operating licences for alleged unethical practice

## State investigation implicates Mediheal in organ trafficking

Kenya Blood Transfusion and Transplant Service has found 'suspicious activity' after probing 372 kidney transplants

BY LEON LUGIBU

A government report has alleged possible illegal organ trafficking following an investigation into kidney transplants at a hospital in Eldoret, Uasin Gishu County.

The Kenya Blood Transfusion and Transplant Service (KBTTTS) has found "suspicious activity for trafficking" after investigating 372 kidney transplants at Mediheal Hospital in Eldoret.

The report, which has been handed over to Health Cabinet Secretary Macharia, "A curious name, found, was noted as the Kenya Blood and Transfusion Service (KBTTTS) had a record of them in the country. There is a need to ascertain the status and investigate why this name is linked to such and the relationship with the foreign patients and immigrants."

Members of the investigating team and the recipient, evidence including several kidney transplants involving foreign kidney donors have taken place in Eldoret at a clinic called Mediheal, allegations of donors of kidney organs carrying out the transplant, and organ providers originating from Central Asia. The report notes, "We strongly discourage any individual or group from engaging in such activities. It is not within the findings. I can assure you nothing will be swept under the carpet. I will convene the committee on Monday to discuss what they have established and will close down Mediheal for good if I have to because we cannot allow this to go on and put the lives of Kenyans at risk."

Backing to a German TV investigation document issued on April 11, 2023, which established that an online medical company known as Mediheal had been using Mediheal facilities in Eldoret to harvest kidney from Kenyans as a live and exporting them to German patients. Mr Duale said this was a stop.

"This revealed that this document and the recipient, evidence including several kidney transplants involving foreign kidney donors have taken place in Eldoret at a clinic called Mediheal, allegations of donors of kidney organs carrying out the transplant, and organ providers originating from Central Asia. The report notes, "We strongly discourage any individual or group from engaging in such activities. It is not within the findings. I can assure you nothing will be swept under the carpet. I will convene the committee on Monday to discuss what they have established and will close down Mediheal for good if I have to because we cannot allow this to go on and put the lives of Kenyans at risk."

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"This revealed that this document



The entrance Mediheal Hospital and Fertility Centre in Eldoret City, Kenya

**17<sup>th</sup> April 2025**

**BREAKING NEWS**

**CS DUALE suspends kidney transplant services at Mediheal Hospital with immediate effect; 2 top Ministry officials also suspended.**

**SMS 20688**

**Ministry of Health**  
@MOMHKenya

**Health CS Hon. Aden Duale Orders Immediate Suspension of Kidney Transplant Services at Mediheal Group of Hospitals**

Nairobi, 17 April 2025 – The Cabinet Secretary for Health, Hon. Aden Duale, EGH, has directed the immediate suspension of all kidney transplant services at Mediheal Group of Hospitals until further notice. This follows serious allegations of malpractice and ethical violations related to transplant procedures at Mediheal Hospital – Eldoret, as outlined in the Ministry's earlier press release dated Tuesday, 15 April 2025.

Addressing the media at Afya House today, Hon. Duale emphasized the Ministry's commitment to protecting patient safety and restoring public trust in Kenya's healthcare system.

To address the matter comprehensively, the CS announced the appointment of an independent Panel of Experts to investigate the allegations.

# Future challenges



## Transplantation in the Context of Migration and Refugees: A Summary of the DICG and TTS Ethics Committee Workshop, Buenos Aires, Argentina, September 2022

Peter G. Stock, MD, PhD,<sup>1,2</sup> Sanjay Nagral, MS, MBBS,<sup>3,4</sup> Eric Rondeau, MD, PhD,<sup>4,5</sup> Sylvia Gawronska, PhD,<sup>6</sup> Jennifer Groverman, MA,<sup>7</sup> Antoine Barbari, MD,<sup>8</sup> P. Toby Coates, MBBS, PhD, FRACP,<sup>9</sup> Beatriz Domínguez-Gil, MD, PhD,<sup>2,10</sup> Riadh Fadhil, MD,<sup>2,11</sup> Jolanta Malyszko, MD, PhD,<sup>12</sup> and Alejandro Niño Murcia, MD<sup>2,13</sup>

AQ3

- NCD epidemic; increasing demand
- Conflict & migration; increased vulnerability
- Increased travel for transplant (how to distinguish from transplant tourism?)
- Web/ social media/ dark web as tool for soliciting



Figure 2 ITOT routes of travel taken between January 1st 2019 and November 30th 2022 in respondents' most recent case experiences



# Global principles versus local reality (e.g. Asia)

- Low numbers (PMP), limited capacity building
- Limited deceased donation, mainly live donation (including liver); risk to live donor
- Travel for transplant becomes necessary
- Increased presence of private sector
- ? Cultural acceptance of rewards to donor



The **DECLARATION** of **ISTANBUL**  
on **ORGAN TRAFFICKING** and **TRANSPLANT TOURISM**



Ethics

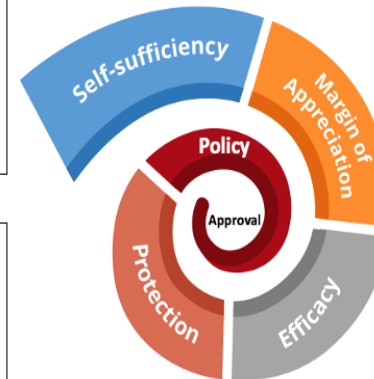
OPEN

## Baseline Ethical Principles and a Framework for Evaluation of Policies: Recommendations From an International Consensus Forum

Dale Gardiner, MD,<sup>1</sup> Andrew McGee, PhD,<sup>2,3</sup> Christy Simpson, PhD,<sup>2,4,5</sup> Curie Ahn, MD, PhD,<sup>6</sup> Aviva Goldberg, MD,<sup>7</sup> Austin Kinsella,<sup>8</sup> Sanjay Nagral, MD<sup>9,10</sup> and Matthew J. Weiss, MD<sup>8,11,12</sup>

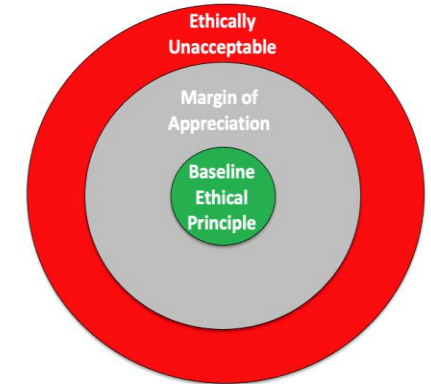
**Self-sufficiency**  
Does the policy promote self-sufficiency?  
1. Reduce organ failure and the need for transplantation?  
2. Increase the number and quality of organs that can be transplanted?

**Protection**  
What protections are required to ensure:  
Respect for people?  
Respect for autonomy?  
Privacy and transparency?  
Fairness, equity and justice?  
Professional probity?



**Margin of Appreciation**  
Does the policy fall within an acceptable margin of appreciation?  
1. Would this policy be accepted by any reasonable decision-maker with the appropriate expertise and background knowledge to decide if the policy should be accepted?  
2. If the answer to the first question is No, is this a policy about which reasonable decision-makers can reasonably disagree?

**Efficacy**  
Will the policy be effective?  
1. What is the evidence base for benefit from the policy?  
2. What burdens or safety concerns does the policy have and to whom?  
3. How does this policy proposal compare?  
4. What further areas of research and evaluation are required?



*Can countries creatively use grey zone around an ethical principle to boost donation without violating core principles?*



Viewpoint

A Regulated System of Incentives for Kidney Donation—Time for a Trial!

Arthur J. Matas, MD<sup>1</sup>

✓ Author Affiliations | Article Information

<sup>1</sup>Department of Surgery, Division of Transplantation, University of Minnesota, Minneapolis

“ Cite C Permissions Met

JAMA Surg  
Published Online: June 2, 2021  
2021;156;(9):807-808.  
doi:10.1001/jamasurg.2021.1435

Pass the  
End Kidney  
Deaths Act

Home Join the Team End Kidney Deaths Act ∨ FAQs ∨



Nobel Laureate Alvin Roth

Encourage organ donation through tax credits.

The [End Kidney Deaths Act](#) is a ten year pilot program to provide to living kidney donors who give kidneys to strangers on the kidney waitlist, a refundable tax credit of \$10,000 per year for five years (\$50,000 total). Click [here](#) to read the legislative text.

Kidney donation is [safe](#). Kidney donation is emotionally rewarding.

95% of surveyed donors report they would make the same decision again, largely because of the profound emotional reward of saving a life.

VIEWPOINT

The End Kidney Deaths Act Risks Irreversible Harm to Organ Donation

Thomas F. Mueller, MD, PhD; Maria A. Matamoros, MD; Gabriel M. Danovitch, MD; Sanjay Nagral, MD

**Two major, interconnected problems** afflict organ transplantation today: the widening gap between the demand for organs and their supply and the illegal, exploitative organ trade.

In the Declaration of Istanbul, adopted in 2008, the global transplant community agreed upon key ethical principles for organ donation and transplant, including prevention of organ trafficking and transplant tourism, equity in access and allocation, and financial neutrality in donation.<sup>1</sup> These principles are promoted by the Declaration of Istanbul Custodian Group (DICG). They have been widely ac-

cepted. Providing tax credits to nondirected donors is unlikely to significantly reduce the organ shortage through recruitment of more donors.<sup>2</sup> Currently, 300 to 400 nondirected living donations take place in the US annually, whereas approximately 90 000 patients are on the waiting list for a kidney.<sup>3</sup> When other countries made, or allowed, payments to living donors, they substantially decreased, or even destroyed, voluntary, unpaid donation, including deceased donation. Conversely, when programs that provided patients with funds to purchase an organ ended, national rates of living and de-

JAMA. 2025 May 20;333(19):1663-1664. doi: 10.1001/jama.2025.2409. PMID: 40136313.

# Closing thoughts.....

- DOI was a call against transplant commercialism; unique as led by transplant professionals
- Whilst our core interest is to get an organ for our recipient, we have an obligation to protect donors from coercion, inducement & ensure safety
- There is global consensus against coercion & deceit but regulated transparent markets have support
- For the poor & vulnerable, monetary reward maybe a subtle form of coercion
- We live an increasingly unequal, transactional & financialized world
- DOI is not just a moral stand, but has political & philosophical strains
- As physicians we have social standing & can punch above our weight

