

Is Paying A Salary To Living Donors Just Putting A Price Tag On Organs?



By *Jamie Wells, M.D.* — September 11, 2018



Credit: Pexels/ Daria Shevtsova [1]

There is a profound trend underway in organ donation that is prioritizing not making the perfect the enemy of the good. It seems eliminating barriers to organ donation, albeit by expanding the donor pool to include those with pre-existing medical conditions to offering monetary incentives, is thrusting transplant medicine into uncharted ethical waters.

Which begs the question: Has society progressed to find it acceptable now to put a price tag on our organs?

For years, organ shortages and the stringent requirements necessary to be eligible to receive those procured have contributed to lost hope for many in need. Countless have died waiting. There has always been the highest acceptability standard for a desirable donor-recipient match to reduce the risk for catastrophic rejection or to avoid acquired infection, for example –there are also the safety issues to consider for the donor. Living donors are most ideal, so a recent loosening of criteria has now allowed for those with existing disease, infectious and otherwise, to be candidates. With multiple accounts of success lately (see [here](#) [2] where a woman donated her heart and lived to tell about it or Johns Hopkins' HIV-positive to HIV-positive transplants [here](#) [3]), it is appearing like the high stakes gamble is paying off.

Even the always controversial notion of purchasing organs and the obvious ethical conundrum that abounds surrounding the topic is currently being challenged (see [here](#) [4]). A living donor is most coveted due to typically better outcomes, but they are often thwarted by many roadblocks ranging from a lack of uniform hospital qualification policies to the great expense incurred for recovery and lost wages from time away from work.

According to the [Associated Press via Fox News](#) [4]

“Thousands of people die each year waiting for an organ transplant. Nearly 14,000 are on the waiting list for a liver transplant. Of 8,082 transplants last year, just 367 were from living donors, according to the United Network for Organ Sharing, or UNOS, which oversees the nation's transplant system. Living kidney donations are more common but still not enough to meet the need. About 95,000 people are on the kidney waiting list. Of 19,849 transplants last year, 5,811 were from living donors.”

There can be many hurdles. A patient can be too sick to be put on the wait list for deceased donors, as those with the greatest chance for survival are often at the top. So, what if one found a living donor on his own? (review such a case [here](#) [4]).

Recovery for living donors costs money and can be quite extensive depending on the organ type and post-operative course. Though the recipient's insurance traditionally pays for the donor's medical bills, there can be additional significant economic burdens (e.g. travel, unpaid leave).

Penn is one of a few institutions studying if salary remuneration from work absence has an impact on the issue. Dr. Paige Porrett, a surgeon at the University of Pennsylvania, [states](#) [4]

“It's a strange thing to tell you that donors have to pay for the privilege of donating their kidneys. I think most of us would agree that's just fundamentally wrong.”

Dr. Porrett makes a very valid point.

But when it comes to bioethics, however, tethering organs to financial compensation can enter murky terrain. While most people would likely find such reasoning of pay reimbursement for the ultimate in generous gifts very sensible, it is always important to consider the donor and ensure he, especially when in a particularly desperate state, receives fully informed consent and is impervious to coercion. Unpacking the ethics further is a necessary step to making headway in how we redefine the lines. For instance, does this mean we are alright with someone in a low-paying job receiving less money for his kidney than someone in a high-paying one?

That said, with such rapid advance in permutations of organ donation potential, have we as a culture actually moved the needle so far that we should be asking whether we are okay with pricing our organs. After all, is it not the utmost in respecting individual autonomy to allow the

public to do as they wish with their bodies – as long as they are competent to make an informed decision, are not harming anyone else and thoroughly understand the consequences? Isn't it up to them to decide what their liver costs?

There are precedents in healthcare when it comes to egg or sperm donation and surrogacy, for instance. Are organs any different? It might be time to start the conversation. I would love to hear your thoughts on the subject, so please comment in the section below this article.

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[1] <https://www.pexels.com/photo/white-price-tag-on-human-palm-1201721/>

[2] <https://www.acsh.org/news/2018/08/13/woman-donates-her-heart-and-lives-tell-about-it-now-innovation-13308>

[3] https://www.hopkinsmedicine.org/transplant/news_events/hiv-positive-to-hiv-positive-transplants.html

[4] <http://www.foxnews.com/health/2018/09/10/doctors-explore-lifting-barriers-to-living-organ-donation.html>