

Putting Organ Traffickers Out of Business

By ACSH Staff — July 24, 2009

This article first appeared [on the website of \[1\] The Guardian \[1\]](#) on July 24, 2009:

Levy Izhak Rosenbaum of Brooklyn was arrested on Thursday for conspiring to broker the sale of a human kidney for transplant, as part of a massive corruption investigation in New Jersey involving dozens of political and religious figures. While his alleged criminal acts are reprehensible, there's plenty of guilt to go around. The current American system of organ donations, which forbids any incentives for donation, has created a niche market for just this type of crook.

The statistics are overwhelming. Some 102,640 patients are waiting for an organ donation in the US, according to the United Network for Organ Sharing. In 2008, more than 7,000 people died during their wait, and over 2,000 have died so far in 2009. These deaths are entirely preventable. But the current system, which is based on supposed moral concerns, actually creates incentives for black markets, rewards only the most wealthy and punishes the poorest. If morality matters, what could be more immoral than all these unnecessary deaths?

Take the recent case of Steve Jobs. He traveled to Tennessee, which has a shorter waiting list and superior organ procurement organizations than other states, when he needed a liver transplant this spring. He did it legally, but the rich have advantages when it comes to receiving transplants, because they can get on numerous lines and jet to a waiting organ at a moment's notice.

For those who aren't fortunate enough to game the system one way or another, options are limited. Unless you're lucky enough to have a relative or some other highly motivated and altruistic donor, there's little one can legally do to improve their chances in the painfully slow race against death.

The shortage of organs available for donation from unrelated donors has led to the macabre black market that exists today. Gruesome underground kidney markets are nothing new. *National Geographic* reported on a poor neighborhood in India known as "kidney village," since residents illegally sell their kidneys for about \$800, far less than the \$160,000 Rosenbaum allegedly charged. A whole new industry -- transplant tourism -- has emerged to meet the needs of the wealthy patients creating demand.

Current patients face a choice between two extremes: Wait for a fundamentally broken system and risk death, or venture into the unregulated wild west of the black market for organs. But there is a better and more ethical alternative.

We don't need to delve too deeply into the black market to see that donated (or purchased) organs have a high value to potential recipients. Yet, because of the ban on incentives for donations, a familiar economic principle comes into play: Whenever a product's price is held below market

demand, a shortage ensues. Despite campaigns to increase altruistic donations, organ donations are basically stagnant.

This failed status quo is no more ethical than exploring new approaches which could actually save lives -- even if we can't foresee all the possible downsides. There are many innovative plans that could help shorten the line for an organ -- and they do a better job than the current system of taking incentives into account.

As Dr Sally Satel argues in her book *When Altruism Isn't Enough: The Case for Compensating Kidney Donors*, a practical and ethical government-regulated donor compensation system would put people like Rosenbaum out of business.

Even the most tightly regulated system that creates incentives for donors, whatever those incentives may be, would save lives, reduce the shortages that promote the black market and level the playing field, by helping all potential recipients, not just those who can afford a trip to Tennessee, Kidney Village or Brooklyn.

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