



Research Article

KIDNEY DONATION AND ETHICS

*^{1,2}Dr. Dana Ahmed Sharif

¹Department of Nephrology, Shar hospital, Sulaimani Province, Kurdistan Region, Iraq

²Department of Medicine, College of Medicine, Faculty of Medical Science, University of Sulaimani, Kurdistan Region, Iraq

ARTICLE INFO

Article History:

Received 18th February 2016
Received in revised form
21st March 2016
Accepted 13th April 2016
Published online 30th May 2016

Keywords:

Kidney donation, Selling organs,
Donor outcome,
Live non-related donors.

ABSTRACT

Background: Living donation presents a unique ethical dilemma. Risking the life of a healthy person to save or improve someone else's life generates lots of debate. Besides, patient's need for a kidney versus someone else's despairs for money has led to create a black market for trading human organs in many developing countries where the law is in loose. There are lots of controversies regarding the outcome of these donors and whether their quality of life has affected post surgery.

Objectives: The aim of this study is to identify the physical, psychological and financial outcome of live non-related kidney donors in Sulaimani province, Kurdistan region/ Iraq.

Methods: a retrospective study looked in to 71 live non-related kidney donors in Sulaimani province – Kurdistan region/ Iraq all whom donated their kidney from April 2006 to April 2014. A questionnaire was made and all were interviewed either by phone calls or face to face.

Results: Majority of living non-related donors had no major complication from the surgery. Most had no regular follow up since after the operation. Majority of them admitted selling their kidney for a variety of reasons. Almost half of them claimed their quality of life is worse than before the donation and about three quarters of them regrets selling their kidney.

Conclusion: donating a kidney although seemed to be a safe procedure but didn't improve the quality of life of these donors. Many of them regret selling their kidneys and continued to remain under an economic deadlock due to continuous expenses needed for living.

Copyright © 2016, Dr. Dana Ahmed Sharif. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

The idea of organ transfer dates back to 500 BC where the myth reported some sort of ritual activity involving swapping the heart of warriors during the war by PienCh'iao in China. (Kahab *et al.*, 1988) The first reference to medical organ transplantation was in 200 CE where diseased limbs were replaced by healthy ones. (Younger *et al.*, 1996) The first successful kidney transplant carried out in 1954 in Boston, USA. (Finucane Martin, 2010) The transplant done between 23 years old identical twins. Both did well and that led to productive lives. Later on the first cadaveric kidney transplant carried out in 1962 by surgeons in Boston in which azathioprine was used for the first time as an immunosuppression to prevent rejection. The patient lived for 21 months. (Murray *et al.*, 1976) Since then kidney donation has taken different aspects and ethical issues around the world.

*^{1,2}Corresponding author: Dr. Dana Ahmed Sharif,

¹Department of Nephrology, Shar hospital, Sulaimani Province, Kurdistan region, Iraq.

²Department of Medicine, college of medicine, Faculty of medical science, university of Sulaimani, Kurdistan region, Iraq.

Human's despair to get a kidney has led to create a black market for human organs, especially in the third world countries where the law is in loose. (Hoyer, Peter, 2006) Adding on that, transplant tourism has boomed in many countries in an attempt to have some financial gain. (Wilkinson, Stephen, 2003) China for example is the biggest country for transplant tourism around the world. However, between 2003 and 2009, only 130 people in China signed up as organ donors. (Watts, Jonathan, 2007) This has led to questioning where do all these organs come from. There are several reports suggesting that the Chinese government takes organs from prisoners whom been charged with execution including political prisoners. (Yosuke Shimazono *et al.*, 2007) Although the Chinese government does not deny that but claims they usually take consent from prisoners' prior to that. (Yosuke Shimazono *et al.*, 2007) Having said that many suggest that such consent never took place. (Hillman, 2001) Not only that, surgeons in China have been forced to be involved in organ retrieval which means they have been practically involved in prosecuting these prisoners not the way the law has stated. (Tsai *et al.*, 2011) Such acts have been condemned world wide as many states that it violates the fundamental principals and physicians should not be participant in legally authorized

execution. (Danovitch *et al.*, 2011) However, Chinese government advocate that such act was beneficial to society not only because of the organs procured, but also because it was in keeping with the three fundamental principals of punishment, deterrence, retribution and restitution. (Trey *et al.*, 2011)

Objectives

The aim of this study isto identify thephysical, psychological and financial outcome of live non-related kidney donors in Suliamani province –Kurdistan region/ Iraq.

METHODS

A retrospective study looked in to 71 live non-related kidney donors in Suliamani province –Kurdistan region/ Iraq all whom donated their kidney from April 2006 to April 2014. All donors were interviewed either face-to-face or by telephone conversation. Verbal consent was obtained from all donors. A questionnaire was made to find out about their medical health, reasons for donation, and whether they regret donating their kidney

Data collection

The data acquired through a questionnaire which involved questions about the general health of the patient, whether he/she is able to work as hard as before, the reason for donation, whether his/her quality of life has improved since after the donation, any financial gain from that and if he/she regrets the donation

RESULTS

There were 84 kidney donors from 2007 to 2014. Thirteen live related and seventy-one non-related donors. 6 patients were female (8.5%) and 65 patients were male (91.5%). The age distribution of these donors was as follows. Chart 1

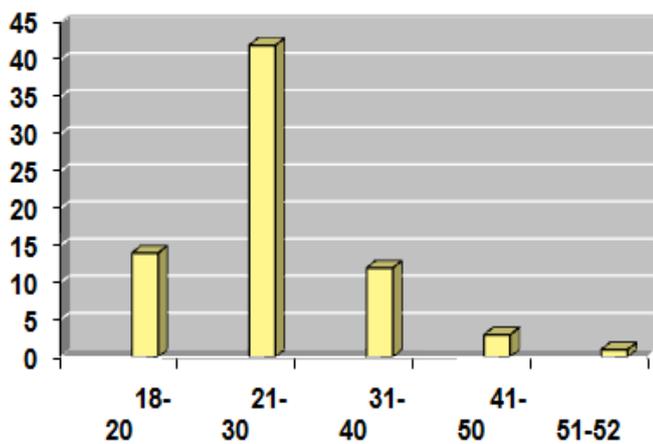


Chart 1. Age distribution of kidney donors

Among the live non-related donors, only 64 patients were able to trace and contacted. 54.50% of them had no complain and the rest (45.50%) had some minor symptoms such as pain, easily getting tired, short of breath and infection at the site of the scar post operatively. Chart 2

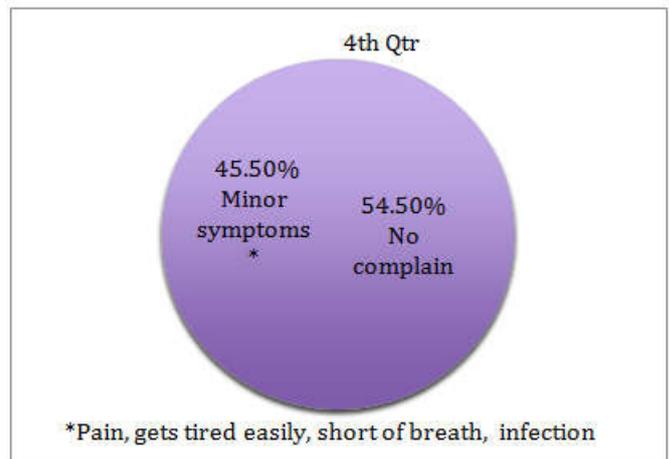


Chart 2. Symptoms after the nephrectomy

Regarding whether these donors had regular follow up since after the operation, only 29.54% had follow up investigations and the rest (70.45%) had no follow up, and among them 83.8% claimed the have not been offered any follow up investigation. Chart 3

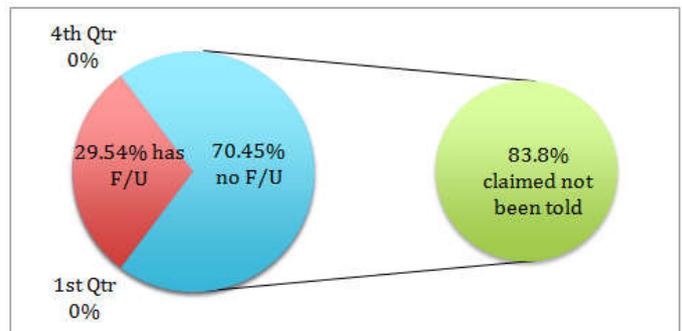


Chart 3. Rate of patients whom has/not hasfollow up after the nephrectomy

In terms of whether the donor is able to work as hard as before. Forty-eight percent claimed they could not and the rest (52%) said yes they could. On further questioning regarding the reason behind donation, 59 of them admitted selling their kidney, as they were disparate for money for a variety of reasons mainly being on debt, paying house rent or family expenses. The remaining 5 claimed they did it on a good will. When they asked if they regret selling their kidney, 69% said yes and 31% said they did not. Regarding the quality of their life since after the donation. 32 patients (50%) claimed is worse, mainly because of the continuous debt they fell in, psychological impact, fear of loosing the other kidney and not been able to work as hard as before. 26 patients said is the same (41%) and the remaining 6 patients (9%) admitted is better. Chart 4 On questioning whether the donor still has debt on or not. 38 of them claimed they are still on debt (60%) and 26 patients (40%) said they are free of any debt. Chart 5

DISCUSSION

There are lots of debates whether a market for kidney should be legalized or not. (Charles A. Erin and John Harris, 2003) Those arguments which in favor of selling kidneys claims that it could increase the supply of organs. (Radcliffe-Richards *et al.*, 1998)

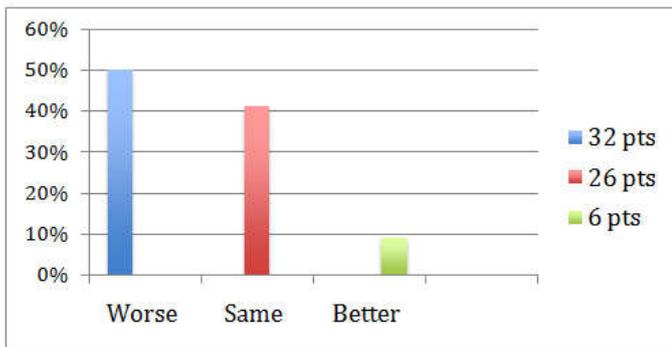


Chart 4. Quality of life since after the donation

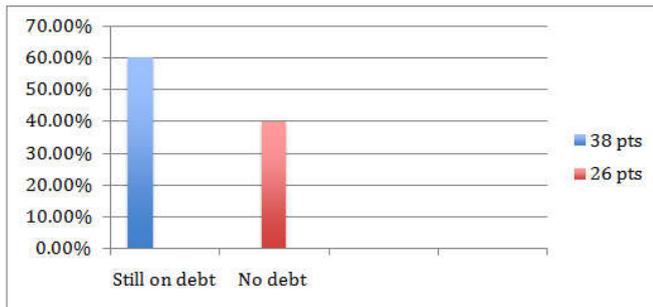


Chart 5. Whether the donor remained on debt or not post operatively

Over 6,000 people die every year waiting for a transplant organ worldwide (Alexander and Zola, 1996). Such market could benefit impoverished people and many claims that a vendor has freedom to make choices, including the decision to sell a kidney, (Childress, 1992). Adding on that, this may drive the price for organs lower than current black market values since an increased supply drives prices down. Besides, depriving them of the option to sell their kidney makes their bad situation even worse, (Childress, 1992). Many argue that the ability to endanger one's body fueled by financial incentive such as joining the military, acting as a surrogate mother, and/or engaging in medical experiments are all accepted in today's society (Arthur J. Mates, 2004). On the other hand, many people think that such market could actually exploit the most vulnerable people in society for the benefit of the privileged, (Scheper-Hughes, 2003). It may also increase the already high prices for organs. Besides, it would encourage organ theft through murder and neglect of sick individuals for a financial gain. This will also have negative repercussions of organ commerce on altruistic and live related organ donation, and weakens of efforts to initiate and sustain deceased donor programs (Friedman, 2006).

The declaration of Istanbul on organ trafficking and transplant tourism which was held in 2008 condemned the exploitation of living donors who are thought to be vulnerable such as illiterate, impoverished, undocumented immigrants, prisoners, and political or economic refugees. (Organ trafficking and transplant tourism and commercialism, 2008). Many western countries have introduced different programs to increase the supply of organs and shorten the waiting time such as exchange program, opt-in system (potential donor must give consent during their lifetime) such as in USA, UK, Australia, Germany and Scandinavia, and opt-out system (the donor can be presumed to consent if they have not indicated otherwise) such

as in Spain, Austria, France and Belgium. (GurchRandhawa, 2010) Although selling kidneys is illegal in most countries around the world, but there are reports that the market of kidney is booming in many developing countries such as Pakistan. (Syed A. Naqvi, 2007) These reports suggest that selling kidneys had not even helped the vendors financially but also caused a psychological and mental compact on their lives especially in the rural areas. Similar reports in India, Iran and Philippines showed majority of live non-related donors remained in economic deadlock due to debt, unemployment, illness and drug abuse. (Madhav Goyal, 2002; Javaad Zargooshi, 2001; Sallie Yea, 2010) Iran is the only country around the world in which selling kidneys are legal. Iran has a unique model of paid and regulated living un-related kidney donation. (Ahad J. Ghods, 2006) Many countries around the world including USA have condemned this act. Having said that the Iranian kidney transplantation program claim that they have abolished the waiting time for kidney transplant since they introduced this program. To prevent transplant tourism, foreigners are not allowed to donate or receive a kidney from a local patient in Iran. (Alireza Bagheri, 2006)

An alternative option to reduce the waiting list of organ donation is the use of cadaveric program. There are two types of cadaveric organ retrieval, donation after cardiac death and donation after brain dead. There were and still lots of rumors and disagreement about the definition of brain death since its introduction by Harvard medical school in 1968. (Eelco, 2001; MitaGiacomini, 1997) In the Islamic world the issue of brain death was discussed in the third international conference of Islamic jurists, Amman 1986. There was a general agreement that brain death equates cardiac and respiratory death and they rejected any trading or trafficking of organs in the subsequent conference, (Mohammed A. Albar, 1996). According to the Iraqi law trading of human organs is completely forbidden. (Decree, 1986) having said that there are several reports suggesting that this act might be carried out secretly in many areas around the country (Huffington, 2009; Aljazeera, 2009).

Conclusion

In this study we have found that the majority of live non-related donors were under some sort of debt. Most of them had no major complication from the surgery and many were not followed up since after the operation. Most of them had their quality of life not better than before and majority regrets selling their kidney.

Conflict of interest

This study was supported by the faculty of medical science, college of medicine, University of Sulaimani. The author has nothing to declare.

REFERENCES

- Ahad J. Ghods, 2006. Iranian Model of Paid and Regulated Living-Unrelated Kidney Donation. CJASN Nov 2006. Vol 1, no.6 1136-1145
- Alexander, J.W. and Zola, J.C. 1996. Expanding the donor pool. Clinical transplantation 1996

- Alireza Bagheri, 2006. Compensation Kidney Donation: An Ethical Review of the Iranian Model. *Kennedy Institute of Ethical Journal*, Vol 16 no.3, Sept 2006, p 269-282
- Aljazeera.net. Poverty drives Iraq organ trade. July 2009
- Arthur J. Mates, 2004. The case for living kidney sales: Rationale, Objections and Concerns. *American Journal of Transplantation*, 4: 2007-2017
- Charles A. Erin and John Harris, 2003. An ethical market in human organs. *J Med Ethics*, 29:137-138.
- Childress, J.F. 1992. The body as property: some philosophical reflections. *Transplantation Proceedings*, 24(5): 2149-2951
- Danovitch, G.M., Shapiro, M.E. and Lavee, J. 2011. The use of executed prisoners as a source of organ transplants in China must stop. *Am J Transplant*. 11(3):426-8
- Decree No. 698 of 27 August 1986 of the Revolutionary Command Council promulgating Law No. 85 of 1986 on the transplantation of human organ. (AlwawaiAliragiya, 15 September 1986, No. 3115, p. 559
- Eelco, F.M. 2001. The Diagnosis of Brain Death. *N Engl J Med*; 344:1215-1221, April 19, 2001
- Finucane, Martin, 2010. "World's first organ donor dies at 79". *Boston.com*. December 29, Retrieved December 29, 2010.
- Friedman, E.A. 2006. Payment for donor kidneys: pros and cons. *Kidney International*, 69, 960-962
- Gurch Randhawa, 2010. Opting-in or opting-out? The views of the UK' faith leaders in relation to organ donation. *Health policy*. Vol 96, Issue 1, June 2010, pages 36-44
- Hillman, H. 2001. Harvesting organs from recently executed prisoners. Practice must be stopped. *BMJ*, 323(7323):1254
- Hoyer, Peter. 2006. "Commercial Living Non-Related Organ Transplantation: A Viewpoint From a Developed Country." *Pediatric Nephrology* 21, 1364-1368.
- Huffington Post. Iraq Organ Trade Driven By Poverty. August 2009
- Javaad Zargooshi, 2001. Quality of life of Iranian kidney 'donors'. *The Journal of Urology*, Vol 166, Issue 5. Nov 2001, p 1790-1799
- Kahab, B.D. *et al.* 1988. PienCh'iao, the legendary exchange of hearts, traditional Chinese medicine, and the modern era of cyclosporine, *Transplant Proc.* 1988 Apr; 20(2 Suppl 2): 2-12
- Madhav Goyal, 2002. Economic and Health Consequences of Selling a Kidney in India. *JAMA*, 288(13):1589-1593.
- Mita Giacomini, 1997. A change of heart and a change of mind? Technology and the re-definition of death in 1968. *Social Science & Medicine*. Vol 44, Issue 10, May 1997. Pages1465-1482
- Mohammed A. Albar, 1996. Islamic Ethics of Organ Transplantation and Brain Death. *Saudi Journal of Kidney Disease* 1996. Vol 7. Issue 2. Pages 109-114
- Murray, J.E., Tilney, R.E. Wilson, 1976. Renal transplantation: a twenty-five year experience. *Ann Surg.* 1976 November; 184(5): 565-573
- Organ trafficking and transplant tourism and commercialism: the Declaration of Istanbul. *The Lancet*. Volume 372, No.9632, p 5-6, 5 July 2008
- Radcliffe-Richards, J. *et al.* 1998. The International Forum for Transplant Ethics. The case for allowing kidney sales. *The Lancet*. Vol 351; June 27.
- Sallie Yea, 2010. Trafficking in part(s): The commercial kidney market in a Manila slum, Philippines. *Global Social Policy*. Dec 2010. Vol. 10 no.3 358-376
- Scheper-Hughes, N. 2003. 'A grisly global trade: a taboo tumbles: the market for 'fresh' human organs is expanding worldwide, with the poor providing for the rich'. *Los Angeles Times*, 3 August 2003
- Syed A. Naqvi, 2007. A socioeconomic survey of kidney vendors in Pakistan. *Transplant International* 20, 934-939
- Trey, T., Halpern, A. and Singh, M.A. 2011. Organ transplantation and regulation in China. *JAMA*. 306 (17):1863-4.
- Tsai, D.F., Tsai, M.K. and Ko, W.J. 2011. Organs by firing squad: the medical and moral implausibility of death penalty organ procurement. *Am J Bioeth.* 11(10):11-3.
- Watts, Jonathan, 2007. "China Introduced New Rules to Deter Human Organ Trade." *The Lancet* 369.9577, 1917-1919
- Wilkinson, Stephen. 2003. *Bodies for Sale: Ethics and Exploitation in the Human Body Trade*. London: Routledge, 2003
- Yosuke Shimazono *et al.* 2007. The state of the international organ trade: a provisional picture based on integration of available information *Bull World Health Organ.* 2007 Dec; 85(12): 955-962.
- Younger, S.J., Fox, R.C. and O'Connell, L.J. (eds), *Organ Transplantation: Meanings and Realities* (Wisconsin: University of Wisconsin Press, 1996)
