MEDICAL EXPLOITATION AND BLACK MARKET ORGANS: PROFITEERING AND DISPARITIES IN GLOBAL MEDICINE[1]

BY PAIGE C. CUNNINGHAM, JD AND MICHAEL SHAFER, MA, PHD CANDIDATE

"Global social justice." It is an excellent but overwhelming goal. We rightly care about fellow human beings who are cut off from basic goods like clean water, basic education, and healthcare. Their needs are staggering. Yet, those who are most vulnerable to exploitation are often not those who need something, but those who have something that others desperately want. These victims are the poor and disadvantaged who are the targets of organ trafficking.

The Center for Bioethics & Human Dignity has focused attention on this urgent issue for the past two years, beginning with several lectures in 2008, and highlighted in our 2009 conference, *Global Bioethics: Emerging Challenges Facing Human Dignity*. In the coming year, Paige and CBHD research scholar Michael Sleasman will be contributing a chapter on medical exploitation that will explore this issue and others associated with bioethics and social justice to a forthcoming volume tentatively entitled, *Social Injustice: What Evangelicals Need to Know about the World*.

Black market organ transfer is the consequence of a gross imbalance between supply and demand. The waiting list of patients who are in need of an organ vastly outnumbers the organs being donated. Over the last ten years, more than 65,000 transplant candidates in the United States were removed from the waiting list because they died.[2] The desperation of sick patients and shortage of domestic donors has contributed to the emergence of "transplant tourism," connecting those who need an organ with those who have them. Most often, the prized organ is a kidney, but partial-livers and single corneas are also traded. Typically, the sick patient is from a wealthy nation, while the organ donor usually lives in a disadvantaged country. The transplant may take place in the recipient's country, the donor's country, or in a private, boutique hospital in a third location. These hospitals are set up to avoid legal barriers in the home countries of donors and recipients.

The National Organ Transplant Act makes it "unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for valuable consideration for use in human transplantation."[3] Excluding the buying and selling of the organ itself, this act clearly allows monetary compensation for all other aspects of the transfer including "removal, transportation, implantation, processing, preservation, quality control, and storage of a human organ or the expenses of travel, housing, and lost wages incurred by the donor."

Aside from reimbursement for medical and travel costs these guidelines allow for virtually no benefit to be procured by the donor. The lack of organ donors suggests that for most people altruism is not enough. In their search for an organ donor many have traveled abroad, often to poor countries. Wealthy people with sick organs and poor people with healthy organs tend to gravitate together in hopes of an exchange. Sadly, the exchange is often heavily one sided. Transplant procedures are a bargain for the organ recipient. One Christian physician in India told CBHD that India is the medical tourism destination of the world. In 2007, over 150,000 medical tourists advantaged themselves of the lower prices in India ($200,000 vs. $10,000 for a heart valve replacement), and the readily available market of kidney sellers.

Advocates of social justice might think that this provides a unique way for an impoverished man to care for his family. He can live adequately with one organ, and the price is a princely sum in his community. The reality is less attractive.

First, the power distance between donor and potential recipient is great. The group identified as prospective donors are vulnerable because of their low social status, their ethnicity, their gender,[4] their age, or their incarceration.[5] Even though they are called 'donors,' many part with their kidney under the enticement of the promise of a rich reward. Staggering under a load of debt, they grasp at this hope of improving their lot in life. Others are simply coerced (with brutal force), or deceived. In the hospital for one purpose, they wake up from surgery to discover their kidney has been removed without their consent.

Consider the stark picture of exploitation in India: Kidney recipients often pay $25,000 for the transplant, and the donor may receive $1,250 to $2,500. Kidneys may be sold for as little as $700, but the patient may pay over $180,000 for the transplant. Who is pocketing the difference? The payment is divided among the kidney broker, the harvesting surgeon, and the transplant hospital. Some receive nothing. One Manila transplant surgeon callously remarked that a large bag of rice should suffice, since "donors" are only playing the part of the Good Samaritan.

Even if they do receive payment, few donors improve their lot in life. Within a few months, their situation is even more dire. The payment has vanished into the pockets of those to whom the donor was in debt.

The donor often is physically maimed, and unable to return to his former line of work: heavy manual labor.

However, the relatively small financial compensation should not be the basis for our complaint against organs being bought and sold on the black market. Even if the donor were to receive larger sums of money ethical difficulties would remain and the notion of global social justice would not be advanced. Human organs ought not to be assigned an arbitrary monetary value regardless of the price tag. Whether the black market donor is paid $2,000 or $20,000 he or she is being used as a means to an end rather than being respected as an individual human being.

The ethical problems do not stop there. Tragically, many are outcast within their village, where they are viewed as prostitutes. Viorel, a 27-year-old, unemployed kidney seller from Moldova believes it is worse than that: "We are *worse* than prostitutes because what we have sold we can never get back. We have given away our health, our strength, and our lives."[6]

One of the darkest sides of the organ trade is the physical abandonment of the donors. Once the recipient has the organ, the profiting parties tend to lose all interest in the donor. Few donors have subsequent access to medical care, and many are maimed for life. This is no way for fellow human beings to be treated, even if both parties receive temporary benefits.

Our doctor friend in India reminds us that all people are made in the image of God, from the callous transplant surgeon to the sick kidney patient to the abandoned donor. We must pursue justice and compassion. There *are* ethical ways for transplant patients to receive organs from global donors. The donor must be respected as an individual, must be able to give truly informed consent, must be free from physical or financial coercion, and must be cared for after his organ is harvested.

As Christians, we should demand no less.

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1 This essay is adapted and expanded from a piece entitled, "Black Market Organs" by Paige C. Cunningham that originally appeared in *Trinity Magazine* (Spring 2010): 18-19.

2 "2009 OPTN / SRTR Annual Report: Transplant Data 1999-2009" U.S. Department of Health & Human Services http://optn.transplant.hrsa.gov/ar2009/ (accessed July 23, 2010).

3 "National Organ Transplant Act" http://www.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_6A_20_II_30_H.html (accessed July 23, 2010). The Department of Health & Human Services implemented a Final Rule establishing the regulatory framework for the structure and operations of the Organ Procurement and Transplantation Network in 2000, http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr121_main_02.tpl (accessed July 23, 2010).

4 Even though women may be approached to give a kidney, the majority of donors are men. Virtually all organs go to men; women rarely receive illicit organ transplants.

5 Before China adopted the Human Transplantation Act in 2007, there were reports of as many as 11,000 transplants of organs from prisoners whose execution was timed to meet donor needs. See Debra A. Budiana-Saberi and F. L. Delmonico, "Organ Trafficking and Transplant Tourism: A Commentary on the Global Realities." *American Journal of Transplantation 8 (2008):* 925-929.

6 Nancy Scheper-Hughes, "Rotten trade: millennial capitalism, human values and global justice in organs trafficking." *Journal of Human Rights*, no. 2 (June 2003): 197-226, 200.