Paying for Organs… *A Modest Proposal*

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Transplantation Ethics

Transplantation is one of the great success stories of modern medicine
Emphasize high likelihood of benefit to recipient
Nonmaleficence to donors
Aggregate benefits and risks to the donor/recipient pair


Transparent allocation and monitoring of organs to recipients

Historically “to pay for organs is against the principles of organ transplantation”…and “…donors must not be viewed primarily as a resource for transplants.”

A Kind of New Argument

The extraordinary has now become commonplace
Exacerbated the discrepancy between recipient candidates and donor organs
Mandated Choice failed
Living donors are the most common donors
Simple solution has been proposed
**Pay for donor organs**

“For every complex problem there is a simple solution. And it is always wrong.”
New York: Knopf

Chicago School of Economics

Unclear how the market would impact organs as a commodity.
Will not meet demand and may contribute to increasing the demand by increased supply
Nonprofit status confines costs
Would require regulation which throws instability into market forces
Can oversight substitute for regulation?
Repugnance to such an idea
Wisdom of Repugnance

Application of market economy to human parts


“It is a concept that takes a while to sink in. When you first hear about it, it doesn’t sound right.” –Dr. Matas


Keep the scars, lose the kidney, spend the money

Who will the donors be and who pays?

Need all donors be paid? Are they just “used cars”?


Caste System

“Autonomy doesn’t trump everything else….The upper class preying on the lower class…. May work in an economic model, but not in a justice model.”

Dr. Thistlethwaite, University of Chicago Magazine

Resources (organs) will move like wealth to the powerful further stagnating vertical movement in society

Vulnerable are not covered medically in our society

Legal implications for all

Why don’t you take the procurement fee and I’ll sue the transplant surgeon?

Then I get the institutions?
Protection of Living Donors

The complex interaction and analysis of data implicitly benefits the recipient (risks/benefits)

75% want to donate, no matter costs

Will payment make complications more acceptable?

All organs are not equal, certain blood groups, ages, and types of organs are more valuable


Gresham’s law

Quality organs pushed out of the market because there is no good way to establish that they really are worth more

Offshore donors and/or recipient

Futures market for donors and its conflict with autonomy

The Money Experiment

Pay more for certain types

Led people with higher risks to donate blood or blood products for money


Contamination of the blood bank pool

Transfusion, 1994;34:116-21


The use of contaminated organs can cause great harm to many people and is not easily defended
Where do we go from here?

Common Ground

Ethical application depends heavily on the success to the recipient and safety to the donor over time.
Donors should be properly monitored postoperatively with long term follow up.
Eliminate disincentives to organ donation
  Lost income and direct costs
Regional organ exchanges?
When we work together we can achieve great things