

Medical Professionals Responsibilities in Preventing Organ Trafficking

**Igor Codreanu, Renal Foundation
Transplant Agency of Moldova**

Some slides were contributed by Declaration of Istanbul Custodian Group
and Dominique Martin, the DICG Working Group on Extraterritorial Jurisdiction

*ALLIANCE AGAINST TRAFFICKING IN PERSONS
Ethical issues in Preventing and Combating Human Trafficking
Vienna, Hofburg
4-5 November 2014*



Global Activity in Organ Transplantation 2013 Estimates

Global Observatory on Donation & Transplantation

<http://www.transplant-observatory.org/pages/home.aspx>

Kidney	Liver	Heart	Lung	Pancreas
77818 (42,3% LD)	23986 (18,2% LD)	5935	4359	2423

**≈ 110,000 organs transplanted per year
≤ 10% of global needs**

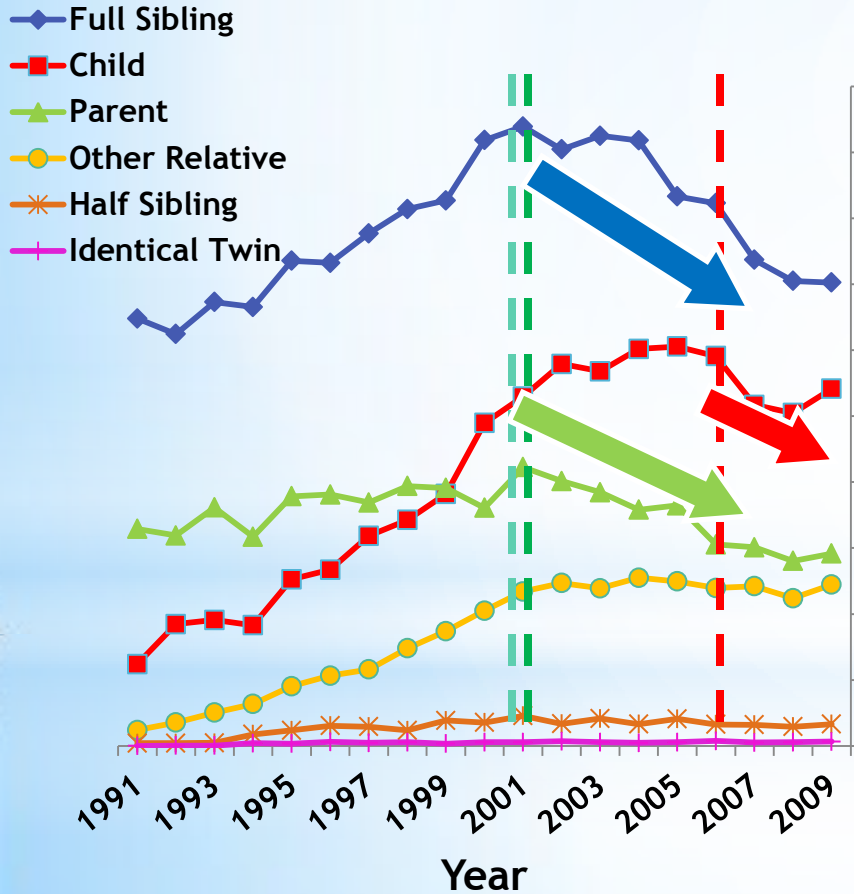
-Information of 109 Member States on organ transplantation activities is included in the GODT: 91 of 2012, 9 of 2011, 3 of 2010, 2 of 2009, 4 of 2008.

Kidney Donation in the US

Change in Pattern in Living Donation

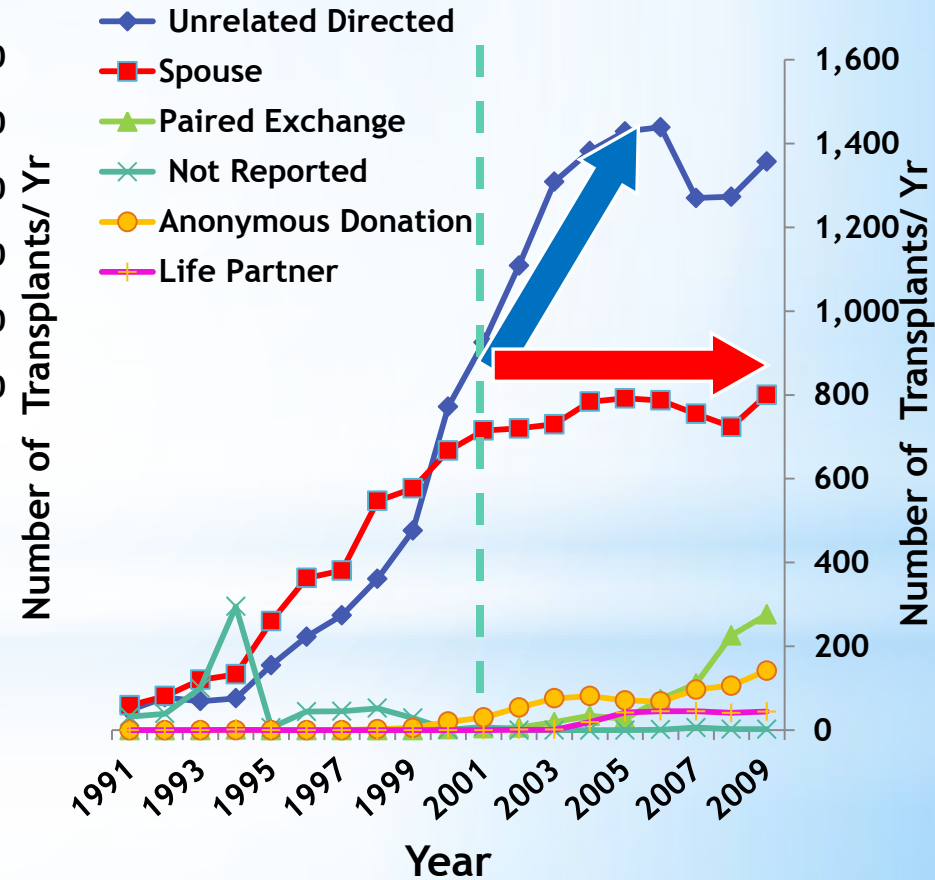
Living Related

A



Living Unrelated

B



\$100,000 buys patient new kidney but not good health

September 2, 2009 -- Updated 1909 GMT (0309 HKT)

By Drew Griffin and David Fitzpatrick
CNN Special Investigations Unit

Editor's note: Since the FBI arrested a Brooklyn businessman in late July on federal charges of organ trafficking, CNN has been conducting a worldwide investigation into the sale of kidneys, using willing donors and willing recipients from China to Israel to the United States. This installment examines two very different stories of Israelis involved in the trade.



COURTESY RICKI SHAI

Yechezkel Nagauker in a Chinese hospital where he got a kidney transplant after paying \$100,000.



1 of 2



TEL AVIV, Israel (CNN) -- In a dank Tel Aviv hospital room, you can see at a glance just how desperate some Israelis are for a new kidney.

In one bed, Ricki Shai's mother lies practically unresponsive. Her diabetes is slowly killing her. It has forced the amputation of both of her legs.

Sitting in a bed beside her is Shai's father, Yechezkel Nagauker, also a diabetic. But he decided, his daughter says, not to wait for a kidney donor.

"My father didn't want to be like my mother," Shai said.

In April, Nagauker cut a deal with a kidney broker, who promised him a new life and a new kidney for \$100,000. It was available only in China, the donor said.

"The broker went to him and suggested that he become a new man. 'Come with me. Two days, \$100,000, and two days you will be a new man,'" Shai said.

Eighth Plenary Meeting of the World Health Assembly

22 May 2004, A57/VR/8. WHA57.18

1. URGES Member States:

- (1) to implement effective national oversight of procurement, processing and transplantation of human cells, tissues and organs, including ensuring accountability for human material for transplantation;
- (2) to cooperate in the formulation of recommendations and guidelines to harmonize global practices in the procurement,
- (3) to consider setting up ethics commissions to ensure the ethics of cell, tissue and organ transplantation;
- (4) to **extend the use of living kidney donations** when possible, in addition to donations from deceased donors;
- (5) to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs.**

The Declaration of Istanbul

on Organ Trafficking and Transplant Tourism



To address the growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs, a Summit Meeting was held in Istanbul of more than 150 representatives of scientific and medical bodies from 78 countries around the world, and including government officials, social scientists, and ethicists.

Self-sufficiency in Donation and Transplantation

Equitably meeting the transplantation needs of a given population using resources from within that population.

Country, sub-region, region, globe



**THIRD GLOBAL CONSULTATION
ON ORGAN TRANSPLANTATION:
STRIVING TO ACHIEVE SELF-SUFFICIENCY**

17th and 18th March, 2010

Madrid Spain

World Health Organization---- The Transplantation Society

Organización Nacional de Trasplantes

A call for government accountability to achieve national self-sufficiency in organ donation and transplantation

Prof [Francis L Delmonico](#) MD , [Beatriz Domínguez-Gil](#) MD ^ϵ, [Rafael Matesanz](#) MD ^ϵ, [Luc Noel](#) MD ^ϱ

Summary

Roughly 100 000 patients worldwide undergo organ transplantation annually, but many other patients remain on waiting lists. Transplantation rates vary substantially across countries. Affluent patients in nations with long waiting lists do not always wait for donations from within their own countries. Commercially driven transplantation, however, does not always ensure proper medical care of recipients or donors, and might lengthen waiting times for resident patients or increase the illegal and unethical purchase of organs from living donors. Governments should systematically address the needs of their countries according to a legal framework. Medical strategies to prevent end-stage organ failure must also be implemented. In view of the Madrid Resolution, the Declaration of Istanbul, and the 63rd World Health Assembly Resolution, a new paradigm of national self-sufficiency is needed. Each country or region should strive to provide a sufficient number of organs from within its own population, guided by WHO ethics principles.



The **DECLARATION** of **ISTANBUL**
on **ORGAN TRAFFICKING** and **TRANSPLANT TOURISM**



Principles:

1. **Legislation** should be developed and implemented by each country or jurisdiction to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards:

- Policies and procedures should be developed and implemented to maximize the number of organs available for transplantation, consistent with these principles;
- The practice of donation and transplantation requires oversight and accountability by health authorities in each country to ensure transparency and safety;
- Oversight requires a national or regional registry to record deceased and living donor transplants;
- Key components of effective programs include public education and awareness, health professional education and training, and defined responsibilities and accountabilities.



The **DECLARATION** of **ISTANBUL**
on **ORGAN TRAFFICKING** and **TRANSPLANT TOURISM**



Principles:

2. National governments, working in collaboration with international and non-governmental organizations, **should develop and implement comprehensive programs for the screening, prevention and treatment of organ failure**, to include:
 - The advancement of clinical and basic science research;
 - Effective programs, based on international guidelines, to treat and maintain patients with end-stage diseases, such as dialysis programs for renal patients, to minimize morbidity and mortality, alongside transplant programs for such diseases;
 - Organ transplantation as the preferred treatment for organ failure for medically suitable recipients.

Comprehensive National Donation and Transplantation Program

If self-sufficiency in donation and transplantation within each country is to be achieved, a comprehensive national program must include:

- a framework of legislation with regulatory oversight policy,
- a program of deceased donation integrated into the national health system with resources applied that sustain the program annually,
- with a valid waiting list of candidates equitably receiving organs irrespective of gender ethnicity or social status,
- an ethical practice of live donation that assures donor safety (but not an exclusive practice without deceased donation),
- and medical procedures harmonized to global standards.

Hospital accountability for donation

- **establish donation committee within hospital**
- **identify responsible professional for donation**
- **appointment of in-hospital coordinators**
- **implementation of the critical pathway**
- **death audit's and recording of potential deceased donors**
- **reporting of performance in organ donation**
- **engagement of ICU professionals**
 - **responsible for end-of-life care that includes organ donation**
 - **donor identification triggers**
 - **donor referral**
 - **donor maintenance**
 - **participation in organ donation committee**

Why worry?

Health professionals have ethical responsibilities *vis a vis* transnational organ trafficking because

- 1.** Professional colleagues play a central role in facilitating such trafficking;
- 2.** Their own patients and communities may be harmed by trafficking activities;
- 3.** Opportunities exist for them to assist efforts to prevent and reduce organ trafficking;
- 4.** Existing codes of conduct establish grounds for professional obligations in this setting.

Grounds for professional obligations

From the World Medical Association Statement on Organ Donation and Transplantation (2006):

B. PROFESSIONAL OBLIGATIONS OF PHYSICIANS

1. The primary obligation of physicians is to their individual patients, whether they are potential donors or recipients of transplanted organs. In conjunction with this obligation physicians may also have responsibilities to the family members and close friends of their patients, for example, to seek and consider their views on organ retrieval from their deceased relative or friend. The obligation to the patient has primacy over any obligations that may exist in relationship to family members. ~~Nevertheless, this obligation is not absolute; for example, the physician's responsibility for the well-being of a patient who needs a transplant does not justify unethical or illegal procurement of organs.~~



1

2. Physicians have responsibilities to society, which include promoting the fair use of resources, preventing harm and promoting health benefit for all; this may include promoting donation of organs.
3. ~~Transplant surgeons should attempt to ensure that the organs they transplant have been obtained in accordance with the provisions of this policy and shall refrain from transplanting organs that they know or suspect have not been procured in a legal and ethical manner.~~

1. How are health professionals involved?

Box 2. The contribution of transplant professionals to transnational THO

The following activities of transplant professionals promote, enable or sustain transplant tourism and transplant related crimes in various ways:

1. Providing patients with information that enables them to arrange and obtain transplantation services abroad that use illicitly procured organs, including through provision of diagnostic tests, medication prescriptions, and/or medical information;
2. Referring patients directly to such services;
3. Soliciting or knowingly facilitating the sale of organs;
4. Procuring and/or transplanting organs that they know, or would reasonably be expected to know, have been obtained or transferred illicitly;
5. Supplying prospective transplant recipients and/or living donors with documentation that falsely attests to a familial relationship between them.

Some practices may not involve direct participation in organ sales, or trafficking in human beings, however they are constitutive elements of THO which sustain the global market, and hence may give rise to criminal prosecution under laws governing THO, even when performed out of a desire to help patients.

2. The harms of transnational organ trafficking

- Well known harms to organ **vendors** and victims of human trafficking for organ removal;
- Risks to **recipients** of trafficked organs, and impact on **domestic** healthcare **systems** dealing with complications of transplant “tourists”;
- Impact of transplant tourism and organ trafficking networks on **society** in destination countries and countries of origin of transplant tourists – undermining efforts to promote sustainable and equitable systems of donation, stigmatising communities etc.;
- Impact of known transplant professional involvement in organ trafficking -> **distrust** in lawful donation programs and in the medical professionals more generally.

3. Preventing transnational transplant crimes

Education and promotion of ethical practice targeting

- Professional peers
- Patients
- Society

E.g. Declaration of Istanbul, DICG patient brochure, professional guidelines

Policy Statement of Canadian Society of Transplantation and Canadian Society of Nephrology on Organ Trafficking and Transplant Tourism

John S. Gill,^{1,10} Aviva Goldberg,² G. V. Ramesh Prasad,³ Marie-Chantal Fortin,⁴ Tom-Blydt Hansen,² Adeera Levin,¹ Jagbir Gill,¹ Marcello Tonelli,⁵ Lee Anne Tibbles,⁶ Greg Knoll,⁷ Edward H. Cole,⁸ and Timothy Caulfield⁹

- + Protect your health
- + Follow your conscience
- + Do not break the law

The Declaration of Istanbul

In 2008, a group of leading medical experts from around the world met in Istanbul, Turkey to develop strategies to prevent organ trafficking and transplant tourism.

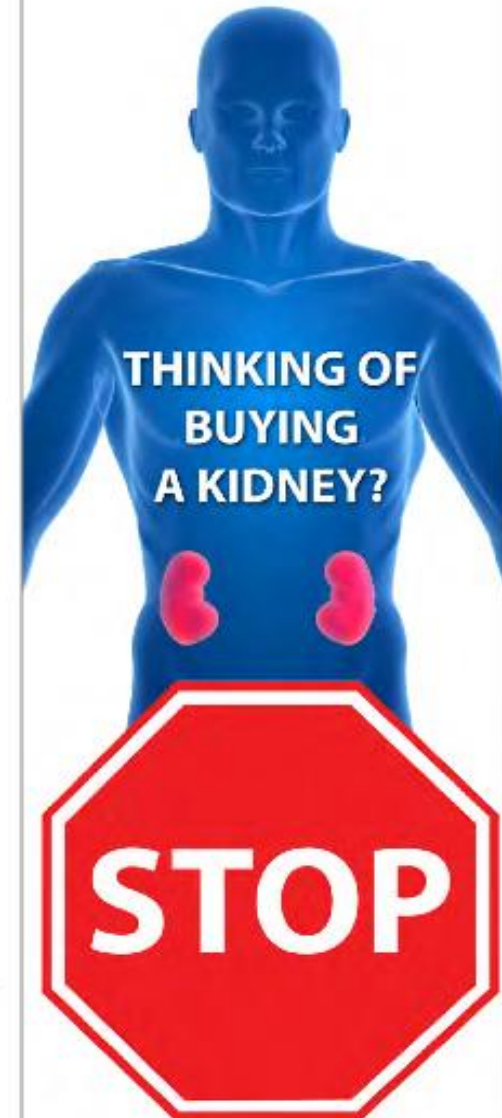
The group well appreciates the desperation felt by many patients in need of a transplant. It put forth a number of principles and proposals designed to promote both deceased and living donor transplantation around the world in a manner that protects the health and welfare of both recipients and donors while ending exploitation. They developed a policy document called **The Declaration of Istanbul**.

In 2010, the **Declaration of Istanbul Custodian Group (DICG)** was formed to promote the principles of the Declaration internationally. The DICG is sponsored by two major international professional organizations, **The Transplantation Society (TTS)** and the **International Society of Nephrology (ISN)**. More than 80 international professional societies and governmental agencies have endorsed the Declaration of Istanbul.



For more information:

**DECLARATION OF ISTANBUL
CUSTODIAN GROUP**



3. Preventing transnational transplant crimes

Direct prevention of potential trafficking

- **Inform** professional colleagues in anticipated foreign or domestic destination of prospective living donor/recipient pairs who are rejected on screening in domestic program due to concerns about trafficking;
- **Inform** professional authorities (e.g. medical boards) where suspicions arise concerning unprofessional conduct.

Proposed minimal professional obligations

- The scope of ethical concern for a professional is not limited by jurisdictional borders;
- Minimal professional ethical obligations in the setting of transnational transplant activities surely include:
 - ✓ *To actively strive to prevent harm to domestic patients*
 - ✓ *To avoid direct or indirect contributions to unethical practices regardless of their location*
 - ✓ *To assist in efforts to prevent unethical (and foster ethical) practice by professional peers where possible (in the absence of overriding obligations)*

Conclusions

Health professionals have a responsibility to assist in addressing unethical practices in the transnational setting, in particular where these are made possible by the involvement of peers:

- Especially where practices endanger patients;
- Undermine efforts to provide safe and equitable access to transplantation internationally;
- Bring distrust in lawful donation programs and in the medical professionals more generally.