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
www.declarationofistanbul.org

Introduction
For many patients with end-stage kidney disease transplantation is the treatment of choice. Transplantation is a sophisticated procedure requiring an experienced team of surgeons and nephrologists in an advanced hospital environment. Kidneys transplants may come from a deceased donor or a living donor.

The availability of a deceased donor kidney and its allocation to you will depend on practices that are specific to your country of residence and are not discussed further here.

A living kidney donor is typically a close blood relative. In some countries a legal or emotional relationship (such as a spouse, partner, or friend) may be acceptable for donation. In each of these cases the act of donation is done willingly as an expression of love, trust, and mutual concern. The donor and recipient each care that the other has a safe and successful outcome. Transplants like this are performed openly and legally, and the outcome is typically excellent for both the recipient and the donor from a medical, psychological, and social point of view.

There is however, another source of living donor kidneys. Some people, in dire financial distress, may be willing to sell one of their kidneys. The buying and selling of kidneys is called “transplant commercialism”, and it is illegal in almost all countries of the world. Kidneys taken from executed prisoners are also sometimes sold.

This brochure discusses some of the implications for you in buying a kidney and is meant to discourage you from taking this step even out of desperation.

What exactly is transplant commercialism and tourism?
In transplant commercialism, there is an exchange of money or some other form of significant material benefit between the recipient and the donor, either directly or, more frequently, through a middleman or broker who collects a fee for “services.” The donor (really a “kidney seller”) also receives money, usually much less than what the broker collects. As a result the amount of money spent by the recipient is more than would be paid for a legal transplant. Most medical insurance does not cover commercial transplantation.

Leaving your country of residence to undergo transplantation is commonly called “transplant tourism.” Most transplant professionals disapprove of the practice and are also concerned that the level of care you receive will be inferior to that you will receive in your own country.

Why is transplant commercialism illegal?
• Many countries have laws that specifically ban transplant commercialism.
• Most likely it is illegal in the country where you live.
• Transplant commercialism results in more harm than good.
• It exposes donors and recipients to unnecessary dangers and undermines the healthy development of organ donation in both the home country of the recipient and the country they travel to purchase a kidney.
This makes caring for the recipient extremely difficult until they have undergone the proper screening to ensure that the medical condition of people who sell their kidneys show very high rates of infection and death. The donor may not have been properly screened, or may have not disclosed or been aware of critical personal health information. The level of hygiene in the operating room or on the hospital ward may be sub-standard. Because anti-rejection medications weaken the immune system, transplant recipients have a greater risk of acquiring infections that they may carry back to their home countries and endanger their family and others. Such infections may be very resistant to available antibiotics and other therapies, and can even be fatal. Prolonged air-travel early after surgery is also not advised and can result in other complications.

Numerous reports of recipients of purchased kidneys show very high rates of infection and death. The donor may not have been properly screened, or may have not disclosed or been aware of critical personal health information. The level of hygiene in the operating room or on the hospital ward may be sub-standard. Because anti-rejection medications weaken the immune system, transplant recipients have a greater risk of acquiring infections that they may carry back to their home countries and endanger their family and others. Such infections may be very resistant to available antibiotics and other therapies, and can even be fatal. Prolonged air-travel early after surgery is also not advised and can result in other complications.

The medical records provided by hospitals or doctors engaged in transplant tourism are almost always inadequate. The recipient may also not be given appropriate quantities or doses of critical post-transplant medications. This makes caring for the recipient extremely difficult on their return home, and can seriously affect their outcome.

Finally, some recipients may not have undergone the proper screening to ensure that it is safe for them to get a kidney transplant in the first place. Very serious conditions (like heart disease, chronic infections, and cancer) may be overlooked; the consequences can be fatal.

What are the additional dangers to the recipient of a kidney from a paid donor?

Since it is typically illegal, transplants from Kidney sellers are often performed in hospitals or clinics that are not licensed to perform transplants, and are not recognized by official medical boards. The hospitals may not meet the expected surgical and medical standards of the country where they are located. As a result, there is a higher risk for various operative and post-operative complications.

Kidney sellers are often not only economically disadvantaged but also exploited because they do not understand the nature of the procedure or appreciate the risks involved. At the same time they may be coerced and may conceal critical health information. Their own safety may not be a top priority and they may have elected to donate when it is unwise for them to do so. Adverse consequences for the recipient are also not a concern for them.

The amount of money that kidney sellers eventually receive is typically a small percentage of what the recipient pays, and it does not solve the donors’ financial problems. Most of the money that recipients pay goes to hospitals, brokers, and other middlemen. The kidney sellers’ income may even go down because they are not able to work as hard any more. They may become depressed and have marital and social problems. They may not have access to good health care. Most kidney sellers would not recommend to others that they sell a kidney.

A large body of evidence has established the long-term safety of legal kidney donation, but there is no data at all about the long-term medical condition of people who sell their kidneys. We do know that they carry all the risks of unpaid donation, plus additional risks that stem from their poverty and vulnerability.

What are the dangers to the kidney seller? Are they greater than those to the unpaid donor?

People willing to sell a kidney are usually poor and desperate. They are often victims themselves. Numerous studies have shown that most kidney sellers come from the downtrodden, vulnerable sections of society. They are often residents of less well-developed countries who donate to wealthy or relatively wealthy recipients of more developed countries. They want to sell a kidney in the hope of relieving financial distress and improving their quality of life. Frequently however, they are disappointed.

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What is being done to stop transplant commercialism?

Leading medical organizations and health care experts have come together to take action to eliminate the practice. The World Health Organization (WHO) is firmly opposed to transplant commercialism.

Several countries have taken action to stop transplant commercialism by closing hospitals engaged in transplant tourism and arresting the brokers. There have been cases where the kidney seller, and even the recipient have been arrested after the operation.

What should I do?

You should determine what resources are available in your own country to help patients with advanced kidney disease. You should discuss your medical condition with transplant professionals to determine if you are indeed a candidate for kidney transplantation and how best to undergo transplantation in your own country or region. You should ask how to be placed on the list to receive a transplant from a deceased donor and determine whether a living donor is available for you. By supporting The Declaration of Istanbul on Organ Trafficking and Transplant Tourism you can help promote safe and effective organ transplantation around the world for the benefit of all those in need while protecting the welfare of recipients and donors alike.

Is it ethical to get a commercial kidney transplant?

Some people believe that if a transplant commercialism system is properly regulated, then both the seller and recipient can benefit. The experience to date has shown that this has not been the case. Invariably, there has been exploitation of the poor by those better off. Coercion, organized crime, and human trafficking (banned by an international convention) have all occurred. Transplant commercialism endangers the health of both the donor and recipient and cannot be justified, medically or ethically. The economic survival of the poor should not be dependent on the selling of body parts.