

TRANSPLANT TOURISM "A MORAL DILEMMA"

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FINANCIAL DISCLOSURES

I have nothing to disclose

OBJECTIVES

- Identify the perils of transplant tourism
- Discuss shortage of organs
- Identify factors behind transplant tourism

MEDICAL TOURISM: GLOBAL HEALTHCARE PHENOMENON \$60 BILLION WORLDWIDE (2006)

- ❖ Patients traveling across national borders for healthcare elsewhere
- ❖ Not available in their home country

or

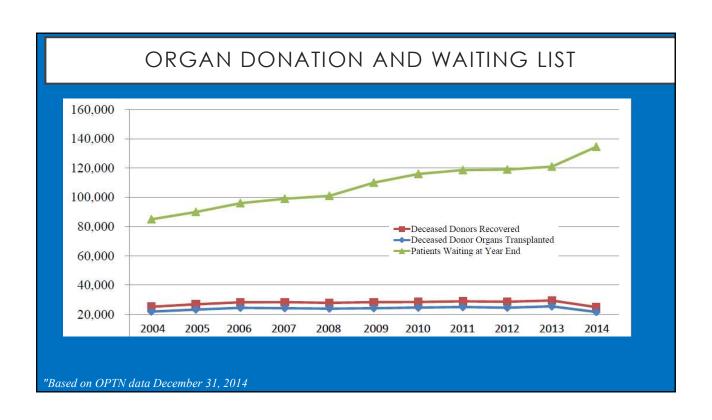
- perceived to be superior (better quality and delivered in a more timely fashion
- Insurance companies incorporate medial tourism into their plans and offer discount to patients agreeing to overseas travel

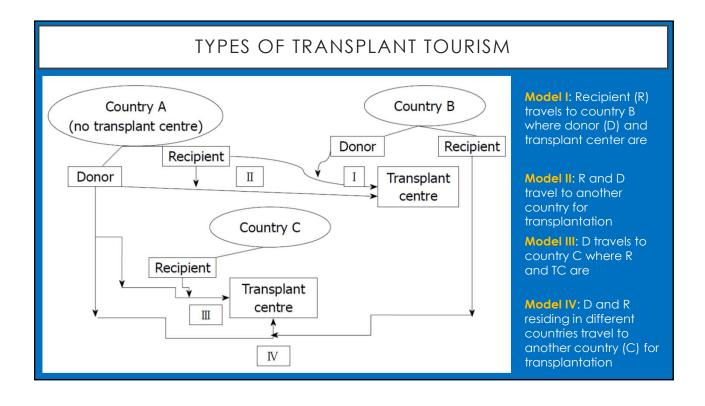
TRANSPLANT TOURISM

Practice of traveling outside the country of residence to obtain organ transplants.

Worldwide, the disparity between the supply and demand for organ transplant remains an important issue in organ transplantation.

Transplant tourism unlike general medical tourism, has always been surrounded with controversy regarding the source of organs, donor's care after transplant and recipient outcome





REASON FOR TRANSPLANT TOURISM

- Lack of knowledge and trust about transplantation and the system as a whole
- Lack of a transplant system in many parts of the world where corruptions is especially widespread
- Poor and uneducated population are usually the victims of organ donation (selling organs)
- Using organs from executed prisoners has been opposed strongly human rights activist and transplant society all over the world

PROBLEMS ESPECIAL TO TRANSPLANT TOURISM

- Usually a criminal activity (different from medical tourism)
- ❖No proper work up of donor
 - Infections
 - Malignancy
 - No commitment from local transplant team and follow-up of donor or recipient
 - Upon arrival from transplant trip to country of residence recipient may have problems due to lack of information about donor work-up or infections that may have been present in the donor
 - Increased rate of rejection

CASE

A 33 year old woman received a deceased donor kidney transplant in China, admitted 5 months after transplant with FHF secondary to Hep B and renal failuunderwent a liver transplant (which failed) and subsequently a successful liver and kidney transplant, developed protracted and complicated ICU admission ultimately died of multiple system failure 20 months after transplant.

FACTORS DRIVING TT

- Need for transplantation
- Organ donation
- Bribery and corruption
- Cultural issues and disregard to the rule of law

PROS AND CONS

- Current systems of organ procurement which relies on altruistic donation is inadequate to meet the current and future need for transplantation
- A regulated market in organs from living vendors is the only plausible solut for organ shortage
- Exploitations of vulnerable venders (poor human beings)
- Violating human dignity

Hippen BE. J Med Philos 205; 30: 593-686 Clemmons A. J Healthc Manag 209: 54: 231-240

IRANIAN MODEL

Regulated systems of paid donations

- government pays all hospital expenses
 - immunosuppression
 - give an award and health insurance to donors (LURD)
- 💠 in addition, family pays the donor (a reward gift, but a source of problem
- under close scrutiny of government and transplant society

Ghods AJ. Clin J Am Soc Nephrol 2006; 1:1136-1145

DECLARATION OF ISTANBUL ON TRAVEL FOR TRANSPLANTATION

Organ trafficking

Transplant commercialization

Transplant tourism

Organ trafficking entails the "recruitment, transport, transfer, harboring or receipt of person, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception or the abuse of power, or a position of vulnerability, of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation by the removal of organs, tissues or cells for transplantation