

**MEDICAL ETHICS AND
TRAFFICKING IN HUMAN
BEINGS FOR ORGAN REMOVAL**

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Ethical Issues in Preventing and
Combating Human Trafficking

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Dr. Christina Papachristou

primum non nocere - do no harm

Donation related risks in non commercial living donation

	Morbidity risk	Mortality risk
Kidney living donors	1.6-3.8%	0.03%
Liver living donors	0-60% (16%)	0.2-0.5%

➤ **Long-term data and long-term follow-up still an issue**

Segev DL, Muzaale AD, Caffo BS, et al. Perioperative Mortality and Long-term Survival Following Live Kidney Donation. JAMA 2010

Gaston RS, Kumar V, and Matas AJ. Reassessing Medical Risk in Living Kidney Donors. J Am Soc Nephrol 2014

Middleton PF, Duffield M, Lynch S, Padbury RT et al. Living donor liver transplantation – adult donor outcomes: a systematic review. Liver Transpl 2006

***In living organ donation
the safety of the donor
in medical, psychosocial
and financial terms
is a major priority***

Donation in non-commercial settings

- Becoming a donor is a highly selective process
- Donors are usually above-average healthy and psychosocially stable individuals

Donor selection procedure in „ideal“ settings

Transplantation office - Basic information/screening



Detailed information



Physical and psychological assessment



Hospital internal transplantation committee



Independent ethics committee



Donation

Outcome of living organ donation in non-commercial settings

- Up to 98% do not regret the donation
- Report a quality of life similar or higher to the average population
- The donation has been a physical and emotional challenge
- Up to 20% report psychosocial and perceived physical impairment due to the donation

Dew MA, Zuckoff A, DiMartini AF et al. Prevention of Poor Psychosocial Outcomes in Living Organ Donors: From Description to Theory-Driven Intervention Development and Initial Feasibility Testing. Prog Transplant 2012



Donation in commercial settings

- **NON OF THE PREVIOUSLY MENTIONED APPLIES**
- Donors usually come from destitute conditions
- Reasons for donation: debt, fraud, deception, coercion
- Safety of the donor is not a priority
- Donors (THB/OR) experience after donation a severe deterioration in their physical and emotional wellbeing, social and financial status and stigmatization

Ideal conditions for a living donation

- Autonomous decision
- Coercion free decision
- Informed decision (Informed consent)
- Embedded in a meaningful context
- First degree relationship or an emotionally close recipient
- Stable donor-recipient relationship, free of major conflicts
- No major expectations related to relationship
- Psychological stability of the donor
- Good social support system/financial resources; (higher educational status)
- Healthy individual
- Postoperative care
- Protection from financial loss and discrimination due to donation

Informed consent

- To agree to an intervention being fully informed and being able to understand and process the risks related with the intervention and the long-term consequences.
- Controversial issue also outside the context of THB/OR.
- It legitimizes the donation/ transplantation and structures a person's decision.
- It protects the professionals involved.

Steps that can be taken to evaluate the consent of a potential donor

- Consent in steps; more than one session
- Involve donor advocate
- Provide assessment guidelines to professionals who give the information and assess the risk-perception and decision-making of the donors
- Provide red flags to donor advocates
- Inter-disciplinarity and good communication between professionals involved in transplantation

Challenges

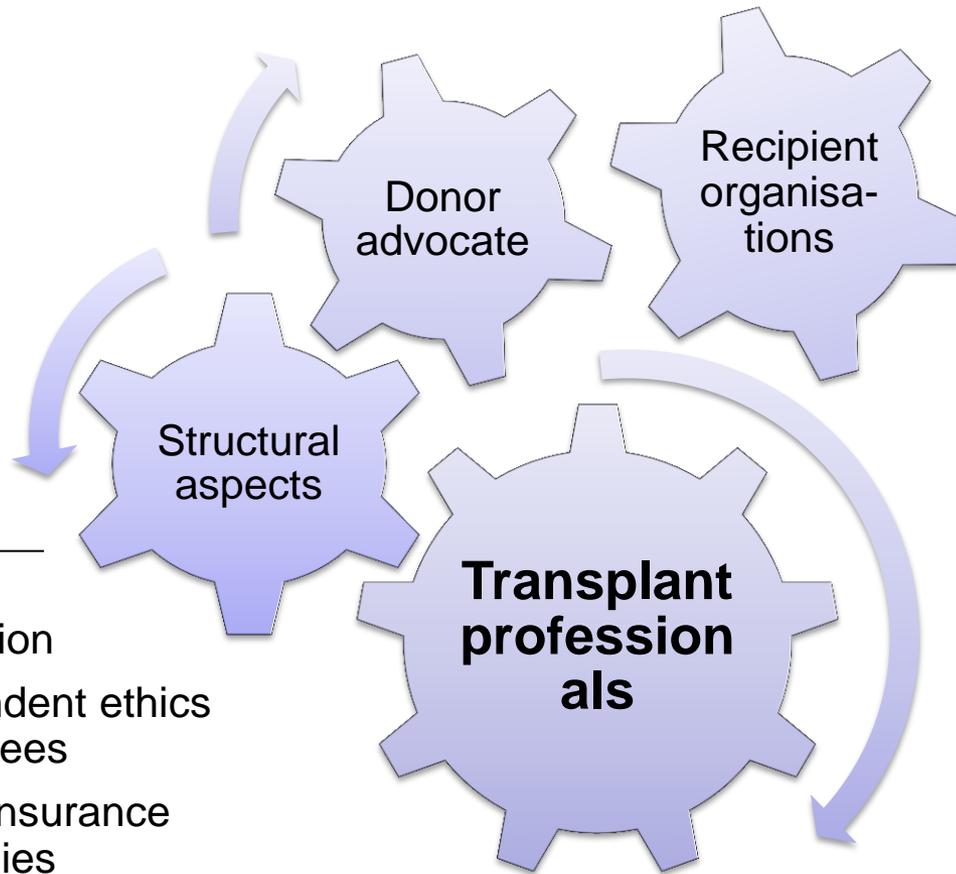
- Fraud – deception of the medical professional/institution
- Imitate kinship or emotional relationship
- Not clear what is THB/OR
- Difficult to define what constitutes a real close stable healthy emotional relationship
- Different notions of autonomy (dependent on culture)
- Conflicting role of the person assessing the donor (advocate vs referee)
- Still no reliable data on how common is the problem and how cases can be identified (specific characteristics)
- No pathways in dealing with identified cases
- Missing legal context or law not applicable
- Institutional constraints
- Professional exhaustion

Protection mechanisms for vulnerable persons who may have been recruited for a commercial organ „donation“

- ❑ It depends on the system within which the “donation” is taking place
- ❑ Level of standardization and regulation of the donation procedure
- ❑ THB/OR networks adjust to the circumstances
 - Train for identification and dealing with a THB/OR case
 - Create red flags in all levels of a donor career
 - Give the opportunity to report a case
 - Protect the “donor”

Tackling THB/OR

a multi-level and multi-agency approach

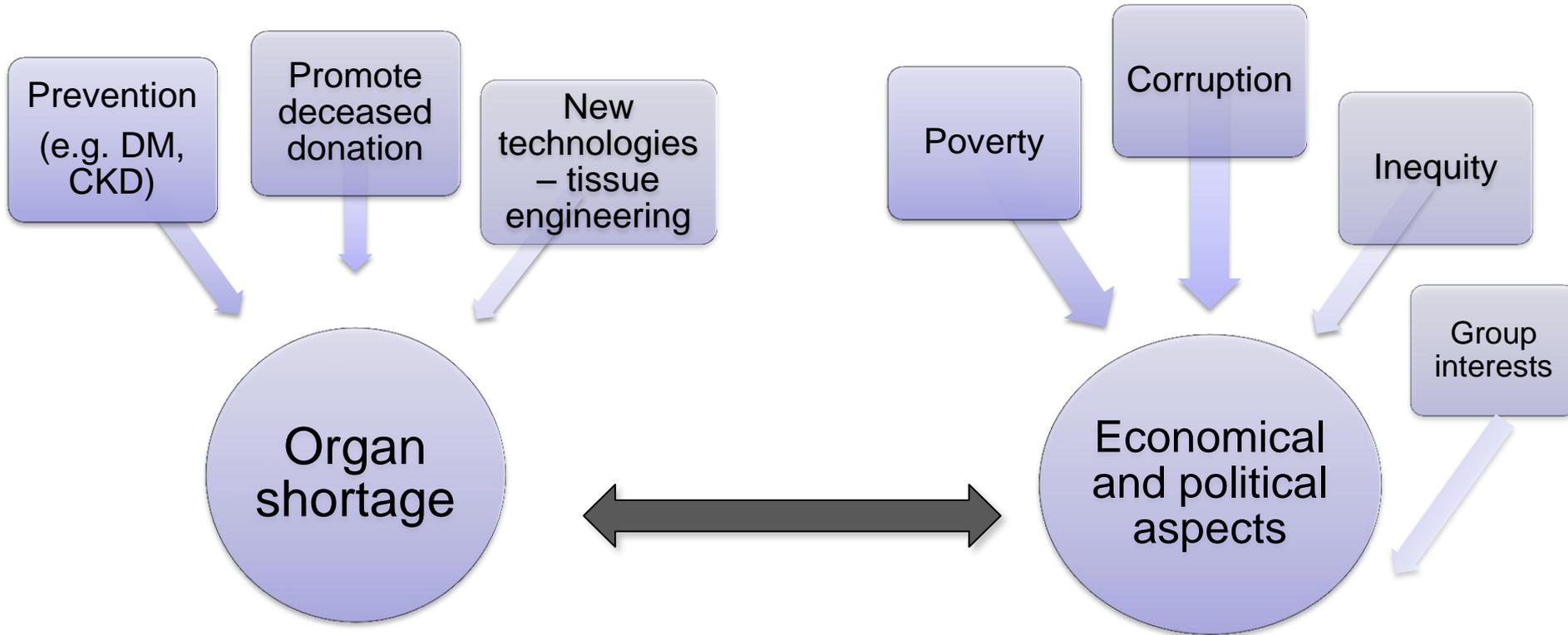


- Legislation
- Independent ethics committees
- Health insurance companies
- Donor registries
- Organ allocation institutions

- Raise awareness
- Train and support in identification
- Involvement of medical societies
- Ethical and medical guidelines
- Training of medical students
- Protection
- Control and accountability

Tackling THB/OR

a public health and global health issue



Victim protection-support-compensation