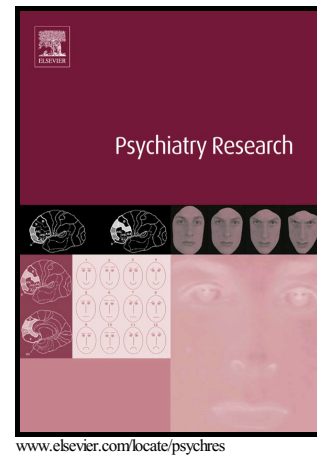


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Samaritan donation: a new challenge for the Italian transplant community

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Samaritan donation: a new challenge for the Italian transplant community

"Samaritan donation" is an organ donation to people who do not have any familiar or emotional relationship with the recipient. As for all transplant donations, there is no form of return, even indirectly, it is performed when no other forms of living donation is available and currently represents a promising procedure in medicine (Bramstedt et al., 2011). In 2010, the Italian press wrote about three candidates to Samaritan donation, therefore, it was necessary to reflect and regulate this new procedure in Italy, that was already admitted in other European countries (such as Spain, Holland, Belgium), the United States of America and New Zealand. Over the past 2 decades, the number of kidney transplantations from living unrelated donors has substantially increased worldwide with different ethical issues outlined (Ghods, 2009) (for each country situation please see: <http://www.stoporgantraffickingnow.org/wp-content/uploads/2014/05/Organ-Procurement-Around-the-World-Basic-Data-on-21-countries.pdf>). In the United Kingdom, this procedure was implemented in 2006 to address shortages of kidneys, while recently in the United States policies to offer financial incentives to increase living kidney donation rates remain highly controversial (Fisher et al., 2015).

The Italian National Bioethics Committee (Comitato Nazionale Bioetica, 2010), based on European Parliament and Council directive, expressed a positive opinion on samaritan donation, although some controversial aspects had been outlined (Petrini, 2011). Currently, in Italy, samaritan donation is an experimental procedure: the first ten samaritan donations will be managed by the Italian National Transplant Center (NTC) as supervisor, referring to the Italian Health Superior Council. The NTC has established that samaritan donor must be included in the National chain program, the identity of the donor must be kept confidential, donor and recipient can not meet each other and donor can't influence the choice of the recipient. In Italy a psychological profile and the exclusion of a psychiatric disorder are essential evaluations in donor procedure, similarly to other countries protocols (Kranenburg et al., 2008). From 2011 to 2014, three potential candidates have been assessed in the Department of Psychiatry, University of Milan: the first interrupted the assessment spontaneously, the second did not meet the criteria required to approve the donation, while the third received the approval.

We present the case of a 63-year old woman, working as a physician, living alone, never having significant love relationships. She lived with her parents till their death, describing herself as a solitary woman with no close friendship; only a young colleague was informed about her idea to donate a kidney. She explained that she wanted to donate to help another person and give a sense to

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