



The key role of health professionals in preventing and combating transplant-related crimes

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In 2015, more than 126,000 solid organ transplants, including more than 84,000 kidney transplants, were performed worldwide.¹ Although impressive, this transplantation activity barely covers 10% of the global need. Disparity between the need and supply of organs for transplantation has led to the emergence of transplant-related crimes, including human trafficking for the purpose of the removal of organs and trafficking in human organs (see definition in Table 1). These crimes violate fundamental human rights and pose serious risks to individual and public health.²

The true extent of transplant-related crimes remains unknown, but it is estimated that 5% to 10% of organ transplants globally take place in the context of the international organ trade.³ These criminal activities typically occur in the form of transplant tourism. Patients with organ failure travel across jurisdictions to receive a transplant in countries where the legislation against the sale and purchase of human organs is nonexistent or poorly enforced. Unrelated “living donors,” often victims of exploitation and coercion, are the most frequent source of organs for transplant tourists.³

Concerned by the increasing demand of organs and by emerging unethical practices in the field, the World Health Organization has called countries to pursue self-sufficiency in transplantation,⁴ requiring the commitment of national governments and health professionals to cover the transplantation needs of their patients by using resources within their population, and through ethical international cooperation where needed. Actions are needed to decrease the burden of diseases that can lead to organ failure, and to increase the availability of organs, maximizing donation from the deceased and ensuring the protection of living donors. Progress toward self-sufficiency is the best strategy to prevent transplant-related crimes in the long term. Meanwhile, the world confronts their dire consequences (Table 1).

The distinctive feature of transplant-related crimes, compared with other criminal activities, is the necessary involvement of health

professionals. This provides an opportunity for practitioners to help prevent and combat these crimes. Health professionals are key in evaluating prospective living donors and recipient pairs. They also care for desperate patients who are vulnerable and at risk for transplant tourism. Moreover, because patients who receive a transplant abroad require long-term specialized care, practitioners must deal with the many challenges of providing care to these patients upon their return home. This article provides guidance to health professionals and policymakers involved in the management of patients who may be considering transplant tourism or patients who have obtained an organ transplant through criminal means.

Evaluation of prospective donors and recipients

Health professionals should always ensure a proper evaluation of prospective donors and their intended recipients, consistent with international standards.⁵ This evaluation should include the assessment of the safety of the procedure, but also the legitimacy of the donor-recipient relationship and the altruistic motivations for donation. Nonresident living donors, who are particularly vulnerable, should be given special consideration.⁶ For linguistic, cultural, and other reasons, assessing the validity of their consent to donation can be especially challenging. In addition, nonresident donors may be given poor or no postoperative care and long-term follow-up once they return to their home country.

Health professionals performing donor-recipient evaluations must be particularly vigilant for “red flags” suggestive of a transplant-related crime including: memorized or mechanically recited stories; fearful demeanor in the potential donor; inability to produce official documentation verifying the relationship between donor and recipient; documents in the possession of a third party; absence of a common language between donor and recipient; previous refusal of donation in another center, or residence in a country where living donor transplantation is available.

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Table 1 | Consequences of transplant-related crimes**For organ victims/sellers**

As a result of a substandard donor evaluation and selection, poor perioperative care, and nonexistent post-donation follow-up:

- Increased risk of peri- and postoperative complications in the short-, mid-, and long-term
- Reported deterioration in the perceived health status after donation
- Transient or permanent inability to return to baseline activity
- Worsened financial situation, including that of dependents
- Social stigmatization, isolation, humiliation.

For recipients

As a result of a substandard donor and recipient evaluation and selection, poor perioperative management and gaps in continuity of care:

- Decreased graft and patient survival in the short, mid, and long term
- Increased incidence of surgical complications and hospital readmissions
- Increased incidence of posttransplant malignancies
- Increased incidence of posttransplant nosocomial, opportunistic, and donor-derived infections, which may be fatal. These are frequently caused by geographically restricted microorganisms difficult to diagnose in the recipient's home country, or by multidrug-resistant pathogens.

For health care systems

- Burden upon the recipient's health care system due to complex care
- Threats to public health associated with imported microorganisms
- Public mistrust in donation and transplantation with a negative impact on altruistic donation.

Under the term "transplant-related crimes," 2 types of criminal activities are included, human trafficking for the purpose of the removal of organs and trafficking in human organs. Human trafficking for the purpose of organ removal is defined as the recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability, or 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 the removal of organs. Trafficking in human organs involves the illegal removal of human organs from living or deceased persons, and any subsequent use of those organs, where (i) the removal is performed without the valid consent of the living donor, or, in the case of the deceased donor, without the authorization specified under the domestic law; or (ii) in exchange for the removal of organs, the living donor or a third party receives a financial gain or comparable advantage.

Relevant authorities must establish and enforce appropriate regulations to ensure lawful and ethical practices and appropriate donor care. In addition, authorities must establish relevant safeguards to detect and safely report trafficking scenarios.

Management of patients who plan or may be considering to travel abroad for transplantation

There may be valid reasons for patients to travel for transplantation, either social or medical (e.g., lack of a specific transplant program in the home country). Ideally, prospective recipients or donor/recipient pairs who are considering travel for transplantation should do so within the context of a formal arrangement between the referring and transplanting centers. Relevant consent provisions, pretransplant screening, assessment of health insurance coverage, and arrangements for appropriate posttransplant transfer of care should be assured for the recipient and, where relevant, the living donor.⁷

Patients frequently discuss travel plans with their physicians and may pose questions about the appropriateness, safety, and means to purchase an organ in a different country. In such circumstances, health professionals should

inform patients about the gruesome realities behind this practice and the consequences for themselves, their families, society, and the victims/sellers.⁸ By doing so, professionals may dissuade these patients from pursuing transplant tourism.

Patients should be told that individuals who purchase transplants overseas are at an increased risk for complications, including death, organ failure, surgical events, and life-threatening infections. They should also be informed of the risks related to inappropriate transfer of care.⁷ Transplant tourists usually return soon after surgery before they are clinically stable, with no or poor clinical documentation and without contact details of the transplanting team. This compromises patient care, contributing to the poor results observed with illegitimate transplant procedures. From the financial point of view, patients should also be warned that the expenses of illegal transplantation will not be covered by health authorities and/or insurance providers in most countries.

Health professionals should also provide patients with information about the medical and psychosocial consequences for victims of transplant-related crimes—persons who sell an organ. Practitioners owe a legal and moral duty to their patients, but also to persons who

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