

FOR IMMEDIATE RELEASE

THE NATIONAL MEDICAL ETHICS COMMITTEE

**ALTRUISTIC LIVING KIDNEY DONATION FOR
TRANSPLANTATION**

Demand for Kidneys for Transplantation

In Singapore, the Ministry of Health has progressively implemented measures to increase the number of kidneys that could potentially be transplanted under the national programme. However, these measures have not been enough to meet the ever rising need for kidney transplants and demand for kidneys for transplantation has consistently outstripped supply in Singapore as in the rest of the world. Indeed, the rates of both deceased donor and living donor kidney donation in Singapore are low compared with many other countries and it seems clear that there are currently disincentives to donation. The issues currently being studied in Singapore include measures that would remove disincentives to living kidney donation, such as provision of reimbursement for legitimate expenses incurred and compensation for loss of earnings, and measures for the continued protection of living kidney donors.

Removing Disincentives to Donation

The National Medical Ethics Committee (NMEC) was invited by the Ministry to examine the ethics of providing compensation to altruistic living kidney donors, with the aims of removing the disincentives to organ donation and providing long term protection for the health of the living kidney donors.

Views of the National Medical Ethics Committee

The NMEC took reference from two international consensus documents – the *World Health Organisation Guiding Principles on Human Cell, Tissue and Organ Transplantation* (“WHO Guidelines”) ¹ and the *Declaration of Istanbul on Organ Trafficking and Transplant Tourism*² – in the deliberation of its views provided to the Ministry of Health:

1. Donation of a kidney is an altruistic act, and as such, the donated kidney should be regarded as a gift.

¹ <http://www.who.int/transplantation/TxGP08-en.pdf>

² <http://www.asn-online.org/press/pdf/2008-Media/Declaration%20of%20Istanbul%20Study.pdf>

2. In recognising the merit of donating a kidney to save and enhance life, the NMEC considered that comprehensive reimbursement for the living kidney donor should be allowed, lest the costs of donation operate as a disincentive to donation. Comprehensive reimbursement of verifiable and reasonable expenses of kidney donation does not constitute a payment for that organ, and may be viewed as part of the legitimate costs of treating the recipient.
3. Comprehensive reimbursement of costs of donating a kidney should be a financially neutral process to the donor, and would include any costs that the donor would otherwise not have incurred but for the transplant. Unlike gifts or rewards, comprehensive reimbursement is intended to restore the donor to his expected state, without any “incentive” or net financial gain.
4. Comprehensive reimbursement of verifiable and legitimate costs of donating a kidney should be aligned with the recommendations of the *Declaration of Istanbul* and the *WHO Guidelines*, and could include:
 - a. Expenses incurred by the kidney donor in relation to kidney donation (e.g. transport and medical costs);
 - b. Loss of earnings by the kidney donor in the course of kidney donation and subsequent recuperation;
 - c. Expenses following the donation of kidney (e.g. follow-up medical costs, higher insurance premiums referable to loss of a kidney).
5. While encouraging living kidney donation, consideration was given to the need for the follow up of kidney donors to ensure their long-term health and well-being. Reimbursement of expenses incurred by the donors on follow-up would serve as an impetus for living kidney donors to monitor their health following donation and would assure close monitoring of their healthcare needs. As there are concerns that post-donation care of the living kidney donors might not be effectively implemented for foreigners, any comprehensive reimbursement scheme should start with Singapore citizens and permanent residents.
6. As the donated kidney is regarded as a gift, the donor should be offered a choice of whether to accept or decline the comprehensive reimbursement.
7. In removing disincentives to living kidney donation, care should be taken to ensure that the reimbursements in themselves do not become an undue inducement, nor amount to trading of organs. Organ trading, which involves the sale or purchase of organs, violates the principle of respect for human dignity and targets the impoverished and vulnerable, and should continue to be prohibited in Singapore.

8. The public should be educated on the high prevalence of conditions that could lead to kidney disease and on preventive actions and early treatment modalities that could be adopted to reduce the high incidence of end-stage kidney failure. Information on organ donation in general, should be more publicly accessible and easily available.

9. All measures possible to increase the availability of organs from deceased donors through better understanding and implementation of the Human Organ Transplant Act should also be considered.

The National Medical Ethics Committee has submitted these views to the Ministry, to assist the Ministry in its deliberation on the framework for compensation of altruistic living kidney donors.

7 November 2008

Background Information on the National Medical Ethics Committee

The National Medical Ethics Committee was set up in Jan 1994 as a national authority to assist the medical profession in addressing ethical issues in medical practice so as to facilitate medical professionals in making sound ethical decisions in clinical practice. The Committee is appointed by the Minister for Health and has the responsibility to advise the Ministry on ethical issues related to the medical profession and in the healthcare setting.