



## Can We Pay Others to Donate a Kidney?

**"At the end of the day, we want people to become organ donors, not organ vendors."**



Often we envision donating our organs after we are dead, but we can also choose to become an organ donor while we are alive if we share part of our liver or donate one of our kidneys. The proposal to give one of our two kidneys away, though, does raise some ethical and safety concerns. There can be long-term risks for the donor. Donating a kidney, moreover, would not be therapeutic for us — only for someone else — and in fact might slightly increase our own risk for experiencing renal failure in the future.

Clearly we have a general duty to respect the integrity of our body. This means we shouldn't cause injury to it, or damage it, for example, through surgeries or treatments that are not necessary to preserve our health or save our life. In light of these considerations, donating one of our kidneys would seem to run counter to our responsibility to maintain bodily integrity.

Yet the notion of integrity can also be understood in a broader sense, namely, as *functional* integrity, so that if one of our kidneys were removed without imposing undue risk, and without a significant loss of blood filtering function, then we could say that the functional integrity of our renal system was preserved. In that case, the removal of

one of our kidneys, as a sacrificial act and for a proportionate reason, such as saving or improving another person's life, could be justified. This is what the Church affirms.

A further ethical concern, however, centers on the fact that the decision to donate must be made freely by the donor, and consent should be given without any undue pressure. This means that offering payments for organs is fundamentally coercive and unethical.

We face a serious shortage of available kidneys for transplant in the U.S. Average wait times for a kidney are approaching five years, and about 15-20 people die each day while waiting for an organ — the majority for a kidney. In August of 2018, I participated in a conversation with some of the health policy team at the White House as they considered possible strategies for increasing the supply of live donor kidneys. We discussed the ethical, legal, economic and health implications of some proposed solutions, including the proposal to reward organ donation by providing various non-cash benefits.

During the White House meeting, some parties to the discussion offered recommendations

# Making Sense of Bioethics

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that the government provide lifetime guaranteed coverage of all future medical expenses, or lifetime health insurance, to every person who becomes a living kidney donor. I emphasized that we should not be “encouraging” donation by offering “incentives” to donors as a direct benefit at all. Offering lifetime health insurance or similar proposals would, in my view, constitute a form of payment or “valuable consideration” offered to the donor, and would again raise the problem of improperly incentivizing the donation of organs, pressuring someone to consider donating as a way to secure lifetime health insurance coverage.

When Congress passed the National Organ Transplant Act in 1984, this concern about incentivizing donations was directly addressed. This law prohibits the purchase of organs or any exchange of “valuable consideration.” This same law, however, clearly permits reimbursement of various expenses associated with the transplant, such as travel costs to get to the hospital in order to have the kidney removed, temporary housing at the time of surgery, lost wages incurred in connection with the donation of the organ, etc.

Providing reimbursement of expenses should not be viewed as en-

couraging or incentivizing the donation itself, but rather as “eliminating disincentives,” or “removing hindrances or roadblocks.” An organ donor should not have to assume extra personal expense or take on other heavy burdens to be able freely to help out another patient who would benefit from receiving his or her kidney.

From the ethical point of view, our ultimate goal should be not so much to “incentivize donation,” as to “support or encourage personal generosity” on the part of those individuals who may desire to donate freely one of their kidneys. The distinction is an important one. At the end of the day, we want people to become organ *donors*, not organ *vendors*. Human organs and tissues, because of their close proximity and connection to our human identity, cannot be reduced to commodities to be acquired or sold on an open market. We must do what we can, legally and otherwise, to safeguard the generosity of the organ donor’s freely chosen act and prevent others, especially the poor and disadvantaged, from being exploited because they need money, health care, or other “incentives.”

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