Transplant Tourism in the Modern Public Health System

Alexey Vladimirovich Martynov and Maxim Dmitrievich Prilukov

Lobachevsky State University of Nizhni Novgorod (National Research University), Gagarin Avenue, 23, 603022, Nizhny Novgorod, Russia

Abstract: A lack of human organs and tissues in the national public health system lead to the rapid emergence of transplant tourism. Transplant tourism has swept across the whole world, both developed and developing countries. The World Health Organization recognizes transplant tourism as a negative development, that undermines the normal subsistence of human medicine and calls for countries to fight against this phenomenon. Meanwhile experts are developing new method for dealing with the problem of a lack of human organs and tissues. One of the methods is the possibility of implementation of compensated donation to the medical practice.

Key words: Medical Tourism • Transplant Tourism • Altruistic Donation • Compensated Donation • Ethics.

INTRODUCTION

Modern medicine doesn’t stand still, but is dynamically developing, following recent technical achievements. On the one hand, the results of such developments are new methods for the diagnosis of diseases, innovative treatment methods and the creation of new medical equipment and medicinal preparations. On the other hand, it leads to the development of medical services that become inaccessible for the vast majority of the population. These circumstances gave rise to the phenomenon, called medical tourism. There is no official definition of “medical tourism” in international legal norms, but the term is widely used among leading specialists and scientists in area of medicine. “Medical tourism means patients intentionally travelling in a private capacity in order to receive medical care abroad” [1]. Another collective of authors is of the opinion that “medical tourism or medical travel is the act of travelling to other countries to obtain medical, surgical or dental care at ease and with affordability of traveler’s choice” [2]. It is important to note, that “Medical Tourism in the global context is at the rising trend in the third world because of affordability, cost, facility and expertise of some countries from the first world and also from the third world countries too. Third world countries like Cuba, Argentine, Mexico, Hungary, South Africa, Thailand, Singapore and India are the major players in the world. Developed world look for cost savings for treatment outside the country, developing countries are looking for expertise and the cost factors for considering a neighbouring country. Medical tourism will be particularly attractive in US, where an estimated 43 million people are without health insurance and 120 million without dental coverage- numbers that are both likely to grow” [3]. It is necessary to point out that medical tourism, along with factors like accessibility and cost effectiveness, has some limitations. Firstly, these are complications after treatment abroad as a result of medical tourism. Moreover, complications are one of the possible health and safety risks that medical tourists are at. “It is recognized, that medical tourists who travel abroad by plane are at a risk of different complications, such as deep venous thrombosis and pulmonary embolism due to a long air-travel after a surgical operation. Secondly, there is a concern about a possibility of blood poisoning due to a wrong blood sampling, blood examination and blood storage in the countries where medical tourists arrive in. Thirdly, citizens who travel abroad, particularly for the purpose of transplantation, can be at a high risk of serious infectious complications due to inadequate screening in foreign countries. Fourthly, medical tourists come back home, being infected. The infections can be antibiotic-resistant, medical tourists can infect other

Corresponding Author: Alexey Vladimirovich Martynov, Lobachevsky State University of Nizhni Novgorod (National Research University), Gagarin Avenue, 23, 603022, Nizhny Novgorod, Russia.
people, who are insensible for standard medical treatment. Therefore medical tourists can constitute a serious threat for the national health. Fifthly, medical tourism can break the continuity of care and lead to gaps in the medical history of patients. As a result, there will be a problem of a proper access to the follow-up care of medical tourists after their home-coming” [4].

With the appearance of medical tourism all over the world, a special type of medical tourism called “transplant tourism” comes into being. Transplant tourism is a more complicated phenomenon which touches on a wide range of legal and ethical issues.

**The Main Part:** Organ transplantation, one of the medical miracles of the 20th century, has prolonged and improved the lives of hundreds of thousands of patients worldwide. The many great scientific and clinical advances of dedicated health professionals, as well as countless acts of generosity by organ donors and their families, have made transplantation not only a life-saving therapy but also a shining symbol of human solidarity.

In 2004, the World Health Organization called on member states ‘to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs. Due to the acute problem of transplant tourism and trafficking in organ donors on the back of a severe organ shortage, the representational meeting (Istanbul Summit) was held in Istanbul from 30 April till 2 May 2008. The Istanbul Summit gathered more than 150 representatives of scientific and medical bodies and communities, public figures, philosophers and social scientists from all over the world. Preparatory work was undertaken by a Steering Committee convened by The Transplantation Society (TTS) and The International Society of Nephrology (ISN) in Dubai in December 2007. The Committee’s draft declaration was widely circulated and revised in light of the received comments. At the Summit, the document was reviewed by working groups and finalized in plenary deliberations. This Declaration represents the consensus of the Summit participants: all countries need a legal and professional framework to govern organ donation and transplantation activities, as well as a transparent regulatory oversight system that ensures donor and recipient safety and the enforcement of standards and prohibitions on unethical practices [5].

In our opinion, The Declaration of Istanbul contains a number of important statements. Firstly, there is a definition of organ trafficking which is the recruitment, transport, transfer, harbouring or receipt of living or deceased persons or their organs 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 to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation. Besides, the definition of transplant commercialism is given: a policy or practice in which an organ is treated as a commodity, including by being bought or sold or used for material gain. Moreover, the Declaration contains the definition of travel for transplantation, which is a movement of organs, donors, recipients or transplant professionals across jurisdictional borders for transplantation purposes. Travel for transplantation becomes transplant tourism if it involves organ trafficking and/or transplant commercialism or if the resources (organs, professionals and transplant centres) devoted to providing transplants to patients from outside a country undermine the country’s ability to provide transplant services for its own population. Secondly, The Declaration of Istanbul suggests the strategies to increase the donor pool and to prevent organ trafficking, transplant commercialism and transplant tourism and to encourage legitimate, life-saving transplantation programs. Thirdly, The Declaration of Istanbul contains a number of proposals for combating transplant tourism, transplant commercialism and organ trafficking.

The recommendations of The World Health Organization, are especially significant for the long-term, full and all-round development of legislation in the sphere of human organs and (or) tissues transplantation. “In 1991, the Forty-fourth World Health Assembly in resolution WHA44.25 endorsed the WHO Guiding Principles on Human Organ Transplantation. These Principles were the outcome of a process that began in 1987 when the Health Assembly first expressed concern, in resolution WHA40.13, about the commercial trade in human organs. Against this background, the Secretariat, in response to the explicit request in resolution WHA57.18, has revised the Guiding Principles, reformulating them and their commentaries in order to cover practices that have been identified since 1991.

It should be pointed out, that “during the past decades, the number of altruistic living unrelated kidney donations has substantially increased in developed countries. However, the altruistic supply of transplantable kidneys has remained much less than the demand. As a
result, severe kidney shortage has been associated with increasing number of patient deaths and increasing number of commercial transplants and transplant tourism. While some transplant professionals support a paid and regulated system to eliminate kidney shortage, others argue that it will be destructive” [7].

Unfortunately, during the past 3 decades, the altruistic supply of transplantable organs has remained much less than the demand and the results of this altruistic system has been steadily worsening severe organ shortage. This problem is more specific for developed countries with large-scale transplant programs and long transplant waiting lists. In order to alleviate kidney shortage, several strategies have been adopted by transplant experts and each of these approaches has modestly increased the number of altruistic kidney donations. However, the gap between supply and demand has been worsened over time and the use of all these strategies have failed to eliminate or even alleviate severe shortage of transplantable kidneys. The second problem associated with severe shortage of kidneys is the increasing number of commercial transplants and transplant tourism. This problem is more common in developing countries; however, it is also seen in the developed world. Many laws have been passed and many declarations and condemnations have been issued against buying and selling kidneys. Unfortunately, all have failed to stop the rapid growth of commercial kidney transplants and transplant tourism around the world. Because of these reasons, a number of transplant experts have been convinced that altruistic organ donation alone will not eliminate severe organ shortage and some other approaches such as providing financial incentives or social benefits to organ sources is necessary to increase the number of transplantable organs [8].

Ahad J Ghods states, that “All these happen for patients from the developed countries. In some developing countries where dialysis therapy is not funded by the government and where deceased-donor kidney transplantation is essentially nonexistent because of infrastructural deficiencies, the diagnosis of endstage kidney disease is still equivalent to a “death sentence” and the only option for some patients to survive is buying a kidney. The situation is very clear and easily understandable. As far as we have only altruistic system of organ donation, we are going to have severe organ shortage. Severe organ shortage will continue to be associated with many patient deaths and with many commercial transplants. If we decide to change this sad and grimy situation, we need to change our approaches. Any unnecessary restrictions on living kidney donation would needlessly worsen the severe kidney shortage. One alternative strategy to altruistic system of organ donation is providing financial incentives or social benefits for organ sources or developing a regulated system of organ sale. This approach is very controversial and will raise many ethical arguments” [7].

There is a 20-year experience with the Iranian model, a compensated and regulated living unrelated kidney donation program which was adopted in 1988 and successfully eliminated kidney transplant waiting list by the end of 1999. Currently, Iran is the only country with no kidney transplant waiting list and more than 50% of patients with end-stage kidney disease in the country are living with a functioning graft. Background for development, characteristics, results, elimination of kidney transplant waiting lists and ethical issues surrounding the Iranian model have previously been reviewed extensively [9]. Another question is that what would be the ethical shortcomings of paid and regulated kidney transplantation program? Again, there are not enough data available to provide a definitive answer. In the Iranian model, many ethical problems that arise from paid kidney donation have been prevented. However, because this program has not been well regulated by transplant ethicists, several ethical shortcomings either has remained or has appeared in it [7].

CONCLUSIONS

Modern system of delivery of health care has been developed. However, different kinds of high-technology medical care are still inaccessible for poor segment of the people due to high cost. This gives rise to the phenomenon of medical tourism all over the world. “Medical Tourism in the global context is at the rising trend in the third world because of affordability, cost, facility and expertise of some countries from the first world and also from the third world countries too. Third world countries like Cuba, Argentine, Mexico, Hungary, South Africa, Thailand, Singapore and India are the major players in the world. Developed world look for cost savings for treatment outside the country, developing countries are looking for expertise and the cost factors for considering a neighbouring country” [3]. It must be noted, that medical tourism is developing both in Russia and other CIS countries. “The increase in number of patients from Russia and other CIS countries in 2011 constitutes 47%”. It is caused by “authorized
procedure of addressing of Russian Federation citizens abroad for the purpose of treatment outside the territory of Russia from federal budget resources” [10].

Consequently, in spite of intensive development of medical tourism, it is important to remember the necessity of national health care system development. National health care system should be treated preferentially and medical tourism should be treated as a measure of last resort. It needs taking the following measures: firstly, treatment of orphan diseases, secondly, reduction in vale of delivery of health care and high-technology medical care in particular, thirdly, the availability of high-technology medical care, fourthly, quality improvement of medical services for population. These measures aimed at national health care system improvement are impractical without legal regulation and state participation. Besides, with the appearance of medical tourism, transplant tourism comes into being. Transplant tourism, according to the estimates of the World Health Organization, has a disastrous effect for human health and in the majority of countries this practice is under ban. However, the experience of Iran in the sphere of a compensated organ donation shows, this activity helps to reduce a waiting list and a number of deaths of patients, who died before the transplantation of a saving organ. For this reason a compensated donation shouldn’t be absolutely denied, it should be reconsidered and new approaches for ethical issues should be developed, the awareness of donors and recipients and fair practices of doctors who realize a compensated organ and tissue donation is an obligatory condition.

REFERENCES

6. World Health Assembly Resolution 62, Human organ and tissue transplantation. Date Views 26.03.2009www.who.int/iris/handle/10665/4187#sth ash.s6xR92vw.dpuf.