

Organ trafficking and transplant tourism and commercialism: the Declaration of Istanbul

Organ trafficking, transplant tourism, and transplant commercialism, which threaten to undermine the practice of transplantation worldwide, were the focus of an international summit in Istanbul from April 30 to May 1, 2008. The summit was convened by The Transplantation Society and the International Society of Nephrology. The meeting resulted in the *Declaration of Istanbul on Organ Trafficking and Transplant Tourism* (webappendix), which aims to halt these unethical activities and to foster safe and accountable practices that meet the needs of transplant recipients while protecting donors.

The initial text of the declaration was prepared by a steering committee, which also invited medical and scientific professionals, representatives of governmental and social agencies, social scientists, legal scholars, and ethicists to participate in the meeting. None of the 152 participants from 78 countries was polled with respect to his or her opinion, practice, or philosophy before selection. The declaration was agreed by consensus among the summit's participants.

For more than two decades, governments around the world have recognised the need to protect poor people from the exploitation inherent in organ sales.¹⁻⁴ Yet, partly as a consequence of the widespread shortage of organs and the increasing ease of internet communication, organ trafficking and transplant tourism have become global problems. Vulnerable populations (such as illiterate and impoverished individuals, undocumented immigrants, prisoners, and political or economic refugees) in resource-poor countries are now a major source of organs for rich patient-tourists who are prepared to travel and can afford to purchase organs.⁵ WHO has estimated that about 10% of organ transplants around the world involve these unacceptable activities and in some countries the rate is much higher (Noël L, WHO, Geneva, Switzerland; personal communication). For example, by 2006, two-thirds of the 2000 kidney transplants in Pakistan were for foreign recipients.⁶

An essential first step in combating such activities is to describe them precisely. The declaration clearly defines organ trafficking, transplant commercialism, and transplant tourism (panel). The declaration also

proposes policies and principles of practice on the basis of the definitions: "Organ trafficking and transplant tourism violate the principles of equity, justice and respect for human dignity and should be prohibited. Because transplant commercialism targets impoverished and otherwise vulnerable donors, it leads inexorably to inequity and injustice and should also be prohibited." To be effective, these prohibitions must include bans on all types of advertising (electronic and print), soliciting, or brokering for the purpose of transplant commercialism.

The declaration describes universal approaches for the provision of care for the living donor, and also emphasises the need for effective practices that support organ donation from dead donors. Reimbursement of the documented costs incurred during the evaluation and performance of the donor procedure is part of the legitimate expense of transplantation and does not constitute a payment for organs. Governments should ensure the provision of care and follow-up of living donors, which should be no less than the care and attention provided for transplant recipients. For example, the provision of disability, life, and health insurance related to the donation event is an essential part of providing care for the donor in countries without social insurance systems.

Countries from which transplant tourists originate, as well as those to which they travel to obtain

See Online for webappendix

Panel: Definitions from the Declaration of Istanbul on Organ Trafficking and Transplant Tourism

Organ trafficking 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.

Transplant commercialism is a policy or practice in which an organ is treated as a commodity, including by being bought or sold or used for material gain.

Travel for transplantation is the 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.

transplants, are just beginning to address their respective responsibilities to protect their people from exploitation and to develop a national self-sufficiency in organ donation. Leadership and encouragement from transplant professionals would contribute greatly to governments taking effective action to adopt and then to enforce strong laws consistent with the declaration. Participants in the Istanbul meeting have already played major roles in the promulgation of such laws and regulations within the past 2 years in China, Pakistan, and the Philippines.

The implications of the declaration's definitions, principles, and recommendations are profound. The declaration will reinforce the resolve of governments and international organisations to develop laws and guidelines to bring an end to wrongful practices. The declaration calls for transparent regulatory oversight—with international accountability—that ensures the safety and wellbeing of donors and recipients alike.

Still, more is needed from the transplant and medical communities. The Transplantation Society and the International Society of Nephrology have endorsed the declaration. The steering committee has created task forces to facilitate dissemination of the declaration to national health authorities and to supplement existing professional standards. Recommendations from these task forces ought to include cancelling the professional society membership of individuals who do not adhere to the principles of the declaration. Drug companies and other funding agencies ought to apply the declaration's principles when supporting research and other clinical activities. Journals ought not to publish studies from individuals or groups who do not comply with the declaration.

The legacy of transplantation is threatened by organ trafficking and transplant tourism. The *Declaration of Istanbul on Organ Trafficking and Transplant Tourism* aims to combat these activities and to preserve the nobility

of organ donation. The success of transplantation as a life-saving treatment does not require—nor justify—victimising the world's poor people as the source of organs for the rich.

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Selective factor Xa inhibition for thromboprophylaxis

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For over 60 years, vitamin K antagonists, such as warfarin, have been the only available oral anticoagulants. Although effective, these drugs are challenging to use. Dose requirements vary among patients and the anticoagulant response is

unpredictable. Consequently, coagulation needs to be monitored and the dose frequently adjusted to ensure that a therapeutic level of anticoagulation is achieved. Such monitoring is inconvenient for patients and costly for health-care systems.