



## COMPENSATING ORGAN DONORS COULD SAVE THOUSANDS OF LIVES

*When Altruism Isn't Enough:  
The Case For Compensating Kidney Donors*

Edited by Sally Satel, MD

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America faces a desperate organ shortage. Today, more than 78,000 people are waiting for a kidney transplant; only one in four will receive one this year, while twelve die each day waiting for help. Not surprisingly, many patients are driven to desperate measures to circumvent the eight-year waiting list—renting billboards, advertising in newsletters, or even purchasing organs on the global black market. Altruism is an admirable but clearly insufficient motivation for would-be donors.

What can be done to solve the kidney crisis? Reward people who donate their organs. Compensating people who donate to a desperate stranger will motivate others to do the same, increase the national supply of kidneys, and reduce needless death and suffering. *When Altruism Isn't Enough: The Case for Compensating Kidney Donors* (AEI Press, January 2009) argues for a government-regulated system in which prospective donors are offered economic incentives to donate a kidney. It is the first book to explore how a government-regulated, compensation-based system for living donors could be designed. *When Altruism Isn't Enough* shows why compensating donors is ethically permissible, economically justifiable, and pragmatically achievable.

Dr. Satel and her colleagues call on Congress to reform the 1984 National Organ Transplant Act (NOTA), which makes it a felony to provide material reward for an organ. The authors suggest that:

- Congress should amend NOTA so that existing criminal penalties for selling and brokering organ sales between individuals do not apply to any economic incentives offered by federal, state, or local governments. Such a revision would not require any such incentives; it would simply allow states and federal agencies to undertake experimental incentive programs.
- Compensation to prospective donors could take the form of health insurance, tax credits, tuition vouchers, or contributions to tax-free retirement accounts.
- Rigorous protections for the safety of donors would be created.
- Because the compensation would be provided by the government, every patient in need would benefit, regardless of income.

The kidney crisis is a growing public health disaster, but potential solutions are at hand: there are innovative and ethically responsible ways to save lives and simultaneously suppress the dangerous

international organ trade. *When Altruism Isn't Enough* envisions a promising middle ground between the status quo—a procurement system based on the idealism of selfless altruism—and the corrupt netherworld of black-market organ trafficking.

In the 111<sup>th</sup> Congress, Senator Arlen Specter (R-Pa.) intends to introduce a bill that clarifies that it never was, and is not now, a federal crime for the government to provide non-cash incentives to honor, reward, and encourage organ donation. The legislation would enable states to implement the kinds of proposals described in this book.

Altruism is a beautiful virtue, but relying on it as the sole motivation for organ donation ensures there will never be enough of them. The gift of life is priceless—people who give it should receive some material reward for their generosity. Constructing an incentive-based program to increase the supply of transplantable organs—and to suppress unauthorized markets overseas—has become a moral imperative.

**Sally Satel**, MD, is a resident scholar at the American Enterprise Institute. Her previous books include *The Health Disparities Myth* (AEI Press, 2006), *One Nation under Therapy* (St. Martin's Press, 2005), *Health and the Income Inequality Hypothesis* (AEI Press, 2004), and *PC, M.D.: How Political Correctness is Corrupting Medicine* (Basic Books, 2001)

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## **WHEN ALTRUISM ISN'T ENOUGH**

### **INTRODUCTION AND CONCLUSION, Sally Satel, MD**

Satel is a resident scholar at the American Enterprise Institute and a lecturer at the Yale University School of Medicine's Department of Psychiatry. Her interest in transplant policy stems from her experience as the recipient of a donated kidney in 2006.

### **CHAPTER 1, "RISKS OF KIDNEY TRANSPLANTATION TO A LIVING DONOR," Arthur J. Matas, MD**

Matas, a transplant surgeon and director of the Renal Transplant Program at the University of Minnesota Medical School, addresses the question of medical risks to living kidney donors and emphasizes the overall safety of the procedure.

### **CHAPTER 2, "THE COST-EFFECTIVENESS OF RENAL TRANSPLANTATION," Elbert S. Huang, MD, Nidhi Thakur, and David O. Meltzer, MD**

Huang, Thakur, and Meltzer examine the cost-effectiveness of renal transplantation. Savings are sustained, they conclude, even after taking into account the costs of rewarding donors and the ongoing medical expenditures associated with transplantation itself. Huang is an assistant professor of medicine at the University of Chicago. Thakur's specialty is the economics of health-related behavior. Meltzer is an associate professor at the University of Chicago.

### **CHAPTER 3, "OPERATIONAL ORGANIZATION OF A SYSTEM FOR COMPENSATED LIVING ORGAN PROVIDERS," David C. Cronin II, MD, and Julio J. Elías**

Cronin, the director of liver transplantation and an associate professor of surgery at the Medical College of Wisconsin, and Elías, a professor of economics at SUNY University at Buffalo, explore what is needed in recruiting and evaluating donors to ensure the best possible medical outcome for both donors and recipients.

### **CHAPTER 4, "DONOR COMPENSATION WITHOUT EXPLOITATION," James Stacey Taylor and Mary C. Simmerling**

Taylor, a philosopher at the College of New Jersey, and Simmerling, an assistant professor of public health at Cornell University's Weill Cornell Medical College, explain how the morally reprehensible features of overseas black markets would be prevented by creating a regulated and tightly supervised compensation program in the United States.

### **CHAPTER 5, "CONCERNS ABOUT HUMAN DIGNITY AND COMMODIFICATION," by Sally Satel, MD**

Satel explores the contention that donor compensation represents a taboo form of commodification and is thus an affront to human dignity. She concludes that the refusal to experiment with incentives to make more kidneys available for transplant is itself unethical because it perpetuates needless suffering and death.

### **CHAPTER 6, "ALTRUISM AND VALUABLE CONSIDERATION IN ORGAN TRANSPLANTATION," Richard A. Epstein**

Epstein, a University of Chicago law professor and Hoover Institution senior fellow, elaborates upon the philosophical and economic weaknesses of the current regime of enforced altruism.

### **CHAPTER 7, "CROWDING OUT, CROWDING IN, AND FINANCIAL INCENTIVES OR ORGAN PROCUREMENT," Benjamin E. Hippen, MD, and Sally Satel, MD**

Satel and Hippen, a nephrologist who specializes in kidney transplantation at the Carolinas Medical Center in Charlotte, North Carolina, conclude that donor compensation will not suppress altruistic acts and is not likely to result in a net reduction in transplantable kidneys.

**CHAPTER 8, “RETHINKING FEDERAL ORGAN TRANSPLANTATION POLICY: MODEL LEGISLATION FOR STATE WAIVERS,” Michele Goodwin**

Goodwin, who teaches at the University of Minnesota’s Medical School and School of Public Health, argues that compensation programs are best conducted at the state level, rather than through a more centralized arrangement.

Appendices provide an exhaustive legislative history, key milestones in institutional support of donation incentives, a review of polling data, and an analysis of the perspectives of major religious groups on donor compensation.

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