

Australia: \$50,000 for a kidney? Doctor's proposal highlights desperate health, social crisis

Laura Tiernan
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An Australian doctor provoked a public outcry last week with a proposal that healthy young people be offered \$50,000 for one of their kidneys. Dr Gavin Carney, a nephrologist at Canberra Hospital, said cash payment for organs was needed to address an urgent shortage of donors.

"We've tried everything to drum up support for organ donation and the rates have not risen in 10 years" Carney told the *Sydney Morning Herald*. "People just don't seem to be willing to give their organs away for free.... Let's pay people some money for a new car or a house deposit and those waiting lists will be halved in about five years."

Carney's comments highlight the dire situation facing thousands of people with kidney failure. Perhaps inadvertently, his proposal also pointed to the climate of increasing financial hardship. An online poll conducted by the *Herald*, Sydney's largest circulation daily broadsheet, found 33 percent of respondents would sell a kidney for Carney's asking price.

After the cash-for-kidney proposal appeared on the *Herald's* front page last Monday, the newspaper was contacted by a 44-year-old Bondi man wanting to place an advertisement for the sale of his own kidney to help provide for his daughter's future: "A cheque for \$50,000 would help her to avoid Sydney's rental crisis when she's older." Craig Gill told the *Herald*, "I don't want my girl out on the street fighting with hundreds of others for somewhere to live."

Carney's proposal—which would effectively legalise trade in human organs—was immediately condemned by doctors and health professionals. Chris Thomas, the chief executive of Transplant Australia, a national organ donor advocacy group, said cash payment for organs "would leave poor people vulnerable".

"They are probably also more likely to suffer from lifestyle diseases later in life and may end up needing a kidney transplant themselves at some stage in the future because of our increasing rates of obesity."

At the same time, kidney disease sufferers and their loved

ones offered their own deeply considered opposition to any kidney 'vendor' system. In a letter to the *Herald* on May 6, Melanie Ryan, whose partner of 12 years has end-stage renal failure, explained that Carney's proposal was fundamentally exploitative and unethical:

"Penniless students could pay off their HECS debts in an instant and maybe buy a car or at least be able to eat something other than noodles once in a while. A person at risk of homelessness might be able to remain in housing. Sell a kidney, and you'd have the deposit to buy your first home. All good, right? Wrong.

"This proposal would turn the poor into little more than organ factories. And should these financially compensated donors experience failure of their one remaining kidney later in life, what then?... Or do we simply not care, because they are poor and thus disposable? Such exploitation is not something that an ethical society can condone. Yes, the demand for donor kidneys is far greater than supply, but this is not the way to increase organ availability."

For those with kidney disease the situation is grim. More than 40 Australians die of kidney failure each day, and according to Kidney Health Australia, one person on the transplant waiting list dies every week. There are at least 1,800 people on the waiting list, but last year only 343 kidneys were donated. The average waiting time for a transplant is four years, with many waiting up to seven.

Patients on the kidney transplant list can spend years undergoing dialysis for up to ten hours a day. However, the treatment, which imperfectly replicates kidney function, also accelerates vascular disease and is not a long term cure. Carney told ABC radio that patients were being left to "rot on dialysis until they have been [there] so long they are untransplantable."

With obesity and diabetes on the rise, kidney disease rates are growing by 6 percent every year. But the vast majority of chronic kidney disease patients are excluded from the transplant waiting list. The donor advocacy group Transplant

Australia, explains bluntly: “It is considered futile to put the remaining 6,500 people ... on the transplant waiting list as their chances of receiving a transplant would be very poor. There simply are not enough organ donors.”

Australia has one of the lowest organ donor rates in the world—just 9.4 donors per million people. This figure refers to actual “cadaver” donations (i.e., organs donated from the body of a deceased person). Yet a 2004 poll conducted by the AMA found that 90 percent of Australians support organ donation. The discrepancy between intent and outcome points to a systemic failure by federal, state and territory governments.

There are 5.5 million registered organ donors in Australia—registering their consent via their driver’s license or the organ and tissue donor registry. Approximately 130,000 Australians die each year, but the actual pool of donors is determined by manner of death, with organ donation limited to those patients who die while intubated on life-support. Last year 1300 patients died in this manner yet only 198 of them became donors.

Countless government reports and inquiries into Australia’s low organ donor rates have failed to address the underlying problems. For a start, there is no nationally coordinated donor registration system. As a result, many registered donors are simply “missed” i.e., their organs are never donated. According to Chris Thomas from Transplant Australia, “the organ donor register is not necessarily checked”. No protocols are in place requiring doctors to check the donor registry and/or inform next-of-kin that a dying relative has provided consent for organ donation.

The legal position of brain-dead patients rests with their next-of-kin, but deprived of information, families often unwittingly overturn a patient’s previously granted consent, thereby further narrowing the pool of organs available for transplant.

In 2006, a national clinical taskforce was formed to investigate Australia’s organ donation procedures. In February this year it delivered a series of 51 recommendations to the Rudd Labor government. Entitled *Think Nationally, Act Locally*, the report is notable both for its narrow scope and the timid character of its proposals. The authors recommend an increase in the number of donors by 50 percent—with a goal of 30 percent deemed “attainable”—equal to just four or six additional donors per million. The report’s terms of reference ruled out investigating an ‘opt-out’ system for organ donation (which would automatically make every citizen an organ donor, while offering the right to decline for personal reasons). In Spain, where an opt-out system is in place, rates of organ donation are three times higher than in Australia.

In the absence of such a system, or of any nationally co-

ordinated procedures backed by adequate funding and support, organ donation rates continue to languish. Repeated public awareness campaigns have failed to change the situation because they do not address the fundamental issue: a largely dysfunctional and chronically under-resourced health system. Hospitals are in such crisis that even if an ‘opt-out’ system were introduced, they could not cope with the additional donors.

Transplant Australia’s Chris Thomas told the WSWS, “there’s no use trying to increase the supply side of it by having opt-out, or by paying people, or whatever idea you come up with, if the system can’t cope you’re not going to actually change the result.”

“The systems are just not set-up,” Thomas continued. “We don’t have enough intensive care beds. You’d need to keep potential donors in an intensive care setting. Well, there’s a lot of pressure on hospitals to be funding intensive care beds, and you’ve got a lot of pressure with other patients arriving and needing those beds. So if you’ve got someone who’s clinically brain dead and another car accident coming in—and you’re trying to save a life, then the decision’s pretty quick to just move to the patient. Because organ and tissue donation can take hours before family members are contacted and agree, it’s quite a long process.”

Amidst the public reaction to Dr Carney’s proposals, Health Minister Nicola Roxon’s response stood out for its hypocrisy. Seizing on a rare opportunity to take the moral high ground, Roxon declared: “Putting a price on somebody’s organs, and making it an economic proposition for people that might be financially vulnerable, we don’t think is the right way to go.... We don’t want to open up that sort of exploitation.” In reality, responsibility for the desperate plight of those on the transplant waiting list—along with many more who die because they are not even placed on it—rests entirely with successive Labor and Liberal governments that have systematically dismantled the public health system, handed over billions of dollars to private health operators and opened up healthcare provision to exploitation by the private sector.



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