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## **How much for your kidney? The rise of the global transplant tourism industry.**

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## **How much for your kidney? The rise of the global transplant tourism industry.**

The term ‘Transplant Tourism’ is becoming commonly used to describe any form of travel that serves in the attainment of new organs; this practice is utterly condemned by the medical community and the World Health Organisation. Medical Tourism involves tourists travelling to, ‘obtain medical, dental and surgical care while simultaneously being holidaymakers’ (Connell, 2006, p. 1094). British Medical Journal (2008) highlights that Medical Tourism is a billion dollar industry, where companies advertise health services and attract patients for a fraction of the price they would have paid at home (Turner, 2008a). However, the typically legitimate Medical Tourism industry’s reputation is being tarnished by its association with Transplant Tourism. Human organs used in transplantation can be obtained in two ways: live organ donation or cadaveric organ procurement (Lamb, 1990). In general, recipients prefer having living donor transplants over deceased ones, as the former offer them a better chance of survival (Steinberg, 2004). There is a worldwide struggle to meet the demand for organs; the gap between supply and demand has stimulated global organ trade and transplant tourism. Transplant Tourism has been overlooked within tourism literature and hoping to begin a debate, this note investigates the concept of Transplant Tourism, outlining why it cannot, in general, be considered a legitimate part of the Medical Tourism industry.

In May 2008 an international summit on Transplant Tourism and Organ Trafficking was convened by the transplantation society and international society of nephrology in Istanbul, Turkey; this led to “The Declaration of Istanbul” which gives a framework of ethical guidelines regarding organ transplantation, Transplant Tourism, organ trafficking and organ sales. It outlines potential compromises, deepens the understanding of the myriad related issues surrounding these practices, and differentiates between organ trafficking and the more general term of Transplant Tourism. This declaration offers a minimum ethical standpoint by which the tourism community should inform its own agenda for Transplant Tourism. The issue that remains for the tourism community, however, is that participants in these trends are

not capable of differentiating between legitimate and illegitimate practices thus the tourism industry is implicated at a general level whether it manages to impose control or not.

### **Exploitation and Black Economy**

A discussion in the British Medical Journal Noorani (2008, p. 1377) highlights that there are Medical Tourism companies that offer transplant packages for patients, going on to call for the distancing of tourism from commercial organ transplantation,

“commercial organ transplantation is too risky, invasive, and consequential to be characterised as a form of tourism.”

Commercial outfits dealing with organ transplantation show a reluctance to involve their businesses with the sourcing of organ donors, often stating that the sourcing of the organ should be carried-out by the patient. However, this practice does not absolve such Medical Tourism companies,

“In view of various ethical and legal issues involving the sale of kidneys, we do not take on the responsibility of organising kidney donors.” (Aarex, 2009)

This highlights that companies are aware of the ethical contention associated with organ sourcing, however, they are not prepared to ignore this lucrative market, thus the ethical burden is put back on the customer. An example of a company that operates despite the ethical issues surrounding Transplant Tourism is [www.liver4u.com](http://www.liver4u.com) which has been shut down by the World Health Organisation. The same website has since reappeared online as [www.renaltransplantsurgery.com](http://www.renaltransplantsurgery.com), showing a disregard for the ethical violations it represents. Even seemingly reputable, accredited sites do not utterly dismiss the purchasing of organs abroad,

“buy a kidney: (this is legal only in several countries, in the rest is considered immoral and it’s punishable)”

“I want to further increase my chances of getting a Kidney. What shall I do? Go buy a kidney and a transplant in a country that allows that. In USA is illegal. Promoting your need on GetKidney.com may help you also in this matter.” (getkidney.com, 2009)

Organs are typically sourced from living donors who are compensated for the organ, this remuneration is often attractive as many donors live below the poverty line according to Turner (2008b). Turner (2008b) describes the range of operators in the Transplant Tourism market that span the ethical landscape: from multinational Medical Tourism enterprises and government departments to organ broker agencies and underground black economy outfits.

Transplant Tourism is plagued by black market trading; the exploitation of poor individuals; and the reluctance of governments to effectively control it, this highlights the need for the Medical Tourism industry to distance itself from any associations with this generally unethical trend.

In the Philippines and Pakistan Noorani (2008) describes how people are tempted into donating organs but rarely receive the sums promised and any money they do receive is often seized by debt-collectors, leaving the donor in almost the same position in which they started. This is another example of discriminative; the direct discrimination of women is also common in Pakistan where 95% of organ donors are female. These women are generally forced into providing organs to save men from donating. Frequently, sellers complained that the organ removal had led to a decline in their health. Many remarked that they were no longer able to carry out their physically demanding work, which resulted in reduced incomes or even unemployment (Naqvi, et al., 2008). Furthermore, organ sales often had an impact on the vendors' psychological well-being; as one Pakistani organ seller: 'we are worse than prostitutes because we have sold something we can never get back. We are a disgrace to our families and to our country' (Scheper-Hughes, 2003, p. 1647). Some vendors acknowledged that they experienced 'serious depression, a sense of worthlessness, and social isolation' (Scheper-Hughes, 2003, p. 1646). Transplant Tourism also holds risks for the organ recipient. Insufficient screening of organ sellers has previously led to the transmission of diseases such as HIV or hepatitis B and C, as well as to transplantations of invalid organs. Furthermore, complications regarding post-transplantation medical care have arisen, due to transplantation patients returning home with insufficient medical records or files written in foreign languages. The exploitation suggests that Transplant Tourism does not deserve to be considered amongst the other industries that form, according to Connell (2006), the legitimate and ethically sound Medical Tourism industry.

Turner (2008b) suggests that governments actually perpetuate the issue by funding foreign advertising campaigns to bring tourists to their country to receive such treatment; and, despite international calls to prevent the exploitation of poor donors and domestic patients, governments leave apparent loopholes in legislation to facilitate the continuation of this lucrative process. According to Shimazono (2007), the world can be divided into organ-exporting countries, such as India, the Philippines and China, and organ-importing countries, like for example, Australia, Canada, and Israel. Transplant Tourism has three main participants: the organ vendor, the organ recipient, and an intermediary arranging the organ

sale between the former two, who is frequently referred to as the ‘organ broker’. The economist Milton Friedman once claimed that ‘the most important single central fact about a free market is that no exchange takes place unless both parties benefit’ (Milton Friedman, 2000 cited in BMJ., 2005). Many authors doubt that this is true for Transplant Tourism. (Bakdash & Scheper-Hughes, 2006b; Budiani-Saberi & Delmonico, 2008a; Merion, et al., 2008). Generally, the organ trade follows ‘established routes of capital from South to North, from East to West, from poorer to more affluent bodies, from black and brown bodies to white ones’ (Scheper-Hughes, 2003, p. 1645). The exploitation of such groups to feed the demand from the West also in turn exploits the local citizens on donor waiting lists, according to Turner (2008b). Because of the money being offered from Western Transplant Tourists, they effectively ‘outbid’ local patients for organs, forcing locals to wait longer for treatment. Chapman (2008) and Surman, et al.(2008a) suggest that such regulation would ultimately reduce the supply of organ donors and stimulate the black market.

### **Problems with Regulations**

As this complex, grey and often-illegitimate market develops, Budiani-Saberi and Delmonico (2008a) discuss the need for solving the issues that surround Transplant Tourism. Difficulties lie in the range of laws, customs and religions that play a part in the global Transplant Tourism market (Bakdash & Scheper-Hughes, 2006a; Budiani-Saberi & Delmonico, 2008b; Merion, et al., 2008; Surman, et al., 2008b). The underlying issue of there being a shortage of organ donors means that Transplant Tourism can be argued as essential. Matas (2008) discusses regulation, noting that regulation could act as a catalyst for black market organs as fewer donors would meet the donation criteria. It is also doubtful that governments would comply with regulations in an effort to bring in more foreign revenue. According to Chapman (2008), regulation would mean governments would purchase organs from donors and therefore could control waiting lists. This would reduce family organ donations as people would opt to wait for the government to offer a third party organ. Solving such a global issue with so many perspectives and beliefs having to be considered is challenging; and the passing of globalised legislation has a foggy past. Indeed, potential tactics for control seem to uncover as many pitfalls as they resolve, returning the debate to the fundamental ethical issues associated with Transplant Tourism.

In order to increase the number of legally obtained organs, some experts recommend for more countries to adopt 'presumed consent' policies. This practice of obtaining organs already exists in places such as Spain and Singapore (BMJ., 2005). This increases equality, as all citizens count as potential donors and social, ethical and financial backgrounds are irrelevant (Scheper-Hughes, 2003). The National Kidney Federation (BMJ., 2005) believes that a change of practices within British A&E units, could lead to a greater number of organ donations. They suggest that in case of patients' death, medical staff should make it their top priority to gain consent for organ donation (BMJ., 2005). If it was possible to implement the above proposals, they could lead to a greater number of indigenous donations, potentially quelling the demand for seeking organs abroad.

## **Conclusions**

There remains no obvious solution to the issues raised. Indeed, debating this highly complex and contentious matter merely adds to the questions that exist. However, compromise and hard tactics must be used in tandem to address the global Transplant Tourism issue. Although veiled by additional ethical violations in host countries the current trend of Transplant Tourism fundamentally is yet another example of the rich in the West exploiting the poor in the East, change must be implemented in the West to stop this from continuing. Although the Declaration of Istanbul refers to Transplant Tourism separately from trends such as organ trafficking and organ sales, the phenomenon of Transplant Tourism is perpetuated by these other trends and thus attempts to manage the differentiation among such terms will prove futile for the reputation of medical Tourism. Transplant Tourism is ethically flawed as an industry and tarnishes the reputation of a thriving and well-regulated global Medical Tourism industry. This is especially pertinent when various elements of the industry, such as hotels, airlines etc, are part of the product that 'transplant tourists' purchase from brokers, thus implicating tourism in illegal practices: fundamentally it is damaging for Transplant Tourism to be considered a part of tourism industry.

Further research within hospitality and tourism studies focussing on Transplant Tourism is essential. This will help articulate the extent to which Transplant Tourism is regarded as an established arm of Medical Tourism. There are many multinational Medical Tourism outfits that seem to offer transplantation as a service; research must be carried-out to articulate the

legitimacy of these services and how governments and regulators accommodate these practices within the remit of Medical Tourism despite their unethical underpinnings.

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