

Current Issues for Living Organ Donation

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Programme de recherche en **DON**
et **TRANSPLANTATION** du Canada

Content: **March 2022**

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The content of this document was created as part of the **Key Policy Issues in Organ Donation & Transplantation** virtual conference which took place on June 17–18, 2021 at the University of Ottawa, Ontario.

[More info here.](#)

CURRENT ISSUES FOR LIVING ORGAN DONATION

WHAT IS LIVING DONATION?

Living donation occurs when a living person donates an organ, or part of an organ, for transplant to another person in need. (1) While it is impossible to donate organs like the heart or lungs while still alive, some organs can be donated by living donors, such as one kidney or part of the liver. One of the advantages of living donation is that the donated organ is often healthier than one from a deceased donor, and this leads to better health outcomes for the transplant recipient. (2)

Because living donation is a major surgery, jurisdictions often require first-person consent to be given. In other words, substitute consent on behalf of a living donor is not permitted. For example, in Ontario, organ donation legislation states that only donors who are 16 years old or above and who are mentally competent to consent may make a living organ donation. (3)

There are several types of living donation: (4)

- **Related:** blood relatives
- **Non-related:** spouses, close friends, colleagues, in-law relatives, strangers
- **Paired kidney exchange:** two – or more than two – incompatible pairs are put together to allow compatible donation to the other
- **Anonymous:** a donor does not know the intended recipient, but donates to a person in need at the top of the wait list
- Directed donation vs. Non-directed anonymous donation (NDAD) (5)
 - **Directed:** a potential donor knows a transplant candidate and is a match to that person.
 - **NDAD:** an individual offers to donate a kidney or part of a liver that could go to anyone they match with. This can go to a candidate on the waitlist or to an individual in a paired exchange.

WHAT IS PAIRED KIDNEY EXCHANGE?

Paired exchange is a relatively new approach to kidney donation and transplantation. It has been in use in North America since the 2000s. A paired exchange involves people who wish to donate to a specific recipient but cannot directly donate to their intended recipient because they are incompatible with them. The incompatible pairs are put together so that the donor from one incompatible pair donates to the recipient in the other pair. This effectively means that the donors are swapped to create compatible pairs. (6) Paired kidney exchanges allow a donor to help a specific person, even if they are not a match and cannot donate directly. Sometimes more than two pairs may be grouped into chains, enabling a greater number of compatible matches to be established.

- An **incompatible pair** occurs when the potential donor's blood and/or tissue type does not match that of the transplant candidate. When the pair is incompatible, the donation and transplant cannot occur because the transplant candidate's body will reject the kidney. (7)
- For a recent example of paired donation in the United States, see: [Two women chatted in a bathroom. They soon realized they were each a match for the other's husband, who needed a kidney.](#) (29 June 2021).

CONCERNS WITH PAIRED OR EXCHANGE DONATIONS

- It may not always be possible to match all the pairs; (8)
 - Blood group O concerns – they are universal donors which means O group recipients are disadvantaged and accumulate on the wait list; (9)
 - The risk of the donor backing out after their own friend or family member has received the kidney from another pair; (10)
 - Donor coercion – for example, more friends or family members may feel pressure to donate as the “escape” route of incompatibility is no longer a barrier; (11) and
 - Donors prefer to have surgery near their home, and pairs in an exchange donation may not be in the same place. The transportation of kidneys between the two locations raises the concern of prolonging of cold ischemia time. (12)
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LIVING DONATION AND DONOR REMUNERATION

Financial compensation for organ donation is illegal in Canada; however, there are reimbursement programs to cover the expenses related to the organ donation process. Each province offers a reimbursement program for living organ donor expenses. Despite these programs, one study found that living donors incur costs even when a reimbursement program is available. (13) Ontario's reimbursement program reimburses up to a maximum of \$5,500 for certain expenses related to living donation. Concerns about financial loss may impact a donor candidate's decision to proceed with donation. (14)

Supporters of financial incentives for living donors – which could extend beyond solely reimbursing costs incurred by living donors – assert that compensation will increase organ supply by encouraging donation which will result in more transplants being performed with fewer people waiting for a transplant. A regulated living donor compensation system might eliminate organ shortage and raise awareness and support for organ donation, along with increasing the willingness to donate. (15)

On the flip side, a central argument against a regulated compensation system is that it would disproportionately affect the poor and financially vulnerable. Moreover, asserting a monetary value on organ donation could decrease the interest in altruistic donation. (16)

An example of a country that has implemented regulated compensation for living donation is Iran. Iran implemented regulated compensation for living donor renal transplant in 1988. (17) Iran no longer has renal transplant waitlists and more than 50% of patients with end stage renal disease are living with a functioning graft; however, on top of significant concerns about disproportionate donation from the poor and financially vulnerable, this system has resulted in the near elimination of altruistic donation. (18)

INEQUITABLE ACCESS TO LIVING DONOR KIDNEY TRANSPLANT IN CANADA: POSSIBLE CAUSES AND POTENTIAL SOLUTIONS

Inequitable access to health and healthcare has been noted for racial and ethnic minorities in Canada. Research across the country has shown that patients from Indigenous, East Asian, South Asian, and Black, African and Caribbean Canadian communities are substantially less likely to receive a kidney transplant from deceased or living donors compared with white patients. (19)

Organizations and transplant programs must work to understand the specific concerns and needs of diverse communities to implement culturally appropriate public education on organ donation to increase uptake in these communities. (20) The health care system should design community-informed frameworks to enable equitable access to transplant care for all Canadians. (21)

Barriers to deceased and living donation by donors from minority communities may include: (22)

- Religious and spiritual concerns.
 - Gaps in knowledge on kidney transplantation and kidney disease.
 - Social and cultural considerations: Some groups prefer directed donation to a member of the same community (which is generally not possible with deceased donation). This preference may be based on the history of colonialism or experiences with racism.
 - Concerns related to trust and negative experiences in the healthcare system, such as: Pain related to surgery, disrespect respect for the body, or concerns that a doctor would not do all possible to save a donor's life.
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ACTION PROJECT: IMPROVING ACCESS TO LIVING DONOR KIDNEY TRANSPLANTATION (LDKT) IN ETHNO-RACIAL MINORITY COMMUNITIES IN CANADA

The ACTION Project seeks to reduce inequities in access to living kidney donation and transplantation in the South Asian and Black, African and Caribbean communities in British Columbia and Ontario.

Access to living donation kidney transplantation is dramatically reduced among ethno-racial minority groups in Canada, with some studies reporting a 50-70% lower likelihood of living donor kidney transplantation in Indigenous and Black, African and Caribbean populations. (23)

The ACTION project will identify barriers to access and pilot interventions to reduce inequities in access to living donation and transplantation.

For more information, [see link here.](#)

PUBLIC SOLICITATION FOR ORGAN DONORS

WHAT IS PUBLIC SOLICITATION FOR ORGAN DONATION?

Public solicitation for organ donation refers to requests for living organ donation directed to the public by patients (or their representatives) who need a transplant. (24) Requests can appear in traditional mediums such as billboards, newspaper ads, on vehicles, in media releases or newsletters, or through appeals in community groups or workplaces. Digital mediums for public solicitation include Facebook, YouTube, other social media platforms, as well as matching websites. (25)

Public solicitations for organ donation are occurring around the world, and with the use of social media, patients in need of a transplant have access to expanding platforms and larger audiences. (26)

When someone succeeds in attracting a living donor through public solicitation, this means that they will no longer need to wait for a donation from a deceased donor. In other words, they will not “jump the queue” on the kidney transplant waitlist, but will instead reduce the pressure on the pool available to those on kidney transplant waitlists. There are, however, other concerns raised in relation to public solicitation.

CONCERNS WITH PUBLIC SOLICITATION:

- This may lead to a decrease in public trust in organ donation systems; (27)
 - Threats to donor/recipient anonymity and privacy;
 - The risk of commercialization of donation and exploitation of potential donors;
 - Added strain on the healthcare system: screening large volume of applicants willing to donate to these individuals places additional strain on the system;
 - **Fairness:** does public solicitation favour celebrities or those with appealing stories;
 - **Fairness:** access to the media;
 - **Discrimination:** minority or underprivileged groups may lack access to the media or may be less likely to be chosen as potential recipients on matching websites. (28)
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USING THE MEDIA TO SOLICIT ORGAN DONATION:

- Public solicitation is legal if there is no exchange of money or valuable consideration; (29)
- The Canadian Society of Transplantation concluded that it is legally and ethically acceptable for transplant programs to consider potential living organ donors who respond to a public solicitation; (30)
- The living donor should be a competent adult and consent freely to the donation (31)

ACKNOWLEDGEMENTS

This document was produced by Amy Kallio, Kaitlyn Wong, Istvan Mucsi, Fadia Jérôme-Smith, Maeghan Toews, Pascal Thibeault, Mélanie Dieudé, Jennifer Chandler, and the Canadian Donation and Transplantation Research Program (CDTRP) team.

The Canadian Donation Transplant Research Program (CDTRP) is a national research initiative designed to increase organ and tissue donation in Canada and enhance the survival and quality of life of Canadians who receive transplants.

REFERENCES

- (1.) Trillium Gift of Life Network. (2020). Organ Matching: Living Donation. www.giftoflife.on.ca/en/transplant.htm#livingdonationbanner
- (2.) Trillium Gift of Life Network. (2020). Organ Matching: Living Donation Advantages. www.giftoflife.on.ca/en/transplant.htm#livingdonationbanner
- (3.) Gift of Life Act, RSO 1990, cH2O, s 3(1).
- (4.) Trillium Gift of Life Network. (2020). Organ Matching: Types of Living Donation. www.giftoflife.on.ca/en/transplant.htm#livingdonationbanner
- (5.) Canadian Blood Services. (2020). Types of Living Donation. www.blood.ca/en/organs-tissues/living-donation/what-is-living-kidney-donation
- (6.) Canadian Blood Services. (2020). Paired Kidney Donation Program: What is Paired Kidney Donation? www.blood.ca/en/organs-issues/living-donation/kidney-paired-donation-program
- (7.) Canadian Blood Services. (2020). FAQs: Kidney Paired Donation Program. www.blood.ca/en/organs-issues/living-donation/kidney-paired-donation-program
- (8.) Kher, V. & Jha, P.K. (2020). Paired Kidney Exchange Transplantation – Pushing the Boundaries. *Transplant International*, 33(9), 975–984 at 979.
- (9.) See above.
- (10.) See above.
- (11.) See above.
- (12.) See above.
- (13.) Barnieh, L. et al. (2019). Nonreimbursed Costs Incurred by Living Kidney Donors: A Case Study from Ontario, Canada. *Transplantation*, 103(6), e164–71 at e168.
- (14.) See above at e164.
- (15.) Harbell, J.W. & Mathur, A.K. (2019). Financial Compensation for Organ Donors. *Current Opinion in Organ Transplantation*, 24(2), 182–87 at 184–185.
- (16.) See above at 185.
- (17.) See above.
- (18.) See above.

REFERENCES

- (19.) El Dassouki, N. et al. (2021). Barriers to Accessing Kidney Transplantation Among Populations Marginalized by Race and Ethnicity in Canada: A Scoping Review Part 2 – East Asian, South Asian, and African, Caribbean and Black Canadians. *Canadian Journal of Kidney Health and Disease*, 8, 1-15 at 11.
- (20.) See above at 11.
- (21.) See above at 12.
- (22.) See above at 11.
- (23.) Kidney Health and Education Research Group. A.C.T.I.O.N. Project.
<https://nefros.net/a-c-t-i-o-n-project/>
- (24.) Marcon, A.R., Caulfield, T. & Toews, Maeghan. (2019). Public Solicitation and the Canadian Media: Two Cases of Living Liver Donation, Two Different Stories.” *Transplantation Direct*, 5(12) at 1. See also: Fortin, M. et al. (2017). Public Solicitation of Anonymous Organ Donors: A Position Paper by the Canadian Society of Transplantation. *Transplantation*, 101(1), 17-20 at 17.
- (25.) Solicitation and the Canadian Media, see note 24 at 1; Public Solicitation of Anonymous Organ Donors, see note 24 at 17.
- (26.) Solicitation and the Canadian Media, see note 24 at 5.
- (27.) See above.
- (28.) See above at 2.
- (29.) See above at 18.
- (30.) See above.
- (31.) See above.