THE PINNACLE OF ALTRUISM: ORGAN DONATION AND TRANSPLANTATION

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Abstract - This paper introduces us to the concept of altruism and describes the Indian scenario of altruism in context of organ donation and transplantation. It further classifies living and deceased organ donation into directed and non directed organ donation and explains them briefly. While encouraging altruism this paper suggests some ways of increasing organ donation in India akin to those prevalent in other countries like allowing Living Non Directed Altruistic organ donation, only after evolving a system where the donor and recipient's identity are kept confidential and considering Living Directed Altruistic organ donation with utmost care keeping in view the existing socio economic disparities between the rich and the poor, absence of national health insurance policy and the unabated organ trade rackets unearthed almost every year. In addition this paper recommends allowing Deceased Directed Organ Donation or conditional donations of at least one organ and allowing first degree relatives priority in organ allocation in case the family has previously contributed through Deceased Non Directed Altruistic organ donation as has been done in other countries for increasing the supply of organs in India.

INTRODUCTION

Altruism and gift giving is an integral part of organ donation and transplantation. However, the concept of altruism carried multiple meanings for professionals as per a study on 27 French and 19 Quebec transplant physicians (Fortin et al 2010)¹. An altruistic organ donor is a person who decides to donate an organ, typically a kidney, to a complete stranger with no expectation of compensation or reward. The processes involved in such donation are the same as that of living related organ donation. The motivation for such donors is the satisfaction of giving the gift of life to humanity without stepping over ethical boundaries (Meren Akshara 2002)². There is no commercialization; no exchange of money and no coercion in altruistic organ donation; it is done purely out of selfless motives.

INDIAN SCENARIO ON ALTRUISTIC ORGAN DONATION

Like in many other countries, demand for organs far exceeds the supply in India. The organ donation was made legal in 1994 with the enactment of the Transplantation of Human Organs Act (THOA 1994)³. This act was meant to be a regulatory provision for removal, storage and transplantation of human organs for therapeutic purposes and prevention of commercial dealings in human organs. Organ donation by a brain stem dead person was legalized in this act. The Act has been amended in 2011 and is called Transplantation of Human Organs (Amendment) Act 2011 (THOA 2011)⁴.
Live organ donations in India are restricted to two organs only - one kidney or a part of the liver and that too either from living near relatives or known unrelated donors. While donation from near relatives has to be evaluated by a competent authority, the donation from an unrelated known donor has to be evaluated by the state, district or the hospital authorization committee to ensure that there are no financial transactions involved and there is no coercion or pressure involved in such acts. Living altruistic organ donation has neither been researched nor has been permitted so far but deceased non-directed altruistic organ donation or brain stem dead donation is picking up in India though at a glacial pace. The two main altruistic organ donations are:-

1. Living Altruistic Organ Donation

The two types of living altruistic organ donation that could increase the supply of organs are:-

- Living Directed Altruistic Organ Donation
- Living Non-Directed Altruistic Organ Donation

2. Deceased Altruistic Organ Donation-

The two types of deceased altruistic organ donations that benefit the society are:-

- Deceased Directed Altruistic Organ Donation
- Deceased Non-Directed Altruistic Organ Donation

LIVING DIRECTED ALTRUISTIC ORGAN DONATION

Directed altruistic blood donation is common in India. The appeal for a particular type of blood group is made through T.V, Radio or Newspapers. People rush to help such persons in need purely out of selfless motives.

Likewise, living directed altruistic organ donation is possible when a person offers to donate a kidney or a part of his liver or (pancreas or one lung in some countries only) to someone who needs a transplant but whom he has not known previously. This may be between family members who have not been in touch for many years or people who may come in contact through print or electronic media including social networking sites like Facebook.

To understand the underlying motives of altruistic organ donors, 43 participants interested in altruistic living organ donation were subjected to certain standardized tests for assessing their psychological health, psychosocial suitability, commitment and motivation. Twenty one were considered to be potential donors after passing the stringent criteria. All twenty-one potential donors had a spiritual belief system and were truly altruistic (Henderson, A.J.Z. et al 2003). This proves that about 50% of altruistic donors don't necessarily have ulterior motives and can be considered for giving life to many people in need. Living altruistic organ donation had been made legal in United Kingdom in 2006. Consequently, the Human Tissue Authority (HTA) in UK approved 104 altruistic organ donations in 2012-13. These figures include the very first case of someone giving part of his liver to someone whom he had never met (Briggs Helen 2013). Organ donation by such donors has been quoted as nothing more than donating blood or simply offloading one organ to save the life of a dying human being. Surveys abroad indicate that 11-54% of individuals would consider donating their kidney during their lifetime to a stranger. It is
interesting to mention that during many awareness programmes on organ donation and transplantation in selected medical, dental and nursing colleges by the author in 2013, 30% nursing and medical students were found to be willing to consider donating a kidney to their Facebook friends too, during their lifetime. "There may be less coercion or manipulation with living altruistic organ donation"- was quoted by many such students.

**LIVING NON-DIRECTED ALTRUISTIC ORGAN DONATION**

Non-directed altruistic blood donation too is very common in India. We often come across non-directed altruistic blood donors during blood donation camps wherein people voluntarily donate blood for the benefit of unknown people purely out of love for humanity.

Likewise, living non-directed altruistic organ donors are living donors who donate an organ like one kidney or a part of their liver to another unrelated or anonymous recipient purely out of selfless motives with no expectations of compensation for the gift. In this type of organ donation, an altruistic donor contacts transplant centers abroad; discusses with them and if found suitable after evaluation; is given the option to either donate to the person on the national transplant waiting list to prevent delay or to enter into a paired/pooled scheme to create an altruistic donor chain/domino chain (NHSBT 2014) that could take some time for a matching run. In case of the second option when an appropriate recipient is found among a number of living donor recipient incompatible pairs, the altruistic donor is contacted for organ donation to the most compatible recipient. This facilitates swap transplantation among a number of living donor recipient incompatible pairs. In UK over a period of eight months one chain of 10 kidney transplants was made possible with the entry of one single altruistic kidney donor. The whole process was coordinated over a period of 8 months by two large paired-donation registries and use of advanced software(Rees Michael A et al 2009). There were 76 non-directed altruistic kidney donors in 2012-13 in United Kingdom in comparison to 34 in 2011/12 (NHSBT 2014).

**DECEASED NON-DIRECTED ALTRUISTIC ORGAN DONATIONS**

Deceased organ donation gives meaning not only to the lives of the deceased donor's family (Green Reg 1999) but also to the recipients (Green Reg 2007). People donate the organs and tissues of relatives purely out of altruism after brain stem death/brain death or cardiac death/circulatory death to unknown people as per organ donation and allocation policy of a country. The identity of recipients who receive organs is not revealed to the donor family and vice versa. This is called deceased non-directed altruistic organ donation. In the year 2011, out of 5719 organ transplants 391 organ transplants took place because of non-directed altruistic acts of families of 131 deceased donors (DGHS; NOTP) in India. The families of these 131 donors do not know the recipients. The Indian stories also point to the key role of non-governmental organizations in motivating people for organ donation. However the common thread in all these stories is the bond of love triumphing over the artificial barriers of class and creed. A salient feature of Israel (Jacob Lavee et al 2009) and Japan's (K Aita 2011) organ donation policy is that an organ donated by a person following his death accords his first degree relatives priority in organ allocation-- a condition which was desired to be added by people in many awareness programmes organized by Central Health Education Bureau.
DECEASED DIRECTED ALTRUISTIC ORGAN DONATION

Many a time the donor family wishes to donate organs of their deceased donor to their own relative or friend in need of an organ. Some people even pose particular conditions like organs should be transplanted only to a particular race or religion as has been reported in UK and India respectively. Such conditional donations are called deceased directed altruistic organ donation. India unlike many countries has not permitted directed deceased altruistic organ donations. According to Uniform Anatomical Gift Act, United States has permitted directed deceased organ donation of one organ to a family specified recipient; other organs from that donor are allocated to other recipients on the waiting list as per UNOS guidelines. In recent years, at least 100 deceased donor transplants each year have occurred through directed donation as per OPTN policy (OPTN 2009).

CONCLUSION

India has been very cautious and has not introduced living altruistic organ donation so far owing to the growing disparities between the rich and the poor, absence of national health insurance policy and the unabated organ trade rackets unearthed almost every year. The authorization committees involved in evaluating donor recipient motives are extraordinarily cautious even when it involves near relatives in certain cases and unrelated known donors. Directed altruistic donation in India has to be considered with utmost care.

Regarding non directed altruistic organ donation, India should allow this by evolving a system where the donor and recipient's identities are kept confidential. This will be akin to the adoption system wherein the identities of the biological parents and adopting parents of the child are kept a secret to each other. The donor should also be given the option to either donate to the person on the waiting list or to enter a domino chain wherever possible. A new altruistic organ donor register could be initiated. Testing these donors for tissue and blood group type and keeping a record of these donors prior to transplantation could be done after thorough evaluation. The specialized computer programs using advanced software will facilitate donors and recipients across the country to run domino chains of organ donation with the entry of altruistic donors. The non-directed altruistic organ donation of one single donor has been reported to have amplified a dozen of times in USA through chain transplantation or extended domino transplantation (Veale 2013). However it has to be ensured that the donor is not a drug addict, is psychologically and physically healthy and is given all information regarding organ donation and transplantation processes and its health consequences. At the same time, the donors should be followed up even after the transplantation to keep track of their health and also be given health insurance cover.

Allowing directed deceased organ donation or conditional donations of at least one organ that has been done in USA should be allowed in India too. Selective acceptance of conditional brain stem dead donation may give meaning to donation from the perspective of common people. People during their life span develop certain attitudes through society. Society as such is stratified globally based on age, caste, race, religion, class, gender etc. Loyalty to a particular person or a group based on residential proximity, age, caste or gender etc, is anticipated at the time of death too as a result of group dynamics. Rejecting such conditional donations is unethical and amounts to medical hegemony against public interest at large. By refusing conditional
donations, we are harming the specified person and refusing the registered recipients to move up the waiting list. Wanting such organs to go to a child, a woman, best matched recipients, own relatives or people with similar religious beliefs, if not encouraged has to be accepted in certain instances to prevent wastage of biological assets. For instance, in Ahmadabad the husband of a 62-year old woman decided to donate the organs of his brain stem dead wife on the condition that one kidney be donated to their ailing female neighbor whom his wife had shared a deep bond with. Having accepted this condition the rest of her organs went to other waiting recipients thereby preventing loss of these biological assets (Mishra Piyush 2013). Conditional donations are not only accepted but are supported too (Wilkinson T M2003).xvi

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