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## The global kidney bazaar

Neelam Raaj, TNN Feb 3, 2008, 12.00am IST



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Dr Amit Kumar's high-tech Gurgaon OT provided every facility (*TOI Photo*) Punjab, Chennai, Gurgaon...Kidneygate's Indian landmarks are linked by a global trafficking ring which exploits two different sets of needs - for money and for life itself. On one hand are rich and desperate foreigners forced to go kidney-shopping or die waiting for a transplant and, on the other, are the poor willing to sell an organ for what seems like a small fortune to them. So what if they are poorer by a kidney.

With almost every country - except Iran - attempting to take "filthy lucre" out of the transplant equation by imposing bans on organ sales, the kidney's global demand has only been rising. When the US banned kidney sales in 1984, about 8,500 patients were on a transplant waiting list of about a year.

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Now, the United Network for Organ Sharing says there are 74,476 patients on the kidney transplant list. For these patients, the agonising wait can last five years or more as the number of deceased-donor kidneys is negligible. In UK, 6,480 patients were waiting for a kidney transplant as of March 2007. The situation's no different in Israel, Japan, Canada and many European countries. With such a yawning gap between demand and supply, it's not surprising that the black market has been booming.

It's a complex market in which customers - satisfied or otherwise - prefer not to advertise what they have done. It is, after all, illegal. But they do talk to other kidney patients. So information and contacts are passed on by word of mouth from recipient to dialysis patient. And then the deals are swung in a business which, like a back-room satta operation, seems always on the move. If Turkey was an organ trafficking hotspot a few years earlier, now a lot of the action has shifted to Pakistan and Philippines. Moldova and Romania also figure on the transplant tourist map these days. India was never really off it.

Destinations change but the organ odyssey goes on. At the second Global Consultation of Transplantation last year, the WHO estimated that 10% of all transplants involved patients from developed countries travelling to poor countries to buy organs. These purchases are facilitated by brokers usually based in the recipient's country. They liaise with local agents who source kidneys and arrange the transplant in a foreign hospital.

Investigating authorities say the kingpin of the Gurgaon racket Dr Amit Kumar also tapped brokers based abroad to ensure a steady supply of rich, foreign patients. For the recipient, there is the small matter of a stiff fee but that, of course, is the price for a second chance at life.

All the donor gets is a meagre sum even though the value of the kidney multiplies manifold as it moves from the streets into the starved supply chain. "Unscrupulous individuals, institutions and even some countries have recognized the hefty financial gain possible from the exploitation of recipients and donors," says Luc Noel, WHO co-ordinator for clinical procedures.

If the trade has grown, it is also because the surgery has become much safer and easier than the first

renal transplant in 1954. Development of drugs such as cyclosporine that suppress immune system attacks on transplanted organs have boosted success rates dramatically. For patients who suffer from chronic kidney failure and depend on the expensive and painful process of dialysis (which cleanses impurities from the blood), this has brought greater hope. But that hope hinges on finding a donor.

The best donors are often relatives since successful transplants rely on a blood and tissue match. But in the absence of a willing family member, the patient has a choice: a painful and often fruitless wait for a properly matched kidney from a cadaver or a trip to one of the world's kidney bazaars.

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Increasing the supply of cadaver organs would be an obvious solution, but strategies to boost donations have been mainly unsuccessful. Now, some leading ethicists and doctors are re-examining the traditional ethical view that buying and selling organs is wrong.

The case for legalizing kidney purchase hinges on the key premise that individuals have control over their bodies even to the point of risking their life. "It is morally wrong to continue to let patients suffer and die on dialysis when we can do something to prevent it," Arthur Matas, a University of Minnesota transplant surgeon and a champion of legal kidney sales, told a conference on European transplantation policy recently. Those who defend the bans "are sentencing some of our transplantation candidates to death," he argued.

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