PSN POSITION STATEMENT OPPOSING THE GLOBAL KIDNEY EXCHANGE PROGRAM AS PROPOSED BY DR. MICHAEL REES, ET AL.

April 16, 2018

The Philippine Society of Nephrology, speaking from the vantage point of a Lower Middle Income Country, stands in solidarity with the International Society of Nephrology,¹ the Declaration of Istanbul Custodian Group,² The Transplantation Society, the World Health Organization, and the Vatican Pontifical Academy of Sciences,³ in voicing its opposition to Dr. Michael Rees and his colleagues’ proposed Global Kidney Exchange Program⁴ and its emphasis on “financial incompatibility.”

We understand this concept to be an extension of the Paired Kidney Exchange program – which is premised upon immunologic incompatibility between recipient and donor being resolved by having a pair of recipients exchange donors, or by a non-directed living donor starting a chain of exchanges - wherein the recipient from a rich country with an immunologically incompatible donor exchanges donors with a recipient from a poor country who is presumed to have ready access to a living donor but does not have the financial resources to pursue kidney transplantation on their own.

In the proposed Global Kidney Exchange Program, the poor recipient and the poor recipient’s living donor will be brought to the rich country recipient’s transplant center where the transplantation will be performed, the rich country recipient will receive the poor donor’s kidney, and the poor recipient and donor will receive the rich country donor’s kidney plus funding for post-transplant and post-nephrectomy care and follow up for a limited period. The poor recipient is thus able to avail of kidney transplantation despite their “financial incompatibility” with this option.

The setup is described as a win-win situation, with the rich country recipient receiving an immunologically compatible living donor kidney instead of staying on dialysis or waiting a long time for a deceased donor kidney to become available, and the poor recipient enabled to pursue kidney transplantation with the financial help of the rich country recipient. Furthermore, the rich country benefits from the cost savings realized (which was estimated by Dr. Rees to
be $3 million per 10 patients over a 5 year period)\(^4\) by removing ESRD patients from its roster of dialysis patients and from its deceased donor waiting list. The poor country also benefits by having one less ESRD patients needing dialysis coverage by its national insurance program, and one less patient on its deceased donor waiting list.

However, we believe that this is in fact a win-lose situation, with the rich country reaping the benefits and the poor country bearing the brunt of the burden.

The first objection is that the nature of the transaction, being based upon the desperation of the poor recipient, renders the consent as not truly voluntary. The promise of financial coverage to enable kidney transplantation as well as post-transplant care constitutes the making of an offer that is difficult to refuse. The coercive nature of this offer, positive as it may be, cannot be ignored.

The second objection is that the program will incentivize poor recipients to source donors for the rich country’s recipients. It is not far-fetched to foresee that with the offer of free transplantation in a rich country as well as post-transplant care (for a limited duration), more and more poor recipients will resort to this program and will seek donors who match the rich country recipient, instead of themselves, immunologically. This will, in effect, set up the Philippines as an exporter of donor organs. The Philippines was a hot spot of transplant tourism because it does not lack citizens who are financially desperate. This proposed program will only revive that tendency for the Philippines to become a hot spot again.

The third objection is that an act that is supposed to be made in the spirit of altruism and solidarity between equal persons is now to be made in the context of a transaction between two parties that are patently unequal, with one being rich (and powerful) and the other being poor (and weak). With such a power imbalance, the potential for abuse can never be fully erased. Given the history of transplant tourism that has already occurred in our country, any assurance of oversight will not be very reassuring.

The Philippine Society of Nephrology continues to collaborate with the Philippine government, primarily through the Department of Health and the Philippine Health Insurance Corporation, and other stakeholders to help curb the rising incidence and burden of renal disease for Filipinos, realize renal health and equity, improve the responsiveness and efficiency of our renal health system, and provide financial risk protection for Filipinos beset with renal disease.

The fourth objection is that we believe that this Global Kidney Exchange Program, well-meaning as it may be, will only derail our ongoing efforts to achieve these ends, inserting as it does the need of rich countries for donor organs and looking to our country to provide them.

Hence, we add our voice in opposition to this proposed Global Kidney Exchange Program.
References:


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