about the increasing commodification of health care. Public investment is declining and the private sector is booming. It was not very long ago that specialist care was largely in the public domain but today even that is being monopolised by the private sector. If things continue in the same vein then arguments in favour of allowing free trade in human organs will gain momentum.

Thus we must view the human organ trade in the context of this overall political economy of health care. If we allow the organ trade we will be favouring a small class of people who can buy out the desperate poor. It will also create its own economy of middlemen who will facilitate this trade. Experience teaches us that whenever such middlemen take over, the beneficiary is neither the buyer nor the seller.

In this case there is a third loser – the medical profession which is fast losing its credibility because of the large number of unethical practices which increasingly characterise it. We are fortunate that a large majority of the medical profession world wide is either against the human organ trade or at best ambivalent.

So we do have a hope that the *banias* can be prevented from taking over control of human organs. However, this will depend entirely on the ethical standards medical professionals set for themselves.

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Kidney transplants: some realities

I read with much interest the discussion on kidney transplant and whether the sale of kidneys should be legally permissible (1,2,3,4), and narrate two of my experiences as a social worker, for the readers of *IME* to think about.

A young man coming from a middle-class Amritsar family needed a kidney transplant. He was admitted in a government hospital in Chandigarh. The donor was the patient's mother. It did not work. He was advised another transplant. He got admitted in a private hospital where the kidney transplant specialist and his colleagues enjoyed a very high reputation. There was no suitable donor in his family now. The kidney had to be purchased. The hospital had a network for the purpose — legal at the time. The donor was a poor Bengali from Delhi. He was paid only a small part of what was charged, and the rest went to the doctors' network.

The patient died. The father alleged that the donor had not been tested for AIDS and that he most likely had the disease. There was no post-mortem. An enquiry ordered after much agitation held that no kidney donor had been tested for AIDS in this hospital. A police case was registered. The doctor concerned got anticipatory bail from the high court. The father too went to the high court only to find that the file on the case had been 'misplaced'. The father was reportedly offered a large sum of money for dropping the matter but refused saying he would not sell his dead son. Ultimately, however, the costs of the litigation forced him to give up the fight.

The kidney trade continued to flourish in the same hospital, even after the practice was declared illegal. Poor people would sell their kidneys and the rich would buy them to save their lives. I was told that magistrates would attest affidavits in which a donor said (for instance) that he was a long-time domestic help of the patient (without actually having been one even for a day) and was donating a kidney out of affection for his employer. Members of the committee which clears donations from non-relatives would plead helplessness in the face of an affidavit attested by a magistrate.

Ram Nath (not his real name) is a worker in a woolen mill in Amritsar. He is poor but is insured under the employees' state insurance scheme towards which deductions are made from his wages. His wife needed a kidney transplant. The case was referred to the Post Graduate Institute, Chandigarh. No one in the husband's family could become a donor though willing because of different blood groups. From the wife's family one could, but the person was not willing.

Ram Nath was desperate to save his wife. He was in debt up to his neck because reimbursement of the medical bills would take very long. Still, he somehow managed a suitable kidney for his wife, from a poor man like himself, by paying a price which I believe was much smaller than in the 'normal' kidney black market. The post kidney transplant expenses have accumulated to more than Rs 60,000. Ram Nath does not know what to do because all our pressure on the Punjab government to release money have not borne results so far. Despite all odds, he is hopeful that his wife will live because there is his trade union to help him, the kidney problem having been overcome.

Commenting on another matter, Arun Bal in his editorial (5) rightly differentiates a profession from commerce, and goes on to say that in a profession, including the medical profession, "profit is a secondary motive." I feel that even as a secondary motive, it will result in many unethical practices. The idea of profit should be divorced altogether from the medical profession, in fact from all services of this type. Government doctors should have reasonably good salaries and private doctors should aim at earning more or less equivalent amounts as salaries of corresponding categories of government doctors.

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