

we not organise an international auction for his kidney? Surely the rich Arabs and Chinese who buy our kidneys could pay lakhs for them instead of this pittance. Should not the donor receive more for the transplant than the medical man who is merely a broker in the deal? If a broker helps me to buy or sell a car, he receives only a fraction of the price, not the lion's share.

### ***Kidneys from cadavers***

We are told that the country is not ready for cadaver transplantation because it is costly and requires a complicated technological set up. This is nonsense, an argument raised by vested interests. The set up in the West today is elaborate and well beyond our means, but so is every aspect of medicine. Even a live related donor transplant in the West is done with a degree of sophistication beyond us, at a cost at least twenty times as much as here. I was involved in a cadaver transplant program in Australia when transplantation was in its infancy all over the world. The concept of brain death did not exist. We waited for a person to die in the old fashioned way, by entire and continuous cessation of respiration and circulation and then took the kidneys within an hour of death and got a reasonable 60% one year graft survival, using only azathioprine. There are units all over the world which are using such donors today, people who die outside hospitals or before they get on respirators and their results are only marginally worse than those with heart-beating donors. In 1968, Australia did not have sophisticated computers and transnational movement of organs. All kidneys harvested were used within the city, within eight hours and I see no difficulty in establishing the same system in Madras. The cost would be rather less than that of the unrelated live donor, as we can do without a number of investigations needed to safeguard the life of the

donor. We need to have the backing of the public for this, with wholehearted willingness to donate organs after death. The effort that the unrelated donor lobby is using to prevent cadaver legislation would better be utilised to persuade the public to accept the concept of donating all organs after death.

We have an Act to regulate transplantation now. It is a far sighted piece of legislation, bringing in the concept of brain death, making it possible for us to decide during life that we wish to donate organs after death, firmly prohibiting commerce in transplantation and introducing some regulation of the whole transplant industry. Of course it has flaws and many people on both sides of the question have spent much time pointing out where the law would be misused. It is up to us to put it to good use and the effort we have spent arguing about it would have been better utilised had we got on with the job of making it work.

### ***The gift of life***

Unrelated live donor transplantation should be banned because there is an alternative for the patient with terminal renal failure in the form of dialysis or cadaver transplantation, because the donor will always be a poor and ignorant man who will be exploited by the doctor, the patient and the broker and because we will never have cadaver transplantation unless the easy way of buying a kidney is closed to the rich and influential. They will then turn their efforts to establishing cadaver donation in the country. A time will come when it will seem quite natural for every one of us to give life even as we leave the world, with gifts of kidneys, livers, hearts, lungs and to give sight to the blind. Our organs will live on after us.

This is truly the path to immortality.

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## **Resolution on kidney transplantations**

On 14 February 1995 the Medical Service Centre of Karnataka State, organised a convention in Bangalore to discuss the problems arising from renal transplantation. The following excerpts have been taken from the resolution passed at the close of the meeting:

'This convention... expresses its strong protest against the sale of human kidneys reported in the city and elsewhere.

'This convention... expresses profound admiration and deep gratitude to all (those). . . whose priceless dedication and tireless work has made organ transplantation a reality, resulting in the saving of thousands of lives. At the same time we cannot but condemn the sale of organs and the crass commercialism (now bedeviling) this extraordinary achievement.

'We express our strong and indignant condemnation of the nefarious sale of organs not only because it goes against human dignity and . . . medical ethics but also because concrete evidence has demonstrated beyond any shade of doubt that this practice has resulted in exploitation of the donor, exploitation of the recipient, poor quality of medical care, a negative impact on the progress of live, related transplant and cadaveric transplant and increasing foul play and crime.

'We note with shock and dismay the occasional voices . . . from the higher echelons of our society subtly arguing in support of sale of organs. . . We cannot but reject their misplaced concern for a small section of rich and privileged patients who would benefit from the sale of organs which... would irreparably damage the interests of society at large. Medical ethics cannot be perverted to benefit the few at the cost of the interests of humanity at large.

'This convention reiterates the view held by the World Health Organisation, the International Society of Transplant Surgeons and others that cadaveric transplants and those from live, related donors are the only medically and ethically acceptable procedures.

'We ask the medical community to isolate its black sheep. Firm steps are needed to uphold medical ethics in a rapidly deteriorating situation. Only thus can we restore the cherished doctor-patient relationship.'

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