

## Informed consent in organ transplantation

I would like to share comments made during a lively debate at the first international medical sociology conference in Chennai on May 25-26, 2002.

The debate revolved around issues of informed consent and the ethics of live unrelated donation. What should the transplant surgeon do when recipient and donor are unrelated but produce papers to legally establish their biological relationship? What if donor and recipient admit they are unrelated but the donor claims that he is willing to donate a kidney on altruistic grounds?

Transplant surgeons participating in the debate said that very often the donor is an employee of the recipient, who has voluntarily consented to be part of the operation, fully knowing the possible risks involved. Surgeons confessed that they were helpless when they were sure that their patient is biologically unrelated to the donor, but the patients possessed the required legal documents in support of their claim; one knows how easy it is to get forged affidavits from the concerned authorities in India.

The broader predicament for surgeons is: should they be judgmental in such situations when there are no legal impediments to the transplant? When unsure, surgeons are required to refer the issue to the ethical clearance committee concerned with the kidney transplantation. Mr N Ram, editor of *Frontline*, mentioned that in Karnataka the committee had received more than 1,000 cases for clearances — and only 22 cases were rejected, because the papers were not in order. Some of them subsequently brought 'appropriate' papers and got clearance.

Two transplant surgeons felt that they need not be judgemental when donor and recipients are medically eligible and fit for the transplantation, their legal documents are in order (genuine or otherwise), and the donor has given voluntary informed consent. They also said the HLA typing test carried out to verifying the relationship claim is not 100 per cent reliable. In this context, surgeons have no option but to undertake the operation. Moreover, they say it is especially warranted, since the demand for kidneys far exceeds the availability from cadaver (brain stem death) organs.

This view was strongly contested by those who felt surgeons could always take a moral stand and refuse to be part of a operation when they suspected the donor of participating for an incentive.

On the question of gender bias in organ transplants (there are more live unrelated female donors than male donors), a participant questioned the ethics of denying a woman's freedom to make an independent and informed decision, when she is desperately in need of money and wishes to donate her kidney to repay a debt. Failing this option, she may see prostitution as an option.

Transplant surgeons also questioned the integrity of kidney transplants among related donors. They cited examples of sons donating a kidney to the father in exchange for educational sponsorship or other financial incentives. Should such transplants be allowed just because they are biologically related, even though it is clear that compensation is involved? How does one verify the integrity of the relationship in related kidney donation?

Others feared that if unrelated donation were not regulated, people would prefer (buying) kidneys from unrelated donors — cheap for Rs 40,000-60,000 and without risk to their relatives.

**Rajan Patil**

### Nepal doctors in a bind

Since the declaration of a state of emergency in Nepal on Nov 26, 2001, freedoms of expression, association, and movement have been suspended. Security forces have arrested many civilians... On March 16, 2002, Mahesh Maskey, a member of Physicians for Social Responsibility, Nepal, was arrested on his way to attend a conference in New Delhi, India... and was released only after pressure by national and international human rights groups.

More than 2,850 people have been killed in the 6-year conflict between rebel Maoist groups and the government. Since mobilisation of the army, there has been a high casualty rate among government security personnel, members of the armed rebel groups, and civilians. Health professionals are under pressure and scrutiny since both sides want to use their skills to treat their wounded. In addition, the ethical right of health professionals to practise medicine without prejudice has come under threat through a recent government directive which requires all health professionals and institutions to immediately inform Security Officials about any wounded individuals seeking medical assistance. If treatment is provided without appropriate notification, they will be regarded as supporters of terrorists and be prosecuted. Jeetendra Mahaseth of Nepalgunj Medical College Hospital was arrested and kept in isolation for 19 days because he had provided treatment to at least one wounded member of the Communist Party of Nepal (Maoist). The directive violates international ethical standards set by the World Medical Association...

Medical professionals are in an impossible situation: ...they are at risk of encountering armed groups demanding treatment for their wounded; but, providing treatment might lead to subsequent government prosecution.

Nepal Medical Council, the only national body ensuring medical ethics, has remained silent. Nepal Medical Association, the national professional organisation of medical doctors, so far has written only one letter of concern...

**G K Sharma et al. Physicians persecuted for ethical practice in Nepal. *The Lancet*, April 27, 2002**

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