Countries throughout Asia promote themselves as leading destinations for international travelers seeking inexpensive healthcare. India, Indonesia, Malaysia, Singapore, the Philippines, and Thailand are all trying to attract greater numbers of what their promotional campaigns call “medical tourists.”

Government tourism initiatives, hospital associations, medical tourism companies, and individual hospitals advertise hip and knee replacements, spinal surgery, cosmetic surgery, and other medical procedures. In contrast to most nations marketing treatments to international patients, the Philippines differentiates itself by selling “all inclusive” kidney transplant packages. Patients from other countries travel to the Philippines and receive kidneys purchased from poor individuals.

The Philippines’ market in kidney transplants is connected to widespread poverty in urban slums and outlying rural areas. Organ brokers target inhabitants of poor communities. Although trafficking in persons and organ brokering is illegal in the Philippines, the country’s trade in kidney transplants is well known and attracts only sporadic attention from local law enforcement agencies.

Within the United States, nearly 105,000 individuals are wait-listed for organ transplants. Of this population, more than 78,000 patients need kidney transplants. The gulf between the number of individuals requiring renal transplants and the number of kidneys available for transplantation is large and growing. Public awareness campaigns promoting organ donation, increased use of kidneys from living-related and living-unrelated donors, and expanded criteria for use of kidneys procured from deceased donors have not closed the gap between supply and demand. Other countries face a similar gulf between demand for organs and supply of organ transplants.

In response to the scarcity of organs available for transplantation, underground economies or “black markets” have emerged in several countries. Organ brokers connect international patients with sufficient funds to poor individuals willing to exchange kidneys for cash. Persons engaging in commercial organ transplantation have purchased organs in such countries as India, Pakistan, the Philippines, and China. In China, organs were taken from executed prisoners. Hearts, livers, lungs, and kidneys were all advertised on Internet sites and sold to international patients. In most other countries where commercial transplants are available, kidneys are bought from living providers.

Due to changes in legislation and regulatory enforcement, it is now much more difficult for foreign patients to purchase kidneys in China and several other jurisdictions where commercial sales of organs occurred. Pakistan and
India now have legislation prohibiting buying and selling human organs. Though legislative reforms have driven commerce in organs underground, commercial transplants still occur in both countries. In 2006, China curtailed the number of foreign patients purchasing organ transplants at Chinese medical facilities. In contrast, commercial organ transplantation persists in the Philippines.

The situation in the Philippines is complex. Some transplant professionals and government representatives oppose the country’s permissive attitude toward commercial organ transplantation. Other physicians and government officials want to increase the number of international patients purchasing kidney transplant packages at hospitals in the Philippines. These individuals see commercial organ transplantation as a revenue generator for medical facilities trying to attract patients from other countries.

There are several ways in which trade in organs is condoned and promoted by government bodies and transplant physicians in the Philippines. The Philippine Information Agency, a branch of the Philippine government, advertises that kidney transplants are available in the Philippines for $25,000. The “Philippine Health and Wellness and Medical Tourism Roadshow,” a public–private initiative involving government representatives, physicians, and hospital representatives, travels to other countries and promotes the Philippines’ “medical tourism” program. Transplant physicians and government representatives are members of the delegation. Seeking to attract customers from the Middle East, the Philippines has also hosted Saudi Arabian delegates interested in increasing the number of Saudi citizens purchasing kidney transplants at Philippine hospitals.

Commercial organ transplantation in the Philippines is facilitated by the Internet. At least 13 websites promote kidney transplants in the Philippines. “Medical tourism” companies, hospitals, and individual organ brokers all market kidney transplants at Philippine medical facilities. Commercial organ transplants occur in both government hospitals and private medical centers. Prices for kidney transplants range from $18,941 to over US$85,000. Most facilities charge $65,000 to $85,000. Expenses cover “donors’ fees,” tests, screening, organ transplantation, and accommodations in hospital rooms and hotels located near local transplant facilities.

When someone sells a kidney in the Philippines, he or she typically earns no more than $2000. Organ brokers encounter little difficulty finding impoverished individuals willing to exchange kidneys for cash. Many poor individuals decide that selling a kidney is their only way to escape from a world of slums and shanties.

Proponents of commercial markets in organ transplants argue that poor individuals should be free to sell kidneys. They should be “at liberty” to choose between the risks associated with selling a kidney and the risks of keeping two kidneys while remaining impoverished. Advocates of commercial organ transplantation deny that purchasing a kidney from a poor person constitutes a form of exploitation or involves coercion. Rather, they argue that permitting a market in organs promotes choice and freedom. Defenders of this line of reasoning note that poor individuals often earn money by engaging in risky or physically debilitating forms of labor. In the Philippines, for example, some individuals endure backbreaking work as poorly paid day laborers and others scramble for a living by combing through
garbage dumps in search of items they can sell or exchange. Why, defenders of commercial organ transplants wonder, should we prohibit someone from selling a kidney if the transaction can enable the person to escape from poverty? This argument, built on the rhetoric of choice and the assumption that individuals experience economic benefits from selling a kidney, does not map onto what is known about the consequences of allowing poor individuals to exchange kidneys for cash.

Commercial organ transplantation poses significant dangers to both transplant recipients and poor individuals who attempt to alleviate impoverishment by exchanging kidneys for cash. Individuals who sell kidneys are particularly vulnerable to harm. Most individuals do not experience long-term economic benefits or improved life circumstances when they sell a kidney. Organ brokers commonly pay substantially less than what they promise. They often charge fees for finding a buyer, extract rent money as sellers wait to have nephrectomies, and use other tactics to maximize earnings by reducing payments to individuals selling kidneys. These strategies mean that individuals selling a kidney often gain little from the transaction. Researchers exploring the sale of kidneys in India and Pakistan indicate that whatever profits are made commonly go to debt collectors. Kidney sales do not help sellers escape from penury.

Once a kidney is removed the person selling the organ rarely receives adequate posttransplant care. Instead, he or she is released from the hospital without proper follow-up care. Some individuals experience infections and other complications postnephrectomy and must use earnings from kidney sales to purchase costly treatments.

Lack of proper care following nephrectomy poses considerable risks to organ sellers. Poor individuals who sell a kidney often find that they cannot return to whatever form of livelihood previously enabled them to subsist. Dockyard workers, brick-kiln workers, rickshaw drivers, and other laborers often become too weak to perform demanding physical tasks. Rather than generating economic returns and increasing savings, selling a kidney can lead to further economic deprivation.

Under optimal conditions and with excellent medical care, removal of a kidney from a healthy donor involves little risk. However, when operations are conducted in unhygienic facilities, when clinicians are not motivated to offer proper medical care to individuals selling a kidney, and when organ sellers return to polluted, hazardous social environments, removal of a kidney puts individuals at increased risk of health problems.

Researchers studying kidney selling observe that individuals who sell organs often subsequently regret their decisions. Prior to selling a kidney they overestimate what they will gain from the transaction and underestimate the financial, social, and emotional costs they will incur. Postnephrectomy they discover that harms greatly outweigh benefits of selling a kidney.

Commercial organ transplantation is harmful not only to individuals selling kidneys. Studies investigating health outcomes for recipients of purchased organs also reveal serious problems with commercially acquired organs. Both organ brokers and transplant physicians profit when someone buys an organ. The pressure to maximize earnings from commercial organ transplantation can lead to substandard selection of organ providers. Inadequate testing and screening of organs prior to transplantation places purchasers of kidneys at increased risk of serious infections. International patients receiving commercial
organ transplants have returned home with HIV, viral hepatitis, tuberculosis, malaria, and other infections. Often, patients return with little documentation of the care they received abroad. Inadequate or nonexistent medical records hinder the capacity of caregivers to provide proper posttransplant care. Defenders of cross-border commercial organ transplants claim that ill individuals have “nothing to lose” by traveling overseas and buying an organ. To the contrary, purchasing an improperly screened or incompetently transplanted organ can have grievous consequences.

Proponents of the Philippines’ commercial market in organ transplants claim that buying and selling kidneys benefits both individuals who sell kidneys as well as recipients of transplants. This utilitarian mode of analysis neglects basic ethical questions about whether organs ought to be purchased and sold through market mechanisms. In addition, it overstates benefits for buyers and sellers and underestimates the extent to which organ providers and organ recipients can be harmed through commercial organ transplantation.

Despite the harms associated with buying and selling kidneys in poorly regulated environments, the Philippine government encourages foreign patients to purchase organ transplants in the Philippines. Government websites tout the low cost of buying kidneys in the Philippines. Kidneys are available for purchase at government-run hospitals. Internet websites of hospitals and medical tourism companies enable organ brokers to connect buyers to sellers. Several companies claim that it takes less than two weeks to proceed from initial query to receiving a kidney transplant.

In response to international condemnation from human rights activists, persistent diplomatic efforts, and lobbying from leaders of national and international transplantation societies, several countries with underground economies in commercial organ transplantation have established laws and regulations intended to halt the buying and selling of human organs. Given the serious risk it poses to poor citizens of the Philippines and patients traveling from other countries, the organ transplant bazaar in the Philippines must also be closed for business.

Notes


