

**Pro Update**

<i>Institutional Support for Incentives</i>	2
<i>Transplant Surgeons Support Incentives</i>	2
<i>Regulated Systems Would Be Safer</i>	2
<i>Decreases Market in Other Countries</i>	2
<i>Examples of Incentives</i>	3
<i>Organ Donor Cards Not Enough</i>	3
<i>System Inefficient</i>	3
<i>Market Systems Are Efficient</i>	4
<i>Ethical Concerns Overblown</i>	4
<i>Fiscal Impact of Kidney Failure</i>	4

**Con Update**

<i>Market Risk is Too Large</i>	5
<i>Donation Should Reflect Patient's Wishes</i>	5
<i>Dubious that Incentives will Increase Donations</i>	5
<i>Donation of Gametes is Different</i>	5
<i>Financial Incentives Unethical</i>	6
<i>Incentives Won't Help</i>	6
<i>Incentives Are Commodifying the Body</i>	6
<i>Would Lead to Greater Government Control</i>	7
<i>Incentives Won't Fix Hospital's Side</i>	7
<i>Autonomy is Limited</i>	7

## Pro Update

### *Institutional Support for Incentives*

“The National Kidney Foundation is in favor of covering these types of donation-related expenses, says Dolph Chianchiano, the vice president for health policy and research at the foundation. For instance, they are supporting state and federal legislation to create tax credits for living donors that would reimburse their out-of-pocket donation costs, he says, even if it doesn’t increase donations.” Rachael Rettner, *Great Debate: Should Organ Donors Be Paid?* 08/10/09, *Live Science*, 03/14/11, <<http://www.livescience.com/5606-great-debate-organ-donors-paid.html>>

### *Transplant Surgeons Support Incentives*

“The American Society of Transplant Surgeons also supports getting rid of disincentives, and they even have a program that provides aid to living donors who have lost money as a result of their donation. However, donors need to apply for the funds, and the program has only reimbursed about 500 donors in the U.S., according to Delmonico.” Rachael Rettner, *Great Debate: Should Organ Donors Be Paid?* 08/10/09, *Live Science*, 03/14/11, <<http://www.livescience.com/5606-great-debate-organ-donors-paid.html>>

### *Regulated Systems Would Be Safer*

“However, others feel that such a system could be overseen by transplant professionals who would screen donors and decide if they are healthy enough to donate, says Dr. Benjamin Hippen, a nephrologist. This system would be drastically different from the organ trafficking schemes that have arisen in other countries such as India and Pakistan. In these unregulated systems, the middleman who purchases the organ for a recipient has no interest in the health of the donor.” Rachael Rettner, *Great Debate: Should Organ Donors Be Paid?* 08/10/09, *Live Science*, 03/14/11, <<http://www.livescience.com/5606-great-debate-organ-donors-paid.html>>

### *Decreases Market in Other Countries*

“Decreasing the organ shortage in the U.S. would also reduce the market for organ trafficking in other countries, says Hippen. ‘The reason that organ trafficking flourishes is because it’s economically supported by wealthy countries where there’s a disparity between the demand for and supply of organs,’ he says.” Rachael Rettner, *Great Debate: Should Organ Donors Be Paid?* 08/10/09, *Live Science*, 03/14/11, <<http://www.livescience.com/5606-great-debate-organ-donors-paid.html>>

### *Examples of Incentives*

“First, direct payment of a lump sum to the decedent's family or estate. Second, a set reimbursement for funeral expenses, as a less direct means of reimbursement. Third, a form of ‘donor insurance’ or ‘future market’ in organs, whereby an individual agrees in advance to donation, with payment to his beneficiaries or his estate taking place only after donation. This would allow individuals to ‘opt in’ to the donation process while still living and their families or estate be compensated at such time as they actually become donors. Fourth, the ‘Gift of Life Tax Credit Act of 2001,’ which would amend the Internal Revenue Code of 1986, would allow a refundable credit to individuals who donate their organs.” Peter A. Clark, *Financial Incentives For Cadaveric Organ Donation: An Ethical Analysis*, 2006, *The Internet Journal of Law, Healthcare and Ethics*. 03/15/11, <<http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijlhc/vol4n1/organ.xml>>

### *Organ Donor Cards Not Enough*

“To show intent, donors must carry donor cards, but only three percent of organ donors are actually carrying their cards when they die. An additional problem, as mentioned above, is that if the family refuses to authorize the removal of organs, physicians will not proceed, even if the deceased has a signed organ donor card.” David E. Jeffries, *The Body as a Commodity: The Use of Markets to Cure the Organ Deficit*, 1998, *The Indiana Journal of Global Legal Studies*, 03/16/11, <[http://heinonline.org/HOL/Page?handle=hein.journals/ijgls5&div=38&g\\_sent=1&collection=journals](http://heinonline.org/HOL/Page?handle=hein.journals/ijgls5&div=38&g_sent=1&collection=journals)>

### *System Inefficient*

“Rather, the system is triggered by the moment of death-the moment of grief-when authorities seek to discover whether the deceased had the intent to donate or whether the families feel that donation would or would not be objectionable. For a system to efficiently encourage donation, it needs to create incentives to make a rational choice to donate well before death.” David E. Jeffries, *The Body as a Commodity: The Use of Markets to Cure the Organ Deficit*, 1998, *The Indiana Journal of Global Legal Studies*, 03/16/11, <[http://heinonline.org/HOL/Page?handle=hein.journals/ijgls5&div=38&g\\_sent=1&collection=journals](http://heinonline.org/HOL/Page?handle=hein.journals/ijgls5&div=38&g_sent=1&collection=journals)>

### *Market Systems Are Efficient*

“Markets are efficient mechanisms for transferring and allocating any good or resource; here, that good happens to be human organs. This method of obtaining organs not only works on a theoretical level, but has worked demonstrably in practice as well. Today, nations which permit the sale of organs also procure the greatest number of organs.” David E. Jeffries, *The Body as a Commodity: The Use of Markets to Cure the Organ Deficit*, 1998, *The Indiana Journal of Global Legal Studies*, 03/16/11, <[http://heinonline.org/HOL/Page?handle=hein.journals/ijgls5&div=38&g\\_sent=1&collection=journals](http://heinonline.org/HOL/Page?handle=hein.journals/ijgls5&div=38&g_sent=1&collection=journals)>

### *Ethical Concerns Overblown*

“What most opposing parties criticize with compensating potential donors is that it commodifies people and this would lead to exploitation. Gregory Pence (2000) defended this that have a viable alternative like ‘using money to increase the supply of organs does not mean that we need to abruptly move from an altruistic, voluntary system to a crass, ‘anything goes’ commercial system. Ethics is about drawing lines, and we might just be able to push up the supply of organs with only modest use of monetary incentives’.” Ricky Tikitik, *Organ Donation Regulation – To Pay or Not to Pay?* 06/25/10, Actv7 News, 03/17/11, <<http://actv7news.com/organ-donation-regulation-pay-or-not-470>>

### *Fiscal Impact of Kidney Failure*

“While waiting for a kidney, patients survive through dialysis, an expensive process paid for by Medicare at an annual cost to taxpayers of \$70,000 a year. Patients are on dialysis for an average of five years, and visit clinics such as the 61st Street Life Care Dialysis Center to have their blood cleaned of impurities. The bill would save the government money, because increased kidney donation, even with compensation to donors, would lower costs to taxpayers. It's estimated that a \$100,000 kidney transplant could save Medicare over \$220,000 a patient.” Diana Furchtgott-Roth, *New Hope on Organ Donation*, 09/24/08, *New York Sun*, 03/17/11, <<http://www.nysun.com/opinion/new-hope-on-organ-donation/86471/>>

## Con Update

### *Market Risk is Too Large*

“However, those opposed to financial incentives argue that the risk of slipping from incentives into a market is too big to take. ‘We’ve just been through two years of complete economic collapse at the inability to regulate markets because people cut corners, cheat [and] are not forthcoming,’ says Arthur Caplan, a professor of bioethics at the University of Pennsylvania. ‘And there’s no reason to think a market in organs would work any differently.’” Rachael Rettner, *Great Debate: Should Organ Donors Be Paid?* 08/10/09, *Live Science*, 03/14/11, <<http://www.livescience.com/5606-great-debate-organ-donors-paid.html>>

### *Donation Should Reflect Patient’s Wishes*

“Labeling these proposals as ‘morally dubious’ and ‘destructive,’ Pellegrino (1991) notes that, because the family does not have proprietary rights over a relative’s corpse, the decision to donate should reflect the deceased person’s wishes and values, not the family’s.” William DeJong, Jessica Drachman, Steven L. Gortmaker, Carol Beasley and Michael J. Evanisko, *Options for Increasing Organ Donation: The Potential Role of Financial Incentives, Standardized Hospital Procedures, and Public Education to Promote Family Discussion*, 1995, *The Milbank Quarterly*, 03/16/11, JSTOR

### *Dubious that Incentives will Increase Donations*

“If the offer of financial incentives is intended to make those who oppose organ donation more likely to donate, this policy is likely to yield disappointing results. Among respondents who said they were unlikely to donate their organs, only 6 percent said incentives would make them more likely to donate, whereas 9 percent said incentives would make them even less likely. In regard to donating a family member’s organs, 10 percent of this group said incentives would make donation more likely, whereas 8 percent said that incentives would make it less likely.” William DeJong, Jessica Drachman, Steven L. Gortmaker, Carol Beasley and Michael J. Evanisko, *Options for Increasing Organ Donation: The Potential Role of Financial Incentives, Standardized Hospital Procedures, and Public Education to Promote Family Discussion*, 1995, *The Milbank Quarterly*, 03/16/11, JSTOR

### *Donation of Gametes is Different*

“However, egg and sperm are not analogous to kidneys. For one, there was no tradition of altruism in sperm collection. Common practice was for students, usually medical students, to give their sperm for nominal sums. Second, clinics have not relied heavily on the altruism of family and friends for egg donation, perhaps because of reluctance among some would-be recipients to have the biological mother so prominent a figure in the child’s life. Thus, the sale of egg and sperm does not directly speak to the tension between extrinsic and intrinsic reward.” S.M. Rothman and D.J. Rothman, *The Hidden Cost of Organ Sale*, 02/13/06, *American Journal of Transplantation*, 03/16/11, <[http://www.societyandmedicine.columbia.edu/organs\\_challenge.shtml](http://www.societyandmedicine.columbia.edu/organs_challenge.shtml)>

*Financial Incentives Unethical*

“By advocating financial incentives (it is difficult to fix a price), a deliberate conflict is created between altruism and self-interest, reducing freedom to make a gift. The concept that human organs are spare parts that can be bought and sold can adversely influence respect for the human body and human dignity. It puts organ sale in the same category of paid human body transactions as prostitution and slavery.” Kishore D. Phadke and Urmila Anandh, *Ethics of paid organ donation*, May 2002, *Pediatric Nephrology*, 03/16/11, EBSCO

*Incentives Won't Help*

“The chairman of the National Kidney Foundation, Charles B. Fruit, applauded the report in a June 26, 2006 USA Today, arguing that financial incentives ‘could move people to view organs as commodities, diminish altruistic donations and lead to the potential exploitation of lower income individuals.’ Furthermore, he argues that there is virtually no evidence that financial incentives would increase the supply of organs and opposes any experiments that would test their effectiveness.” Ricky Tikitik, *Organ Donation Regulation – To Pay or Not to Pay?* 06/25/10, Actv7 News, 03/17/11, <<http://actv7news.com/organ-donation-regulation-pay-or-not-470>>

*Incentives Are Commodifying the Body*

“However, a physician and a resident scholar at AEI, Leon Kass, disagrees. ‘Giving modest financial incentives to increase kidney supplies from living donors will hardly meet the need,’ he said. ‘It should thus be seen as a first step toward overt buying and selling of human body parts. Do we want to move toward a world in which the poor are induced to sell and the young and healthy can think of their kidney as a banked resource to pay for college or buy a new car?’” Diana Furchtgott-Roth, *New Hope on Organ Donation*, 09/24/08, *New York Sun*, 03/17/11, <<http://www.nysun.com/opinion/new-hope-on-organ-donation/86471/>>

### *Would Lead to Greater Government Control*

“Beyond theoretical concerns, those opposed to financial incentives for organ donation predict the potential loss of control of this process to government bureaucracies and “organ brokers” with tremendous increase in administrative requirements and therefore cost. Such money would be better spent on more education for the public and the medical communities regarding the need for organ donation via the current system and the benefit to society as a whole through this process.” Walter K. Graham and Jason P. Livingston, *Perspectives on Financial Incentives to Induce Live Donor Kidney Donation: Scholarships in Exchange for the Gift of Life*, 2009, *Saint Louis University Journal of Law and Health Policy*, 03/17/11, <[http://law.slu.edu/healthlaw/journal/archives/Graham\\_and\\_Livingston.pdf](http://law.slu.edu/healthlaw/journal/archives/Graham_and_Livingston.pdf)>

### *Incentives Won't Fix Hospital's Side*

“Beyond the fact that proposed incentives may actually prove to be disincentives to potential donors, it has been argued that financial gain by the donor family does not address the problem that many potential donor families are never asked [about their desire to donate]. This failure by the medical community to participate in the donation process would not be addressed by incentives directed at the potential donor alone.” Walter K. Graham and Jason P. Livingston, *Perspectives on Financial Incentives to Induce Live Donor Kidney Donation: Scholarships in Exchange for the Gift of Life*, 2009, *Saint Louis University Journal of Law and Health Policy*, 03/17/11, <[http://law.slu.edu/healthlaw/journal/archives/Graham\\_and\\_Livingston.pdf](http://law.slu.edu/healthlaw/journal/archives/Graham_and_Livingston.pdf)>

### *Autonomy is Limited*

“Arguments can be made that the right of individual autonomy should permit the sale of human organs and tissues, much the same way as markets exist for blood products and reproductive cells voluntarily provided from living vendors. This right of autonomy is limited. Consider the following examples: a parent should not be permitted to donate their heart to their sick child; prostitution is illegal in most states; and persons should not be allowed to sell themselves into indentured servitude.” Walter K. Graham and Jason P. Livingston, *Perspectives on Financial Incentives to Induce Live Donor Kidney Donation: Scholarships in Exchange for the Gift of Life*, 2009, *Saint Louis University Journal of Law and Health Policy*, 03/17/11, <[http://law.slu.edu/healthlaw/journal/archives/Graham\\_and\\_Livingston.pdf](http://law.slu.edu/healthlaw/journal/archives/Graham_and_Livingston.pdf)>