Renal allograft procurement from living unrelated donors in Iran: What falls under the eclipse

Taheri S.  Allograft procurement from living unrelated donors in Iran

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Abstract
Renal transplantation is the treatment of choice for end stage kidney disease. However, despite all the efforts to expand the donor pool, the shortage of donors is increasing and as a consequence, there has been a significant increase in the number of patients on transplant waiting lists globally. Societies worldwide have employed different methods to address this, each with specific ethical concerns surrounding them. Over three decades ago, a governmentally regulated program of kidney transplantation from living unrelated donors has been introduced in Iran and since practiced which has been a subject of hot debates in the literature. Nevertheless, despite all these extensive discussions and publications, still several key aspects of the program have not been properly elucidated and attended. In this article, the author aims to illuminate some dark corners of the issue that have largely escaped the notice of ethicists.

Key Words: Allograft procurement; Renal transplantation; Living unrelated donor; Organ market; Iran

Taheri S. Renal allograft procurement from living unrelated donors in Iran: What falls under the eclipse. *World J Transplant* 2023; In press

Core Tip: Iran's living unrelated kidney transplantation program has several limitations by its definition, but what is already in practice goes far beyond that and is actually a government legislated and regulated kidney market in which the laws and supports would all essentially go in ways that best serve the brokers and financial agencies interests and exploitation of the poor on either the recipients and donors sides.

INTRODUCTION
Conventionally called “the Iranian Model of Kidney Transplantation”, the practice of kidney allograft transplantation procured from living unrelated (LUR) donors in Iran has been highly controversial, and for that reason as well as the unclear origins of the idea
when it was introduced into the Iranian medical society, this terminology was avoided in this commentary. Although this topic has been widely tackled in the past by its proponents, opponents, and health-authorities [1-3], there are still several major aspects of the practice that have not been very well addressed. In this paper, I intend to discuss some of these complexities.

According to the latest report by the Iranian Society of Nephrology, 76.3% of all the kidney transplantations performed in Iran are from living donors [4], 86% of which has been reportedly from LUR donors [5]. With such a large share of the transplantation volume, rather extensive claims have been made in the literature as to the merits of LUR transplantation in eliminating the kidney transplant waiting lists; although in the real practice, there are already two waiting lists in Iran simultaneously: one for the recipients and the other for donors. And to be precise about it, they are not actual waiting lists, because you don’t need to wait a moment if you have enough money to pay.

KIDNEY FOR SALE

“Kidney for sale with the blood-group of AB from Tehran. Urgent need for money! Also ready to sell bone Marrow, liver or any other part of the body that could be sold [for money] anyway!” This is one of the huge number of advertisements that have been submitted at the Iranian Internet Associations for Kidney Donation website [6] which provides free rooms to the people who would want to get to the market, as kidney sellers, buyers or even brokers. Examples of advertisements from this website and other unofficial websites have been provided in table 1. An overall look at the advertisements reveals that kidney sellers likely concentrate on the price, while the buyers usually focus on the age (usually < 30), gender (male), overall health and the readily available laboratory reports which are supposed to be primarily paid and provided by the kidney sellers, as a prerequisite for finding a potential recipient.

A BRIEF INTRODUCTION
Upon its introduction to the Iranian health system, the LUR renal transplantation program had implemented some legal measures that were supposed to eliminate ethical concerns. In brief, renal patients as well as the potential LUR donors would separately contact a governmental regulation center which identifies the suitable donor-recipient couples and introduces them to transplantation centers (without them knowing each other prior to transplantation). All the expenses associated with the transplantation procedure and hospital costs would be fully covered by the government. After the procedure, the LUR donors would receive government-funded financial compensations and a one year health insurance, and ‘a majority’ of them would also receive a gift from the recipient or charitable organizations. There would be no role for brokers or agencies in the process, and the program runs under the close scrutiny and surveillance of the Iranian Society for Organ Transplantation [3].

Whether or not the abovementioned model ethically sounds, there are large practical deviations from the pronounced guidelines. During the past decades, the governmental ‘rewarding gift’ to the LUR donors has shrunk from about 3,000USD equivalent in local currency to less than 800USD, with expectations to plunge even more due to the ongoing economic declines. Therefore the government’s financial participation in donor compensation is getting rapidly smaller, driving the recipients to provide the largest share of the payment inevitably. In other words, already only wealthy patients could be sure that they could get an allograft whenever they need to, and the less-resourceful people would be driven to sacrifice their last resorts (e.g. selling their family home) for this purpose; and finally the poorest people who would have no chance in the market, meaning that even the limited governmental support would inevitably escape those who can’t manage somehow to provide the (much larger) remaining bulk of the payment, and would go exclusively to the relatively more resourceful patients.

PREREQUISITES AND CONSEQUENCES OF INSTITUTING SUCH A PROGRAM

According to the above-mentioned evidence, what had been initially proclaimed to be a governmentally regulated and compensated altruistic organ donation is a myth now, and
the only thing that one needs to get to the kidney market is simply finding a partner (a donor or a recipient) who would fulfills his/her (mainly financial) expectations, with apparent roles for brokers and agencies and no authoritarian surveillance. The burden of such a market could go far beyond what was mentioned above. Recently there was news about a father who was trying to sell his 19 mo-old child’s organs in Alborz Province and was arrested after the baby’s demise due to methadone overdose. This is probably not an exception and similar events had been supposedly taking place without finding a way to the media. Even in the legal practice, for almost no one who gets to the market in this country it’s about gaining higher standards of living, for example, buying a better house or indulging with an extraordinary ambition or anything other than the urgency of escaping a catastrophic collapse or securing the least requirements of living. However, all societies and governments are obligated to provide proper environments through which people could make fruitful livelihoods and prospects through ethical and constructive endeavors.

Such an organ procurement program as it is already underway in Iran wouldn’t survive if the country manages to provide some stable, productive and predictable economic conditions that offer the people acceptable levels of livelihood in reasonable ways and time. In other words, there should be a constant state of “struggle for existence” to save the current organ market in Iran from a collapse, and therefore any attempt at improving the country’s economy could be considered a threat to the practice that betrays the donor pool. This latter would definitely not be good news, but the solution is certainly not to sustain the country in a collapsing state: i.e. to force people to get to the organ market, e.g. for renting a house or paying for a life-saving medical procedure.

The penetration of brokers and agencies into the practice has further complicated the already-controversial program exponentially. Since conventionally only people with high political connections can intrude into such businesses, any attempt to change the existing order into states that sound more ethically would be expected to receive serious backlashes. They even seem to consider renal graft procurement from deceased donors as a threat to their business. In a most popular TV show, a person who happened to be a
member of the health care system telling his story of being in coma (for several weeks), was claiming that his family were under pressure to admit to donating his organs for transplantation. But it was only his father’s heroic resistance against all the pressures that saved his life. However, not only in Iran but also anywhere else in the world, only the brain-dead subjects - and not the comatose - would be considered for organ donation.

SAFETY DATA & RESEARCH
Despite decades of the LUR kidney transplantation practice in Iran, some key aspects of concern have been veiled from the public view and the scientific literature. In fact there seems to be some unpronounced red-lines that nobody could manage to cross. For example, despite overwhelming studies indicating the advantages of LURD transplantations, there is no data on the (particularly long-term) physical and/or psychological burden of the procedure on the donors. I myself had a not-so-good experience in a research attempt on donors’ motivations and psychological burdens associated with a LUR kidney transplantation, which had been blocked suddenly and prematurely [7]. Moreover, the rationale behind some of the laboratory tests that are legally compelled for the procedure is unclear. For example, the introduction of potent immunosuppressive drugs beside the shortage of organ availability has eliminated the necessity for HLA matching between the donors and recipients [1]. Actually the transplantation teams in Iran don’t even look at the HLA test reports, yet it is still a mandatory part of the practice. Theoretically at least, the HLA reports could be used for finding the best HLA matched donors only in exceptional cases, which offers no foundation to the large majority of the donors or recipients to pay for this VIP service, out of their pockets.

CONCLUSION
In conclusion, the LUR transplantation practice in Iran is associated with profound ethical concerns including discrimination, abuse, withholding information, and potential safety concerns. Should the practice persist, there would be a need for a major revision of the
program in almost every aspect of it, in order to address all the issues of concerns properly. Attempts at renovation of the practice should also warrant that development of the country towards a more fruitful and prospering economy would not adversely affect transplantation.
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