

Editorial

Kidneys for Sale: Whose Attitudes Matter?

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In this issue of *AJT*, economists Leider and Roth add their perspective to the literature on attitudes toward kidney sales in the United States (1). The authors sent a Zoomerang online survey to almost 9000 people who earn money taking online surveys, of whom 523 (6%) responded. They report that 51–63% of respondents approve of direct payment for deceased donation, and 54–61% approve of direct payment for living donation.

Leider's findings are quite different from a 2005 telephone survey of 845 random US households (85% participation) where Boulware et al. found that only 10% of participants were in favor of direct payment for deceased donation and approximately 30% for living donation. While it is possible that the profound economic downturn in the three years between the studies, or the increase in media exposure of the organ sales debate, has swayed public opinion more in favor of an organ market, it is more likely that these differences reflect a selection bias. While having a telephone was necessary for selection into the Boulware study, the Leider study required internet access, computer skills, English literacy, and subscribing to Zoomerang (therefore expressly supporting cash payments for taking surveys). Furthermore, Boulware oversampled minorities so that national race and ethnicity-weighted inferences could be made, while Leider's cohort represents a nearly entirely Caucasian sample with a higher income and higher education than the US population.

But even if we believe that today more than half of the US public supports payment for organ donation, does this change anything for those seeking to establish a national

organ market, or those fighting against it? Should we devote resources to investigating the nuances of public attitudes toward these markets? Probably not, for two major reasons.

First, nothing else is relevant until physicians support organ sales. And, right now, they don't. In a recent survey of the American Society of Transplant Surgeons, only 20% of transplant surgeons—those actually doing the transplants—supported cash payments for deceased or live donation (2). Similar lack of support was found among physicians from other societies as well (3). Clearly an organ market will not be much of a market with so few willing to perform the transplants or refer the patients. And a rift in the transplant community resulting from a marginally supported organ market will likely be much more detrimental to organ transplantation in the United States than any putative increase in donation from establishing financial incentives (4). As such, those seeking to better understand the viability of organ markets should focus first on the physicians.

Second, and more importantly from a logistical standpoint, is that it will take an act of Congress—that is the reversal of the National Organ Transplant Act (NOTA) of 1984—to make organ markets a reality. And this act will be nearly impossible to come by. Only once has the 'valuable exchange' restriction of NOTA been addressed, and this was in 2008 to clarify that NOTA does not apply to Kidney Paired Donation (KPD, otherwise known as kidney exchange). In fact, the history of the establishment of a national KPD system can give us a sense of what barriers would be faced in trying to establish a national organ market. KPD was suggested in 1986, debated for 14 years, and first performed in 2000 with exponential growth thereafter. Despite years of struggle by UNOS to clarify NOTA so that a national KPD program could be developed, it took a demonstration that significant amounts of money would be saved (5) and a bipartisan bill cosponsored by 37 House representatives (unanimously passed) and 12 Senators (unanimously passed) to finally pass the Charlie W. Norwood Living Organ Donation Act in 2008. Those involved in this process can attest that passage of the Norwood Act was a herculean endeavor—for a modality that had no opposition from anyone in the medical community, the general public, or Congress. Considering the effort required for KPD, one can only imagine the barriers to reversing NOTA for a modality rife with controversy. Instituting financial incentives for organ donors will undoubtedly

require a novel paradigm that engenders full support of the community.

Fortunately, there are many exciting avenues for increasing organ donation and transplantation in the United States that are proving viable and sustainable. The laparoscopic donor nephrectomy has reduced donor burden and is available now at nearly every transplant center in the country. Desensitization, blood type incompatible transplantation, and KPD are likely to significantly decrease the number of healthy, willing live donors who are declined for incompatibility with their intended recipients. Hypertensive protocols, and demonstrated safety of live donation at older ages (6), are allowing a growth of donors from these subgroups, and culturally sensitive educational programs are being developed to support live donation in other subgroups. With further resources devoted to these efforts, perhaps organ markets will become unnecessary rather than controversial.

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