Incentives for postmortem organ donation: ethical and cultural considerations

Vardit Ravitsky

Chronic shortage in organs for transplantation worldwide is leading many policymakers to consider various incentives that may increase donation rates.[1] These range from giving holders of donor cards some priority on the transplant waiting list or a discount on health insurance premiums, to giving families who consent to donation a medal of honour, reimbursement of funeral expenses, tax incentives or even financial compensation.[2–4] Of the various proposed incentive mechanisms, the one that has consistently garnered the most criticism and objection in the literature is that of paying families who consent to donate the organs of a deceased loved one.

Arguments against such a policy abound: it could exploit the poor, influence the family to prematurely withdraw care, encourage families to withhold medical information that would result in transplant-transmission of disease, and finally, it would commercialise the value of human life and result in the perception of human organs as commodities. Indeed, to date no Western country has adopted a policy of financial compensation to families for consenting to organ donation.[2]

Recently, a country suffering from severe shortage in organs has implemented a policy of financial incentives that uses cash payments. Wu and Fang[5] describe a recent pilot programme in China that compensates families for postmortem donation, through an independent third party (the Red Cross Society of China) and based on consent or presumed consent (ie, no documented past objection) of the deceased. The particular context within which this programme is implemented validates and even exacerbates some ethical concerns that have been voiced in the Western medical and bioethics literature. Two distinctive features of this programme—paying families in extreme financial distress and the context of cultural resistance—carry particular ethical implications that I will address in this commentary.

Correspondence to Professor Vardit Ravitsky, Bioethics Programs, Faculty of Medicine, University of Montreal, Montreal, QC H3T 1J4, Canada; vardit.ravitsky@umontreal.ca

VULNERABILITY AND VOLUNTARY CONSENT

The Chinese programme involves payment to families as an expression of gratitude for their good deed (funeral expenses, $1600 to purchase a grave plot and a $3200 allowance). However, families in need can apply for 'extra compensation' based on their degree of need or the financial loss they suffered as a result of the death of the loved one. This is described by Wu and Fang as a charitable act towards those most in need. They explain that a committee reviews the specific financial circumstances of the family in question; for example, how many dependants there are and whether the surviving spouse can support the family. Based on its evaluation (but without any official transparent criteria) it determines what additional amount will be paid (up to $4800). A family in need can therefore receive between $5000 and $10 000 for consenting to organ procurement from their deceased relative. To put this incentive into context, in 2012 the annual per capita net income of rural households in China was ¥7917 (about $1270),[6] which means that the compensation offered for consent to organ procurement would be equivalent to about 4–8 years' income.

One might argue that this is a win-win situation: lives are saved through the donated organs, and the family is receiving a form of financial social assistance it needs to help it survive the tragedy. However, when a very large financial incentive is offered to an extremely vulnerable population, the tremendous pressure to accept the offer may cast a doubt over the voluntariness of the consent. Imagine a family that just lost its breadwinner, perhaps even facing medical bills—is such a family in a position to refuse such an amount? Indeed, Wu and Fang mention that 90% of the families who consented within this new programme 'faced financial difficulties'.

This particular scenario of extreme financial need combined with a very large payment highlights ethical concerns that have been put forth in the literature for years regarding financial compensation for postmortem donation as threatening the voluntariness of the family's consent. Moreover, considering the vulnerability of the family and the looming threat of growing medical bills, one might wonder what effect this additional incentive might have regarding the decision to withdraw care, another concern often voiced in the literature.

CULTURAL VALUES

The unique cultural context of the Chinese scenario raises additional concerns. This pilot programme is implemented against the backdrop of a strong cultural reluctance to donate, based on traditional beliefs that keeping the body intact up to burial or cremation is an expression of respect for the dead, for ancestors and for nature.[5 7] This means that families under financial duress would have to compromise their cultural values to consent to donation. Put simply, an extremely vulnerable population is facing extreme pressure to consent to a practice that in their own eyes, and in the eyes of their community, may be compromising their integrity. This exposes the family to extreme decisional conflict and to social criticism, perhaps even ostracism. Indeed, Wu and Fang mention that in the context of this new programme some families have already been criticised for 'selling' the organs of their loved one.

ETHICAL ANALYSIS

I thus argue that this first attempt to implement a policy of compensating families for consent to organ donation validates the ethical concerns expressed in the literature throughout the debate surrounding this issue. Moreover, even if—for the sake of argument—we assume that financial compensation may be ethically acceptable under certain conditions, the Chinese programme does not meet such conditions. First, the sums paid are so large that the risk of undue pressure is very likely. Second, such a programme should be accompanied by a public campaign that aims to educate the population regarding the importance of organ donation and to change social attitudes regarding the appropriateness of donation. Implementing a compensation programme without addressing the social and cultural context puts the burden of change on individual families rather than on society as a whole. It pushes families to consent on the backdrop of social resistance, forcing them to face pressure and to carry the stigma associated with such a decision. If traditional values are flexible enough to align with organ donation[7] then culturally authoritative figures should be recruited to promote organ donation and encourage social change.

A case in point is the recently implemented Israeli policy that offers priority on the waiting list to those signing a donor card and to family members who consent to donate the organs of a loved one postmortem.[8] This innovative incentive mechanism was proposed to alleviate extreme organ shortage and to address low rates of donation. Like China, Israel has to cope with reluctance to donate that is based on cultural and religious values. However, the implementation of the Israeli policy was accompanied by an extensive multilingual, multimedia educational public campaign, using the new policy as an opportunity to educate the public about the importance of organ donation, and to inform the public about approaches within Jewish tradition that allow organ donation and even endorse it and see it as a religious imperative to save lives.[9 10] Indeed, this campaign and the new policy seem to be successful, as a preliminary marked increase in the national organ donation rate in Israel has been apparent since.[11]

In conclusion, for most Western scholars and policymakers, financial compensation for consenting to donate organs postmortem is ethically unacceptable even in the 'best of circumstances' (eg, no extreme financial need and no particular cultural resistance to donation). The Chinese programme thus presents two additional ethical challenges that make its implementation even more controversial. The involvement of an extremely vulnerable population and the absence of a public campaign to endorse social change make this new initiative ethically unacceptable. Long-term change to increase the supply of organs should begin with education to address underlying social and cultural barriers to donation, not with targeted pressure on vulnerable families.

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