Recently, the Seattle Times reported what is the nightmare reality of the 79,000 people on hospital transplant lists around the country: Over 15,000 will die waiting for donated organs. Each year, only 25% of those waiting are fortunate enough to receive transplants, their plight made more poignant by their knowledge that thousands of potential transplant organs are buried or cremated. Sadly, despite the public service announcements, the information campaigns, and the enlistment of drivers’ license bureaus in the recruitment effort, too few Americans sign their donor cards or make their donation wishes known to families and health care providers.

In 1984, federal law created UNOS, the United Network for Organ Sharing to oversee the transplant process. UNOS establishes criteria for donation and for listing of potential recipients and maintains a database to track the numbers.

Go to the UNOS website at http://www.unos.org to get a numerical picture of the transplant situation, including the areas of greatest and least shortage.

As is the case in many other arenas of health care, the transplant shortage is where medical science meets economics. Even as doctors and medical researchers improve transplant techniques and success, they are frustrated and puzzled by the persistent inability to convince more of us to become donors. Economists, on the other hand, find it relatively easy to explain the shortage of organs. Certain that people’s behavior is influenced by incentives, economists understand the organ donation shortfall to be evidence that the incentives for donation are ineffective and must be changed. However, while there is general agreement that the current incentives are wrong, there is much disagreement over what changes should be made.

While mainstream efforts to increase donation concentrate on changing the non-monetary incentives, proposals incorporating monetary incentives such as partial payment of funeral expenses or tax credits for donation surface from time to time. In fact, the state of Pennsylvania enacted such a proposal into statute, only to have its implementation blocked by federal law prohibiting any payment for organs. The seriousness with which the medical profession regards the organ shortage can be gauged by the fact that in a recent national meeting, the American Medical Association, a long-time opponent of donations-for-pay, included in its agenda for debate a recommendation that financial incentives be offered for human organs.

Read the two articles discussing a “market for human organs” which can be found at the web links below.

http://www.uwec.edu/jamelsem/280/Handouts/unit1/org_don_mkt_torontostar_280.pdf
http://www.uwec.edu/jamelsem/280/Handouts/unit1/org_don_mkt_ama_seattletimes_280.pdf

More information: http://www.uwec.edu/jamelsem/280_org_don.htm

Of particular interest may be resources found at http://www.swcollege.com/bef/policy_debates/human_organisms.html

As you might expect, the range of opinions about both the effectiveness and the ethics of using financial incentives to increase the supply of transplant organs is wide, and the divisions among proponents and opponents are deep and emotional.

In a December 5, 2001, editorial response to the AMA proposal, the Sacramento Bee voiced the concerns of many made nervous by the prospect of paying for organs.

“This is a slippery slope that those who want to promote organ transplants shouldn’t go down.”

“Money certainly can be a powerful motivator. But in this situation, money seems the wrong way to change a no into a yes.”

“…the proposal to pay donors raises an … uncomfortable prospect: the specter of desperately poor people selling off organs for cash. That grisly possibility inevitably hangs over any sort of proposal for compensating organ donors.”


**Top Ten Myths About Organ Donation**

Despite continuing efforts at public education, myths about donation persist. It's a tragedy if a person decides against donation because of a myth. Here is a "top ten" list of the more common myths along with the actual facts:

**Myth #10:** Wealthy people and celebrities are moved to the top of the list faster than "regular" people.

**Fact:** The organ allocation and distribution system is blind to wealth or social status. The length of time it takes to receive a transplant is governed by many factors, including blood type, length of time on the waiting list, severity of illness and other medical criteria. Factors such as race, gender, age, income, or celebrity status are never considered when determining who receives an organ.

**Myth #9:** Donation will mutilate my body.

**Fact:** Donated organs are removed surgically, in a routine operation similar to gallbladder or appendix removal. Donation doesn't disfigure the body or change the way it looks in a casket.

**Myth #8:** My family will be charged for donating my organs.

**Fact:** Donation costs nothing to the donor's family or estate.

**Myth #7:** If I am in an accident and the hospital knows I want to be a donor, the doctors will not try to save my life.

**Fact:** Organ and tissue recovery takes place only after all efforts to save your life have been exhausted and death has been legally declared. The medical team treating you is completely separate from the transplant team. The organ procurement organization (OPO) is not notified until all lifesaving efforts have failed and death has been determined. The OPO does not notify the transplant team until your family has consented to donation.

**Myth #6:** I am not the right age for donation.

**Fact:** Organs may be donated from newborns on up. The general age limit for tissue donation is 70. At the time of your death, the appropriate medical professionals will determine whether your organs are usable.

**Myth #5:** My religion does not support donation.

**Fact:** All mainstream organized religions approve of organ and tissue donation and consider it an act of charity.

**Myth #4:** Only heart, liver and kidneys can be transplanted.

**Fact:** Needed organs include the heart, kidneys, pancreas, lungs, liver and intestines. Tissue that can be donated include the eyes, skin, bone, heart valves and tendons.

**Myth #3:** I have a history of medical illness. You would not want my organs or tissues.

**Fact:** At the time of death, the appropriate medical professionals will review your medical and social histories to determine whether or not you can be a donor. With recent advances in transplantation, many more people than ever before can be donors. It's best to sign a donor card and tell your family your wishes.

**Myth #2:** I don't need to tell my family that I want to be a donor because I have it written in my will.

**Fact:** By the time your will is read, it will be too late to recover your organs. Telling your family now that you want to be an organ and tissue donor is the best way to ensure that your wishes are carried out.

**And the #1 myth about organ and tissue donation:** I've heard about a business traveler who is heavily drugged, then awakens to find he or she has had one kidney (or sometimes both) removed for a black market transplant.

**Fact:** This tale has been widely circulated over the internet, however there is absolutely no evidence of such activity ever occurring in the US or any other industrialized country. While the tale may sound credible, it has no basis in the reality of organ transplantation. Many people who hear the myth probably dismiss it, but it is possible that some believe it and decide against organ donation out of needless fear.
What if it were up to you: Should we solve the human transplant organ shortage with $?

After reviewing the sources answer the following discussion questions. Also on the page below these questions, brainstorm the issues and then list the pros and cons of a “market for human organs.” Finally, take a side in the debate and write a short paragraph or two supporting your position. We will then have a class discussion/debate. Remember, there is not a right or wrong answer.

1. Are payments of some sort likely to increase the supply of donated organs? Briefly explain.

One of the basic understandings of economics is that incentives matter. Economics tells us that a positive incentive like money will increase the number of donations, just as the incentive of higher price will increase the supply of any good or service.

How much the supply of organs will increase is unpredictable because there is no data to suggest how responsive the donation of organs will be to a financial incentive.

2. List several factors that you believe keep the numbers on the donor lists relatively low.

This list might include religious beliefs, the fact that there is no personnel gain in donating organs, not knowing the exact wishes of the deceased family member etc.

See the myths listed above.

3. Economists have established that people respond to incentives. Do you think that financial incentives will be strong enough to overcome the factors that keep people from donating? Briefly explain.

It will depend on how large the incentive to donate is. This answer will call for your opinions, but it should be tempered by the economic fact that the higher the incentives the more willing suppliers are to overcome other costs or disincentives.
4. What is the opportunity cost of not allowing financial incentives for organ donations? Briefly explain.

The opportunity cost, or forgone alternative, is clearly the number of additional transplant organs that would be donated if financial incentives were allowed. In essence this could be answered by saying that people will die.

5. If a market is the solution what form might it take? By this I mean how will it operate, how will the rules be determined and who will be in charge etc…?

It is not likely to be a supermarket for organs where you shop for what you need. It is possible that there will be advertising for what is needed or what is available. There will likely be rules and regulations set up by either UNOS or the government and we will also likely see brokers and contracts such as with stocks and/or futures trading. I think that an E-Bay type of market will certainly be a possibility given today’s technology.

6. If a market is not the solution, what might the alternatives be? Briefly explain.

Increased awareness through more and more educational campaigns in schools and on TV as well as in other media outlets will be the key to success. Very visible public spokespersons will also be important.

In addition, it is possible that there will be tax credits or funeral service payments to donors (or their families) rather than an outright market.

There is also the possibility that cloning, cross-species transplants or mechanical organs will be attempted, but these seem less likely to succeed.
Additional Questions

1. Are there any countries do not prohibit the buying/selling of human organs? If yes, please list them.

2. Very briefly describe how someone can be added to the waiting list to be a candidate to receive a transplant. Also, list the main factors that determine who on the waiting list will receive a transplant when an organ becomes available (http://www.unos.org/inTheNews/factsheets.asp?fs=1)

3. List three celebrities that have received organ transplants. For each one please state if they are still alive and if they became active in promoting awareness about organ donation after receiving their transplant. Briefly describe these activities for each celebrity.
Data Collection

Go to the UNOS website (http://www.unos.org/) and collect the data as described below. Use the spreadsheet given to you as an email attachment to store the data. Save your finished spreadsheet with the same file name replacing studentname with your real name and then email it to me as an attachment. Once we have the data we will discuss how to make some graphs for discussion.

Donors and Transplants

1. Click on the Data link on the top of the page.
2. Click on the National Data link on the left of the page.
3. Click on the Build Advanced link on the left of the page.
4. Select Donor from the 1st drop-down menu.
5. Select Organ (6 items) from the 2nd drop-down menu.
6. Select Donation Year (20 items) from the third drop down menu.
7. Select the Go button to get the data.
8. Get the data for All Donors and Kidney for the years 1988-2006.

Wait List removal

1. Go back and begin with the National Data link on the left of the page again.
2. Click on the Build Advanced link on the left of the page.
3. Select Wait List Removal from the 1st drop-down menu.
4. Select Removal Reason (20 items) from the 2nd drop-down menu.
5. Select Removal Year (13 items) from the third drop down menu.
6. Select the Go button to get the data.
7. Get the data for Died for the years 1995-2006.