

Regulated payment for kidney transplantation: the best of two evils?

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Recent comments in the Australian press by Canberra nephrologist Gavin Carney has reignited debate over government regulated payments in order to increase kidney transplant rates. Carney (ABC 2008) suggested kidneys could be bought by the government for \$50K and systematically distributed to kidney recipients. As Kidney Health Australia Medical Director Tim Mathew acknowledges, suggestions such as Gavin Carney's reflect the desperation of patients, relatives and nephrologists over the increasing kidney transplant waiting list times in Australia (ABC 2008).

Nephrology nurses have a unique and biased position. We witness people on dialysis deteriorating because of our limited and inadequate dialysis prescriptions (in comparison to a normally functioning kidney). We know that half of the people on dialysis that we care for will die within five years and if they receive a kidney transplant their quality and quantity of life is likely to improve. We work with frustrated nephrologists such as Gavin Carney attempting to improve the plight of patients undergoing dialysis.

The examination of ethical, social, economic and medical issues of this complex debate are greater than the scope that this editorial can offer, however, there are several aspects that require further exploration.

The evil government regulated payment system

The arguments against regulated donation can range from an initial emotional repugnancy to highly articulated criticisms. It is likely that the poor will account for the majority

of donors, intermediaries will profit and cadaver and living related donation rates will fall resulting in lower organ donation rates of cadaver kidneys other organs (Chapman 2008). In addition to these arguments there is the concern that individuals or families will pursue money following cadaver donation leading to increased costs (Chapman 2008). Although there is limited evidence supporting these arguments in the Australian and New Zealand context, proponents of government regulated payment systems will need to address these aspects before their ideas will proceed to any more than hopeful rhetoric.

The evil alternative of complacency

Australia sits disappointingly at the lower end of the richer countries' kidney transplant rates. This is more than disappointing. It results in people on dialysis suffering and dying. Most politicians, nephrologists, surgeons and nurses do not suffer this, yet we are the ones restricting the choices of these people. We are generally rich, white healthy people who hope that the most recent report into increasing kidney donor rates in Australia will make the difference that the 20 preceding reports have failed to do. In saying this, the recent Australian Organ Donation Taskforce (National Clinical Taskforce on Organ and Tissue Donation 2008) contains 51 recommendations for the government to embrace and there is evidence that this is finding teeth. However, if this report has the same influence on our transplant rates as have many that have gone before it, radical options may need to be considered.

There are several unimaginable truths that we may have to contemplate before this debate moves forward. We can not imagine that the decisions we have taken over the recent past may have been misplaced because they may highlight the inability of us all in the nephrology community to admit that we have failed our dialysis patients in not giving them all possible options. We can not imagine that the result of richer countries' restricted transplant policies have resulted in the abhorrent exploitation of the poorest people in the poorest countries. Gavin Carney's evil alternative of a government regulated paid kidney donation program may be an opportunity to test some of these arguments, but more importantly, may be an opportunity to improve the lives of many who are currently waiting too long for their kidney transplant.

References

- ABC. 2008. *Concern over doctor's kidney selling comments*. Australian Broadcasting Commission 2008 [cited 25th May 2008]. Available from <http://www.abc.net.au/news/stories/2008/05/05/2235193.htm>.
- Chapman, J. 2008. Should we pay donors to increase the supply of organs for transplantation? No. *BMJ* 336:1343.
- National Clinical Taskforce on Organ and Tissue Donation, 2008. National Clinical Taskforce on Organ and Tissue Donation Final Report: Think Nationally, Act Locally. Canberra.

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