The True Meaning of Financial Neutrality in Organ Donation

Gabriel M. Danovitch, Alexander M. Capron, and Francis L. Delmonico

Note from Editors: Given the importance and controversial nature of this topic, a diversity of viewpoints is critical. For this reason, AJKD solicited this commentary on a Policy Forum Editorial from McCormick et al (p. 963).

With determination to stop exploitation of vulnerable organ donors, the international transplant community, including the United States, reached a consensus regarding the principle of financial neutrality as a necessity for ethical organ donation.1–3 Financial neutrality means that “donors and their families neither lose nor gain financially as a result of donation.”4–6 Although McCormick et al discuss this principle in the accompanying Policy Forum Editorial,4 it is our opinion that they distort the meaning of financial neutrality.5 The authors expand the legitimate costs of donation, including travel, lodging, lost work, and other verifiable expenses, to reach a $38,000 fixed payment to donors by including a dollar value for wholly subjective factors such as pain, fear, risk, and quality of life. For example, “risk” is assigned a value of $6,500. These factors are intrinsic to the process of organ donation, and it is disingenuous to include them under the rubric of financial neutrality.

The full explanation of how McCormick et al derive the $38,000 sum and our response to it have been published elsewhere.5,7,8 Their proposal may be dangerous, particularly in countries with rampant organ markets, where those who profit from this trade will use the position taken by McCormick and colleagues to justify legalizing payments to donors. If $6,500 is the value that risk is assigned in the United States, this sum could surely be doubled or tripled elsewhere, with a resulting international auction of living donor kidneys.

Untethering payment to donors from their actual out-of-pocket costs inherently makes an organ more attractive to those in poverty. This not only exploits these donors but also risks harm to recipients. The temptation for those in financial distress to obfuscate relevant medical information is not a theoretical concern. Poor psychosocial outcomes and increased risks of infections and other complications have been observed repeatedly when the motive for donation becomes monetary.9

We clearly must do more to encourage both living and deceased donation. In September 2020, the Health Resources and Services Administration (HRSA) announced an updated rule, expanding the scope of qualified reimbursable expenses incurred by living organ donors to include lost wages as well as child-care and elder-care expenses.10 Regrettably, the updated rule continued to cap reimbursement at $6,000, unchanged from the previously existing program that covered only travel, lodging, meals, and incidental expenses incurred in donating an organ. Nonetheless, elements of this update represent important steps toward making donation financially neutral for living donors. Critically, HRSA explicitly rejects the suggestion that payment be made for “undertaking a ‘risk,’ whether it be a long-term health risk or surgical risk.”10

More donors will save more lives, and ensuring financial neutrality is the right way to treat living kidney donors. However, although the introduction of financial incentives, covert or otherwise, seems tempting, it is a “Trojan horse”11 that will undermine the very fabric of the evaluation and care to which living kidney donors are entitled.

Article Information

Authors’ Full Names and Academic Degrees: Gabriel M. Danovitch, MD, Alexander M. Capron, LLB, and Francis L. Delmonico, MD.

Authors’ Affiliations: Department of Medicine, University of California, Los Angeles, Los Angeles, CA (GMD); Pacific Center for Health Policy and Ethics, University of Southern California, Los Angeles, CA (AMC); and Harvard University, Cambridge, MA (FLD).

Address for Correspondence: Gabriel M. Danovitch, MD, Department of Medicine, University of California, Los Angeles, 10833 Le Conte Ave, Los Angeles, CA 90095. Email: gdbanovitch@mednet.ucla.edu

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and Delmonico previously held DICG roles, as Co-Chair and Executive Secretary, respectively.

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**References**