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To the position statement
Organ Donation and Transplantation: Ethical Dilemmas Due to Shortage

Paired Organ Exchange: Ethical Considerations Regarding a New Option

Summary and recommendations

COMMISSION DE L'ÉTHIQUE DE LA SCIENCE ET DE LA TECHNOLOGIE

1200 route de l'Église
3rd floor, Suite 3.45
Québec (Québec)
G1V 4Z2
www.ethique.gouv.qc.ca

Production support

Coordination and supervision
Diane Duquet

Meeting Secretary
David Boucher

Research and writing
David Boucher

Technical support

Documentation
Monique Blouin

Communications and editing supervision
Katerine Hamel

Translation
Anne McBryde and Anglocom

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Members of the working committee

FRANÇOIS POTHIER, CHAIR
Professor
Faculty of Food and Agricultural Sciences
Université Laval
Member of the CEST

ÉDITH DELEURY
Lawyer
President of the CEST
Professor
Faculty of Law
Université Laval

DR. DANA BARAN
Nephrologist
Medical Director, Québec-Transplant
Transplant Specialist
McGill University Health Centre

DANIÈLE DROLET
Nurse
Director of the Organ and Tissue Donation Program
Kidney Foundation of Canada

JACQUES T. GODBOUT
Sociologist
INRS (National Scientific Research Institute) – Urbanization, Culture and Society
Member of the CEST

MICHÈLE S. JEAN
CRDP (Public Law Research Centre)
Université de Montréal
President of the Canadian Commission for UNESCO
Member of the CEST

DR. MICHÈLE MARCHAND
President of the Ethics Committee
Collège des médecins du Québec

JOCELYNE ST-ARNAUD
Philosopher
Professor
Faculty of Nursing
Université de Montréal
Associate Professor
Université du Québec à Montréal

DR. JEAN-LUC WOLFF
Nephrologist
Kidney Transplant Specialist
Faculty of Medicine
Université de Sherbrooke

LINDA WRIGHT
Bioethics Expert
Chair of the Kidney Foundation of Canada's National Organ Donation Committee
University Health Network and Joint Centre for Bioethics
University of Toronto

CEST SECRETARIAT :

Diane Duquet, CEST Coordinator
David Boucher, Ethics Advisor

Table of Contents for the Supplement

Summary and recommendations

In spite of considerable efforts to offset the lack of organs available for purposes of transplant, the gap between the number of available organs and the number of patients on the waiting list continues to grow. Options complementing cadaveric donations[1] based on criteria of neurological death have already been established, including paired organ exchange, a new option for patients awaiting a kidney transplant who are unable to find a compatible donor in their family or social circles.

Types of Paired Organ Exchange

This new practice enables a pair of individuals made up of a living donor and an ABO or HLA (*human leukocyte antigen*) incompatible donor to be paired with two people in the same situation. They can proceed with an exchange where the kidney of a living donor will go to the recipient of the other pair (with whom he or she is compatible) and vice-versa. Hypothetically, it is also possible for an individual to donate a kidney to an unknown, yet compatible, patient already on the official waiting list, in exchange for which the patient on the waiting list with whom this person is incompatible will be given priority on the list as regards receiving a kidney from a cadaveric donor. Lastly, it is also possible to involve an altruistic donor (an individual who donates a kidney without designating a specific recipient), otherwise known as a Good Samaritan, in an organ exchange as a means of multiplying the repercussions of this type of donation.

Potential Impact of Paired Organ Exchange

The Commission first addressed the potential impact of paired organ exchange. The potential impact as regards the **organ shortage** is difficult to evaluate given the absence of data concerning the number of people who wish to donate an organ to a close relation or next of kin but who are unable to do so due to an incompatibility with the recipient. Moreover, the Commission considers that measures must be taken to offset a general lack of knowledge concerning this point. With respect to the impacts **on healthcare costs**, paired organ exchange makes it possible for patients on a waiting list to receive a quicker transplant, which, in turn, reduces dialysis-related costs as well as expenditures linked to the prescription of certain types of medication. Special attention must also be paid to the potential impact **for living donors and recipients**, especially as regards the monitoring of **living donors** participating in any paired organ exchange. Results for paired organ exchange **recipients** are very encouraging. However, the Commission believes that prudence should still be the order of the day and that the consequences for paired organ exchange recipients must be rigorously monitored. The Commission also wishes to alert researchers and

[1] The expressions cadaveric donation and cadaveric donor are synonyms for donation from a deceased donor and deceased donor. The Commission has chosen to continue using the terminology from its brief on organ exchange for purposes of textual uniformity.

concerned players as to the psychological and social consequences of paired organ exchange for both donors and recipients. The Commission is unaware of any available data on this subject.

Ethical Considerations

This new practice has been positively received by most organizations having publicly stated views on the ethical acceptability of paired organ exchange. Nonetheless, certain ethical issues must be carefully examined, especially as regards the monitoring and management of a national paired organ exchange program, donation anonymity, equity, and consent.

If a national paired organ exchange program were established in Canada, issues concerning its **monitoring and management** as well as the registering of participants would obviously arise. While the Commission recognizes that it need not express an opinion concerning the technical and/or organizational details of the process, it nevertheless believes it should make the following recommendation :

Recommendation 1 :

The Commission recommends

That minister de la Santé et des Services sociaux (health and social services) ensure that if a national organ exchange program is put in place in Canada,

- **An independent public body be mandated by the federal government to monitor and manage this program and the register of participants; and**

- **This organization develop a framework of good practices, particularly in order to guarantee the transparency required in this type of activity**

As regards paired organ exchange, certain people have put into question the **donation anonymity**, an important principle in matters of organ donation. For its part, the Commission considers that the decision as to whether or not to authorize meetings between participants in an exchange must take into account the latter's needs, past experiences concerning cadaveric donations, and the risks and drawbacks associated with this type of meeting. The Commission would also like to reiterate that the participants' free and informed consent must be elicited before such a meeting can take place, with the interveners being required to alert participants as to the potential risks and drawbacks of this type of meeting.

The question of equity could very well be raised should a national paired organ exchange program be established, either as an individual registers for the program or as concerns blood type O patients (universal donors but not universal recipients) within the framework of an exchange

program with cadaveric donors. Issues concerning the possible commercialization of organ donations must also be considered.

As regards access to a living paired exchange registry for patients on the waiting list for a kidney transplant, the Commission believes that the criteria for admission to such a register must be the same for and known by all concerned and must not introduce any sort of unjustified discrimination.

The Commission believes that the practice of paired organ exchange does not constitute a form of commercialized organ donation. It considers that in any living paired exchange, the living donor's motivation is the same as that of the living donor not participating in an exchange. In fact, living paired exchange participants receive nothing more than they would in the case of a traditional direct living donation.

Exchanges involving a cadaveric donor may well penalize patients on the blood type O waiting list. For this reason, the Commission deems it important to make the following recommendation:

Recommendation 2 :

The Commission recommends

That minister de la Santé et des Services sociaux (health and social services) ensure that the organization that may potentially be asked to monitor and manage the national organ exchange program put in place a mechanism to ensure equity among patients awaiting a kidney transplant prior to implementation of a list paired exchange program.

Once donor/recipient pairs have been enrolled in a paired organ exchange registry, the necessary steps must be taken to ensure that this latter operation will be carried out in a manner that is fair for each of the registered pairs. The general consensus is that organs should be removed simultaneously. Moreover, in situations where operations do not unfold as planned, the Commission considers that those in charge must ensure equity among the concerned pairs.

The donor's free consent is an important issue as regards living donations. The potential pressure on the donor could become even stronger with the practice of paired organ exchange. A hesitant donor would no longer be questioning one exchange, but several. In addition, we must not forget that if certain close relations of the patients awaiting a transplant should show any interest in making a donation, they may do so as a result of pressure from close friends or family. If paired organ exchange becomes possible, a hesitant donor could not longer cite donor/recipient incompatibility as a pretext for withdrawal. Although the Commission considers that the disappearance of incompatibility as a motive for the withdrawal of certain living donors is not a good enough reason to reject the paired organ exchange option, it would like to reaffirm that players from the paired organ exchange area, while assuming their responsibility for maintaining confidentiality as regards potential donors, must also ensure that the latter give their free and

informed consent without being subject to any form of pressure. In this respect, the Commission makes the following recommendation:

Recommendation n 3 :

The Commission recommends

That the health professionals concerned explain the option of paired organ exchange to patients on the waiting list and their loved ones very early in the process of the patient's registration on the waiting list. If paired organ exchange becomes a viable option, those who did not wish to donate or who only wanted to donate directly to the patient on the waiting list will not have indicated their interest and will not be considered. Only those who have consented to an evaluation for organ donation would remain, knowing that paired organ exchange could occur in the event of incompatibility.

The Commission also proposes certain conditions that would make it possible to acquire **informed consent**. For instance, the consenting parties must very clearly understand that the operation may not unfold as planned. If such is the case, the participants must be informed as to the procedure that will be followed by the interveners with respect to the attributing of organs. In the case of an exchange involving a cadaveric donation, the moment at which the priority of the patient on the waiting list comes into effect must be clearly specified, as well as whether or not the recipient maintains priority on the waiting list in the event of a rejection. In short, the Commission considers that these scenarios must be explored and the solutions envisaged made abundantly clear to the participants so that they can make informed decisions. Moreover, participants in a paired organ exchange must trust the medical specialists and health care professionals enough to provide them with information that is relevant and necessary to the decision-making process. Patients must always make their own decisions concerning their state of health and any proposed treatments, but their doctor nonetheless remains the person who is best qualified to provide clear and accurate information in this regard.

Paired organ exchange constitutes a new option to complement more traditional forms of organ donation. At first glance, this option seems promising, but we must nonetheless never forget that the practice raises many particular ethical issues and rekindles ethical questions associated with living donations. Regarding both cases, the Commission hopes to have provided more food for ethical thought by suggesting possible solutions designed to ensure that a fully ethical process will be established.