

Addressing the Kidney Donor Shortage: Evaluating Financial Incentives for Living Kidney Donation



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Context

Chronic Kidney Disease (CKD) affects 9.1% of the global population, with many progressing to End-Stage Kidney Disease (ESKD). Kidney transplantation is a preferred treatment for ESKD patients, but there is a severe shortage of transplantable organs.

Aim

This study explores the potential of financial and non-financial incentives to increase living kidney donations, addressing both ethical concerns and global variations in approach.

Problem At Hand

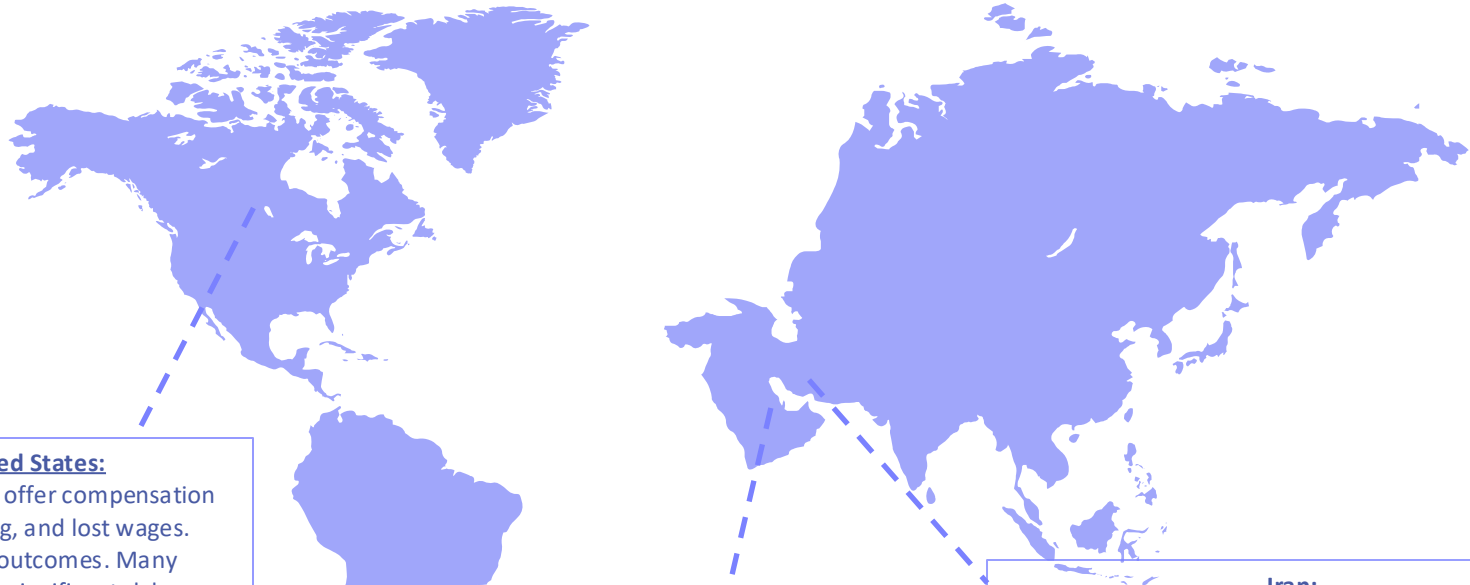
Current kidney procurement methods (altruistic or deceased donations) are insufficient, leaving many patients on waiting lists, enduring dialysis, and facing socio-economic burdens.

- **Living Kidney Donation:** Provides better outcomes but faces barriers like financial hardships, fear of health risks, and lack of tangible incentives.
- **Unregulated Markets:** Lead to exploitation (transplant tourism) and increased post-transplant complications.

Barriers to Donation

- Costs related to surgery, lost wages, long-term health risks, and psychological burdens deter potential donors.
- Non-financial concerns include the fear of long-term health implications for donors, especially when post-surgery care is underfunded.

Global Approaches to Incentivising Donation



United States:

- Pilot programs offer compensation for travel, lodging, and lost wages.
- **Result:** Mixed outcomes. Many patients still face significant delays, but cost reimbursement has improved donor satisfaction and rates.
- **Ethical barriers:** Any attempt at outright financial compensation faces legal and ethical opposition due to concerns over organ commodification.

Saudi Arabia:

- Offers a mix of financial and non-financial incentives like covering medical expenses, providing a stipend for lost income, and lifetime health coverage.
- **Result:** Steady increase in donations without significant controversy, showing how incentives can be adapted to fit local cultural contexts.

Iran:

- The only country with a legalized, regulated kidney market.
- **Result:** Eliminated the transplant waiting list. Donors receive payments regulated by non-profit agencies.
- **Criticism:** Despite effectiveness, the system is criticized for potential exploitation of poorer citizens.

Cost Reimbursement vs. Direct Financial Incentives

- **Cost Reimbursement:**
 - U.S. and European countries have implemented cost reimbursement models to offset medical and non-medical expenses.
 - Example: National Living Donor Assistance Center (NLDAC) in the U.S. helps reimburse up to \$6,000 for travel and lost wages, but challenges remain in scaling this solution.
- **Direct Financial Compensation:**
 - Iran and the Philippines have experimented with direct payment models.
 - Studies suggest that a regulated incentive of \$10,000 could lead to a 5–10% increase in donors, with countries like Canada and Australia considering pilot tests to determine the impact.
 - Critics argue this could disproportionately affect lower-income individuals, making it essential to regulate and ensure ethical practices.

Conclusion

- **Potential:** Financial and non-financial incentives for living kidney donations offer a promising solution to the global kidney shortage crisis.
- **Global Lessons:** Iran's model, while successful in increasing donations, raises concerns about ethical exploitation. Israel's approach provides a balance between rewarding donors and maintaining ethical standards. Saudi Arabia's mixed model demonstrates adaptability to local contexts.
- **Recommendations:** Further research and pilot programs are needed in countries like the U.S. and Canada to find a middle ground that encourages donations without commodifying the human body. A global framework for ethical kidney donation could combine reimbursement, social benefits, and regulated incentives, ensuring that the donor shortage is addressed equitably and effectively.