

Reimbursement for living organ donors in america:

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Reimbursement for Living Organ Donors in America: According to the website, Donate Life America, more than 100, 000 men, women, and children currently need life-saving organ transplants. In 2009, there were only 8, 021 deceased organ donors, and 6, 610 living donors resulting in 28, 465 organ transplants. This massive shortage in organ donors brings about a crisis among many waiting for an organ. While the process is still illegal in the United States, black markets have made organ donations profitable to those who are willing to donate while giving the wealthy an advantage over individuals with less monetary resources. However, other countries such as Canada, France and The United Kingdom, have introduced reimbursement programs that pay out of pocket expenses for the live donor. These expenses can include: lost wages, travel expenses, lodging, and meals. While 90% of Americans say they support donations, only 30% know the essential steps to take to become a donor. This has made finding new avenues of educating and luring live donors essential. Live donors are able to donate: a single kidney, portions of the liver, lobes of the lungs, and portions of the pancreas. Should the United States initiate a reimbursed organ donation program, while introducing government regulation and funding; it would increase the quantity of live tissue donors, making organ donations more accessible to all populations who desperately need them. Currently Canada has a non-profit government funded reimbursement program in which live donors are compensated for expenses such as, travel, lodging, and lost wages. This program has been credited for increasing the amount of live donors by 25% in the last 5 years (Daniels 451). Comparably in the United States, the recipient of the organ is responsible to pay costs that are not covered under

their health insurance plan. This poses a problem for those who do not have the monetary means to compensate a willing live donor; especially among those who have suffered from lengthy illness. In addition, because no assistance programs are currently available to assist recipients who are not able to pay these costs, they are left to wait on the national waiting list for a deceased donor. According to the US Department of Health and Human Services, only a quarter of those on the National Organ Registry List will actually receive an organ before dying. This staggering statistic is discouraging and preventable should the US allow such a program to be put into action. Currently, patients who are in the end stages of renal disease can be treated with kidney donations from live donors. This treatment increases life expectancy and improves an extremely ill patient's quality of life. In addition patients receive relief from the costs of completing dialysis. "In Canada, the growth of solid-organ transplantation over the past decade has primarily been attributable to increases in living organ donation for which rates have doubled with in the past decade" (Klarenback 797). Although this strategy has improved a gloomy picture, waiting lists for organs continue to expand and solutions for reducing financial barriers that inhibit live donations are needed. Although Canada has seen great success with these incentives, America has laws in place that often restrain the live donors in the U. S. On a single living kidney donation is projected that a chronically ill renal patient can increase their life expectancy by 2-3. 5 years, and save the American health plan over \$100, 000. However, financial impact on live donor is rarely examined. Most donors are most often affected by hidden costs. As mentioned before, these costs can include travel, meals,

lodging, and even parking expenses. In one follow-up study, financial hardship or significant financial burden was reported by 23% of people who donated a kidney (Klareback 797). Often costs that impact the donor are not seen as substantial once compared to the recipient. Because spouses, children, parents and other biological relatives are often the willing participant in a live donation costs such as these can be more invasive than first thought. Families often bear the burden of financial costs together and with the addition of an ill loved one can attach even more stress to an already taxing situation. Furthermore a study involving family members of 133 found that 24% of potential live donors did not donate because of the magnitude of financial hardship (Klarenbach 798). Therefore, it is reasonably concluded that economic hardships such as these create a larger troubles to potential donors with a lower income. This clearly inhibits the possibility of growth for live organ donation in the United States. Other countries do not allow any reimbursement for live donors. These countries include Hungary, Portugal, Slovakia, and Turkey. Strategy such as this is considered in these areas to diminish the probability of a black market for organs. However, reimbursement has become an international issue. According to "Living Organ Donors Face Financial Barriers" by Scott Klarenbach, "The World Medical Association and American Medical Association Council on Ethics and Judicial Affairs make clear the distinction between reimbursement of the expenses incurred through the donation process, which is expressly deemed permissible, and a market where payment for an organ results in financial gain." As mentioned before, reimbursement is allowed in some countries, including Canada, whereas others have adopted these policies. In France for

example, it is required for transplant services to reimburse travels costs for donors, this includes costs for accommodations. In another example the United Kingdom, is permitted, though not obligated, to compensate for lost wages in addition to all travel and lodging costs. Although these provisions are in place, too often social, political, and rigid technical issues restrict the success of these supportive policies. In the United States cost, more than any other issue deserves the most examination. Costs that are obtained through donating an organ cannot be estimated entirely however, most estimates have ranged from \$1045-\$5225 (Skura E461). In contrast, the cost in 2000 of providing dialysis therapy in US was an estimated 9. 4 billion. As mentioned before, each kidney donation could save the health care system \$100, 000 and provide an additional 2 years of life (Klarenback 797).

However, this is not to say that such a program would be accepted without great controversy in the United States. Other programs aimed at increasing donations (deceased) have met great debate in the past. For example, in 1999, the Pennsylvania Department of Health reviewed a proposal of a 3-year pilot program that allowed the state to provide a \$300 “ funeral benefit” to help cover the expenses for organ donors. This program was strongly opposed and critics argued that the contributions were clearly a payment for donating a body part. Additionally critics argued the program was a gateway to the commercialization of organ donation, and stated that such a program would undermine society’s respect for human dignity by turning the dead into commodities to be bought and sold. Despite strong opposition, the program ran and increased organ donation by 20% in the state (The Lancet 2085). While the program did not increase live organ donation, it was clear

that incentive was helpful in increasing the amount of donors for the state. Unfortunately, the program did not go further than the 3 years it was permitted due to strong opposition. Additionally, other programs aimed to entice organ donors whether live or deceased have failed. More recently in 2010, an initiative was started to provide families of organ donors a tax credit for donation. Again, strong opposition followed and the proposal eventually died before it could be brought before law makers (Skura E461). Such opposition could be combated with education. Should the American people be educated about the massive shortage of needed organs for critically ill and chronic patients perhaps there would be less of an uproar. Unfortunately, most people will not realize the true impact of such a circumstance until they or someone near to them suffers from such an ill-fated situation. Although education is critical in attracting new donors, other cultural and ethnic issues should also be addressed. The decision to donate organs can be inhibited by religious beliefs, religious fears, myths, and superstitions. In addition, distrust of the medical community and fears that donors could be declared prematurely dead and racism are among the top issues that prevent potential donors from bestowing this profound gift. These issues should be handled with respect when addressed within these cultures. Medical professionals must educate and discuss organ donor issues in nontraditional settings. Clinics (outside of hospitals), churches, community association buildings and schools should be used to inform and allay fears as we strive to benefit the public. Lastly, health care professionals such as ourselves should educate and strive to alleviate fears for potential live donors and families of the deceased. Continued research is needed to

explore factors that play a major role in the decision to consent or not consent to donate an organ. In conclusion, organ donation is a selfless and noble gift to bestow upon another human being. However, this gift often comes with monetary costs that are often not looked upon as a burden for the living donor. This unfortunate reality can and should be altered by educating the American people to fight for a change in reimbursement legislation. Should a government regulated and funded reimbursement policy be implemented, the problematic organ donation system would be less taxed and would increase in the number of lives saved in the United States. Money should never dictate who lives and who dies. Works Cited " CMA policy: Organ and tissue donation and transplantation (update 2000). " Canadian Medical Association. Journal 163. 2 (2000): 206-208. ProQuest Science Journals, ProQuest. Web. 21 Aug. 2010. Collier, R., "Ontario and Manitoba to reimburse expenses for living organ donors. " Canadian Medical Association. Journal 178. 12 (2008): 1535-1535. ProQuest Science Journals, ProQuest. Web. 19 Aug. 2010. Dennis E Daniels, J Scott Hollenbeck, Rhonadelyn R Cox, and Antonio A Rene. " Financial reimbursement: An incentive to increase the supply of transplantable organs. " Journal of the National Medical Association 92. 9 (2000): 450-454. ProQuest science Journals, ProQuest. Web. 26 Aug. 2010. Scott Klarenback, Amit X Garg, and Sorina Vlaicu. " Living organ donors face financial barriers. " Canadian Medical Association. Journal 174. 6 (2006): 797-798. ProQuest Science Journals, ProQuest. Web. 3 Aug. 2010. Skura, E., " Proposed tax credit for organ donation raises ethical concerns. " Canadian Medical Association. Journal 182. 10 (2010): E461 ProQuest Science Journals, ProQuest. Web. 17

Aug. 2010. " Paying respect to organs. " The Lancet 353. 9170 (1999): 2085-2085. ProQuest Science Journals, ProQuest. Web. 2 Aug. 2010.