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LETTER TO THE EDITOR

Opposition to irresponsible global kidney exchange

To the Editor:

We are writing in opposition to the proposed "global kidney exchange" that would solicit living donors from economically underdeveloped countries such as Mexico, the Philippines, Kenya, India, and Ethiopia.[1] The experience of representatives from countries such as India and Mexico reported at the Vatican Pontifical Academy of Sciences Summit on the topic of organ trafficking in February 2017 was very clear—these locations are sites of organ trafficking.[2–6] The capacity of this project to ensure that targeted donors in underdeveloped countries will be emotionally related, free of coercion, and fully informed of risk is not feasible when the culture is so experienced with organ sales. Vendors will be readily solicited to sell their kidneys despite the "global kidney exchange" disclaimer that "commercial interest should be carefully ruled out in such kind of exchange with careful selection."

In a pending application to the European Commission for funding, the "global kidney exchange" proposes "to match one incompatible pair with another and a scoring rubric developed to find the best possible match, utilizes each nation's unique assets." The notion of a living donor as a marketable "unique asset" in the context of soliciting "willing" individuals to undergo nephrectomy in underdeveloped countries is an unacceptable concept.

To target economically underdeveloped countries to solicit donors when there is no assurance about the ultimate care of the living organ donor (or the absence of coercion) is unethical. What deliverable framework is being provided about the well-being of this exchange donor in an underdeveloped country that may have reliable medical care at 5, 15, and more years after nephrectomy? The risk of kidney failure in the lifetime of a donor is dependent on proper care.[7–9] Successful programs of paired donation in the United States, Korea, or Europe do not exploit economic deprivation to identify matches and, again, have the capacity to care for the living donor in the long term. Targeting economically underdeveloped countries to solicit donors is an unacceptable tactic when there may be no reliable/available long-term care of the donor.

The inadequacy of using a program of "global kidney exchange" in, for example, India becomes evident in a current description of paired donation in India: *"The leading cause of morbidity and mortality after kidney transplantation in India is Infection. Better HLA matched kidney transplantation for the compatible pairs will result in better long term outcome and need of re-transplantation which is common cause of sensitization."*[10] To link kidney exchange in descriptive sequenced sentences to a reduction in infection—as a validation of such an exchange program—should elicit a responsible concern of implementing "global kidney exchange" in an underdeveloped country, especially in India, where organ trafficking is reported regularly in the media.[11–13]

Finally, the "global kidney exchange" program has suggested there will be oversight by organizations such as the World Health Organization (WHO) and The Transplantation Society (TTS). That contention is not correct; both the WHO and TTS oppose the introduction of this "global kidney exchange" program.

DISCLOSURE

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