

Transplant Tourism

Current Status

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Disclosures

- I chair a DSMB for an Astellas Funded Research Study
- The presentation will not contain use of unlicensed or off label products

Objectives

- Review Declaration of Istanbul and its impact
- Review Canadian Initiatives to Date
- Review Commercialism
- Review results of Canadian Survey and Canadian Forum on Incentives
- Review Tourism vs. Travel for Transplantation

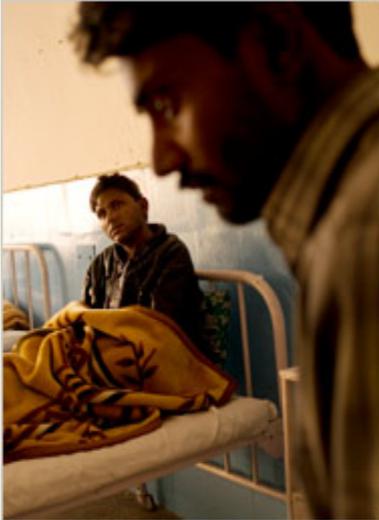
2007 – Estimated that 10% of organs transplanted globally each year were obtained through trafficking and that in some countries nearly all kidneys donated by the local population were for paying foreign recipients

**no authors, Legal and Illegal Organ Donation.
Lancet 369, 1901(2007)**



Kidney Thefts Shock India

By AMELIA GENTLEMAN
January 30, 2008



Tomas Munita for The New York Times



An injured man, above, passed laborers awaiting work at a job market.

Shakeel Ahmed, in the forefront, was abducted from the market with a promise of a job. Fellow laborers, Naseem Mohammed, 25, left, and Muhammad Salem, recovered in a Gurgaon hospital on Monday after having a kidney removed against their will.



Man must choose between selling kidney or child

From Nic Robertson
CNN

TEXT SIZE - +

July 16, 2009 -- Updated 1211 GMT (2011 HKT)

SARGODA, Pakistan (CNN) -- Mohammed Iqbal said he has been told by his landlord to pay up on debts and is left with a choice facing others in this impoverished corner of Pakistan: Sell your children or a kidney.



This man's landlord forced him to pay off money he borrowed for his children's medical bills.

[more photos »](#)

For the 50-year-old Iqbal, there is only one option. Despite a law passed in late 2007 banning transplants for money, he has decided to sell his kidney and has already been for pre-operation tests. The sale will net him between \$1,100 and \$1,600.

"What's incredible here is the law that bans the operation he's going to go through came into place in 2007," said CNN's Nic Robertson. "He's still able to go to a doctor, the doctors given him advice, that's what he has to do under law... He's going to make money out of it 100,000-150,000 rupees, and that is absolutely illegal. Yet, in just a few days, he's expecting to sell his kidney."

Iqbal was not alone in facing this difficult decision. Others in [Pakistan's](#) rural heartland have opted to sell their kidneys.

One of them was Rab Nawas, who was deep in debt about a year ago to his landlord after borrowing money to pay for his wedding and to cover medical bills for his wife and six children. He, too, faced the choice: sell his children, his wife or a kidney.

[See photos of Pakistan's impoverished kidney donors »](#)

"I am helpless. Should I sell my children? Should I go sell my children? So, it's better I sell my kidney. I had to return the money," said Nawas, who now bears a foot-long scar that wraps around from his back to his belly and is too weak to work the same hours he could before. [Watch Nawas show his operation scar »](#)

People bearing the tell-tale scar of an organ removal in the villages around the farm where Nawas works are not hard to find. At one point, there were about 2,000 transplants a year -- with 1,500 of them going to what the government said were so-called "transplant tourists."

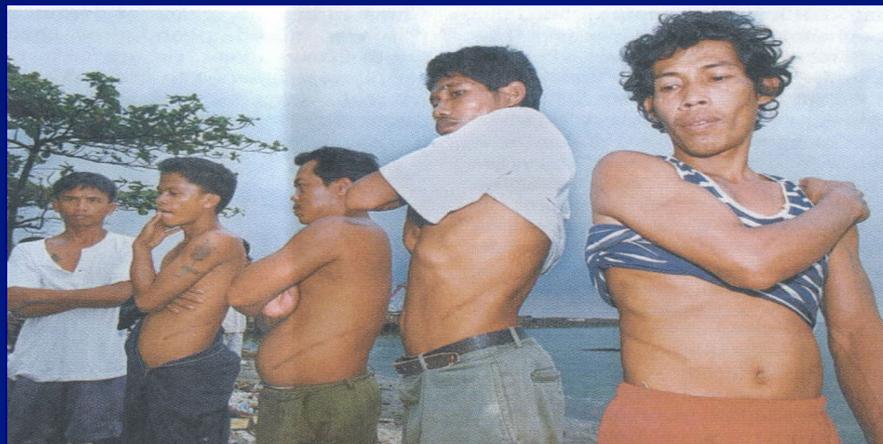
Manila slum life



As part of our Urban Planet series we travelled to the Philippines where about 20 million people live in slums.

by Emma Joseph

http://news.bbc.co.uk/1/shared/spl/hi/picture_gallery/06/world_manila_slum_life/ht



Filipinos lined up with nephrectomy scars



Kidney Vendors at Quezon Province



Health Status and Renal Function Evaluation of Kidney Vendors: A Report from Pakistan

S. A. A. Naqvi^{a,*}, S. A. H. Rizvi^a, M. N. Zafar^b,
E. Ahmed^c, B. Ali^a, K. Mehmood^d, M. J. Awan^e,
B. Mubarak^c and F. Mazhar^f

History of vendors revealed jaundice in 8%, stone disease in 2% and urinary tract symptoms in 4.8%. Postnephrectomy findings between vendors versus donors showed BMI of 21.02 ± 2.8 versus 23.02 ± 4.2 ($p = 0.0001$), hypertension in 17% versus 9.2% ($p = 0.04$), serum creatinine (mg/dL) of 1.17 ± 0.21 versus 1.02 ± 0.27 ($p = 0.0001$), GFR (mL/min) of 70.94 ± 14.2 versus 95.4 ± 20.44 ($p = 0.0001$), urine protein/creatinine of 0.150 ± 0.109 versus 0.10 ± 0.10 ($p = 0.0001$), hepatitis C positivity in 27% versus 1.0% ($p = 0.0001$) and hepatitis B positive 5.7% versus 0.5% ($p = 0.04$), respectively. In conclusion, vendors had compromised renal function suggesting inferior selection and high risk for developing chronic kidney disease in long term.

Table 1: Demographics of vendors and control donors

Parameter	Kidney vendors (n = 104)	Control donors (n = 184)	p-Value
Occupation			
White collar job	0 (0%)	20 (11.0%)	0.0001
Self-employed	12 (11.5%)	36 (19.5%)	0.079
Skilled worker	10 (9.6%)	89 (48.3%)	0.0001
Housewife	10 (9.6%)	20 (11.0%)	0.738
Student	0 (0%)	2 (1.0%)	0.286
Laborer	0 (0%)	9 (4.8%)	0.020
Bonded labor	67 (64%)	0 (0%)	0.0001
Unemployed	5 (4.8%)	8 (4.3%)	0.857
Monthly income \$ US			
< 50	89 (85%)	0 (0%)	0.0001
50–100	10 (10%)	6 (3%)	0.020
100–200	4 (4%)	97 (53%)	0.0001
> 200	1 (1%)	81 (44%)	0.0001

Table 2: Postnephrectomy complaints and complications

Complaint	Kidney vendors (n = 104)	Control donors (n = 184)	p-Value
Physical weakness	71 (68.3%)	4 (2.1%)	0.0001
Fatigue	11 (10.5%)	0 (0%)	0.0001
Fever	35 (33.7%)	4 (2.1%)	0.0001
Pain at site of surgery	61 (58.7%)	20 (11%)	0.0001
Urinary tract symptoms	50 (48.1%)	6 (3.2%)	0.0001
Dyspepsia	14 (13.4)	4 (2.1%)	0.0001
Loss of appetite	10 (9.6%)	0 (0%)	0.0001
Depression	5 (4.8%)	1 (0.5%)	0.010

HOME

ASIA

EUROPE

U.S.

WORLD

WORLD BUSINESS

TECHNOLOGY

\$100,000 buys patient new kidney but not good health



Nagauker's daughter Ricki Shai says his body is rejecting the kidney he got after making a deal with a broker.

Today, Shai calls the broker "the killer."

'Secret Harvest'



A stunning "AC360" investigation. "Secret Harvest," the illegal trade in body parts.

The family's story is one of several that have come to light in recent weeks as part of a worldwide CNN investigation into what appears to be a widespread black market in human organs, a network now being probed by authorities in Israel and the United States.

Nagauker went to China, where his daughter said he was taken to a rural hospital and given the kidney of an 18-year-old Chinese girl. Shai captured images on her cell phone of her father in what she described as a filthy hospital.

The surgery went poorly, and the girl who donated the kidney died shortly after surgery, Shai said.

"They gave her \$5,000, and she died," she said.

The broker has yet to face any sanctions. Until just last year, the entire transaction was not only legal in Israel; some state-sponsored health insurance plans paid for transplants.

TEL AVIV, Israel (CNN) -- In a dank Tel Aviv hospital room, you can see at a glance just how desperate some Israelis are for a new kidney.

In one bed, Ricki Shai's mother lies practically unresponsive. Her diabetes is slowly killing her. It has forced the amputation of both of her legs.

Sitting in a bed beside her is Shai's father, Yechezkel Nagauker, also a diabetic. But he decided, his daughter says, not to wait for a kidney donor.

"My father didn't want to be like my mother," Shai said.

In April, Nagauker cut a deal with a kidney broker, who promised him a new life and a new kidney for \$100,000. It was available only in China, the donor said.

Nagauker's body is rejecting the new kidney.

BROOKLYN, N.Y.

The husband of a **48-year-old woman** hears about the ring from relatives in Israel. She pays a little more than \$60,000 for the kidney.

TEL AVIV, ISRAEL

Ilan Peri, leader of this particular ring, coordinates the kidney exchange, authorities say.



Kidney Trafficking

A Brooklyn woman received a kidney in South Africa from a Brazilian man as part of a global chain of organ traffickers.

RECIFE, BRAZIL

Ivan Bonifacio da Silva, a Brazilian, recruits **Alberty José da Silva** to provide a kidney for \$6,000. He is put in contact with **Gedalya Tauber**, an intermediary from Israel, and sent to South Africa.

DURBAN, SOUTH AFRICA

Shushan Meir, an Israeli-born South African, is believed to be the liaison between Mr. Peri and St. Augustine's Hospital, where the transplant occurs.

Alberta firm dealing in organs

CALGARY -- An Alberta company is helping patients with failing kidneys buy new organs from live Pakistani donors, sparking a fierce debate about the ethics of paying cash for human body parts.

BY THE LEADER-POST (REGINA) MAY 2, 2006 [BE THE FIRST TO POST A COMMENT](#)

CALGARY -- An Alberta company is helping patients with failing kidneys buy new organs from live Pakistani donors, sparking a fierce debate about the ethics of paying cash for human body parts.

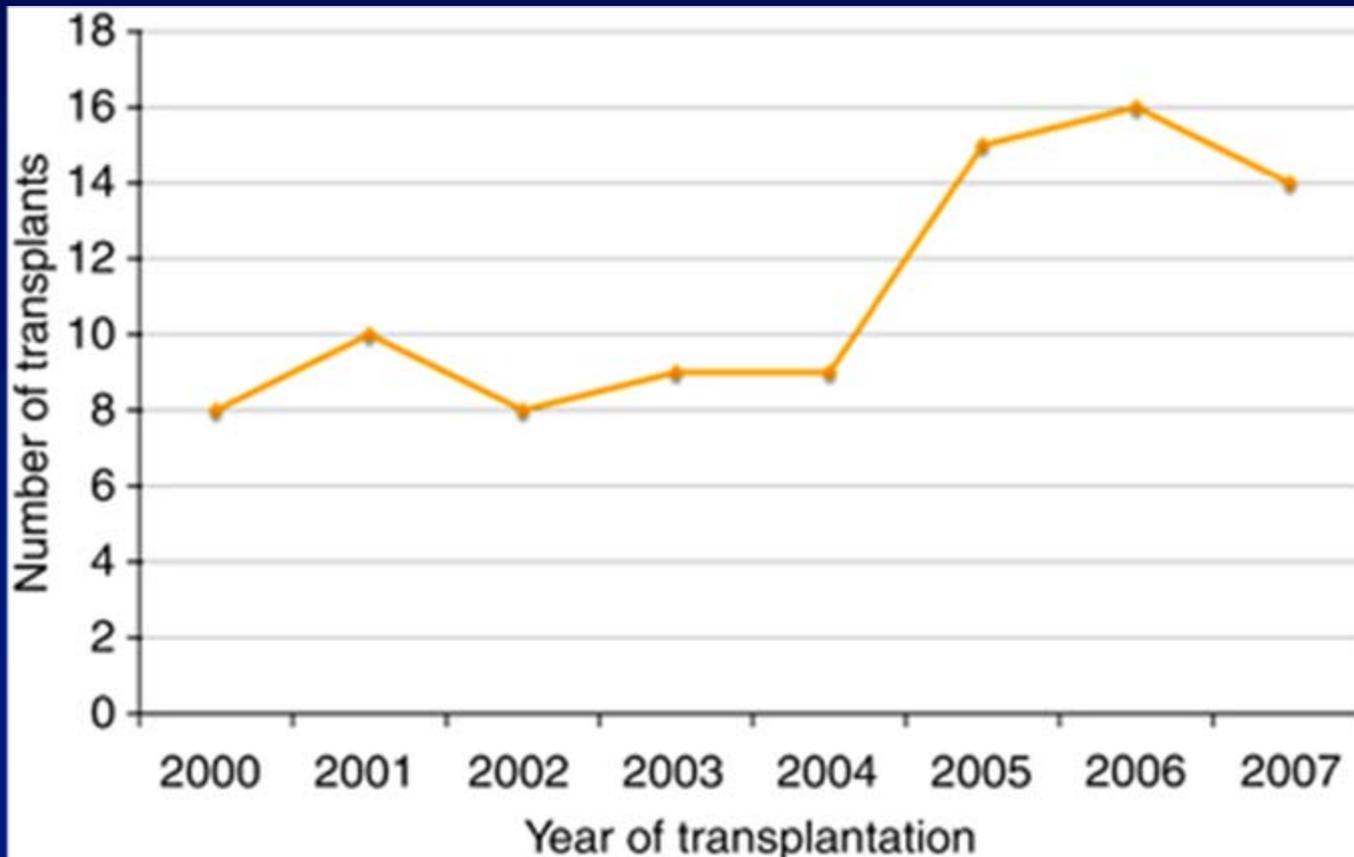
Overseas Medical Services, a Calgary medical brokerage, will arrange a speedy kidney donation and transplant surgery through Lahore-based Aadil Hospital -- for \$32,000 US.

Aruna Thurairajan, a former Sri Lankan medical administrator who owns the company, said Monday that liver, pancreas and lung transplants are also available for purchase from Pakistani donors through the hospital.

Since her company started offering the service earlier this year, however, she has only received requests for kidney donation.

"I have had a steady stream of callers," said Thurairajan, who receives a 10 per cent commission on the patient's hospital bill.

N =93 Tourists in B.C 2000-8



Kidney International (2011) **79**, 1026–1031

From the Eighth Plenary Meeting of the World Health Assembly,

22 May 2004, A57/VR/8. WHA57.18

1. URGES Member States:

- (1) to implement effective national oversight of procurement, processing and transplantation of human cells, tissues and organs, including ensuring accountability for human material for transplantation;
- (2) to cooperate in the formulation of recommendations and guidelines to harmonize global practices in the procurement,
- (3) to consider setting up ethics commissions to ensure the ethics of cell, tissue and organ transplantation;
- (4) to extend the use of living kidney donations when possible, in addition to donations from deceased donors;
- (5) to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs;





The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



To address the growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs, a Summit Meeting was held in Istanbul of more than 150 representatives of scientific and medical bodies from 78 countries around the world, and Including government officials, social scientists, and ethicists.



The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



Established Definitions

Organ trafficking*

The recruitment, transport, transfer, harboring or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation.

Transplant commercialism

A policy or practice in which an organ is treated as a commodity, including by being bought or sold or used for material gain.

Travel for transplantation

The movement of organs, donors, recipients, or transplant professionals across jurisdictional borders for transplantation purposes. Travel for transplantation becomes transplant tourism if it involves organ trafficking and/or transplant commercialism or if the resources (organs, professionals, and transplant centers) devoted to providing transplants to patients from outside a country undermine the country's ability to provide transplant services for its own population.

Declaration of Istanbul Proposals

- Improve availability of end-stage renal disease prevention and care strategies—Implement comprehensive programs for screening, prevention and treatment of organ failure
- Provide clear definitions of trafficking and commercialism
- Differentiate between transplant tourism and travel for transplantation
- Provide principles and strategies for practical and ethically acceptable transplantation practices
- Emphasize national and regional self-sufficiency in meeting demand for organs and tissues for transplantation purposes
- Provide specific guidelines for promoting deceased and living organ donation, with particular emphasis on the former to minimize the burden on living donors
- Emphasize the prime necessity for the provision of care to living donors before, during and after surgery

These proposals are based on the Declaration of Istanbul on Organ Trafficking and Transplant Tourism. The proposals aim to halt transplant-related abuses and should be implemented by health-care professionals and health authorities.

- to have a disclosure statement submitted to Professional Organizations (just as financial and other types of conflict of interest disclosure statements are now regularly required) to assure that speakers at scientific or educational meetings express their position about the Declaration or their compliance to it;
- to have funding agencies and pharmaceutical companies refuse to fund hospital or other organization clinical studies that do not implement the provisions of the Istanbul Declaration;
- to have a disclosure statement submitted to medical journals to attest to the report of clinical trials conducted in compliance with Istanbul Declaration.

Declaration of Istanbul Custodial Group

- Identify, report and prevent tourism and trafficking
- Emissaries in 40 countries
- Report violations (de-identified)
- Educate

+ Protect your health

+ Follow your conscience

+ Do not break the law

The Declaration of Istanbul

In 2008, a group of leading medical experts from around the world met in Istanbul, Turkey to develop strategies to prevent organ trafficking and transplant tourism.

The group well appreciates the desperation felt by many patients in need of a transplant. It put forth a number of principles and proposals designed to promote both deceased and living donor transplantation around the world in a manner that protects the health and welfare of both recipients and donors while ending exploitation. They developed a policy document called The Declaration of Istanbul.

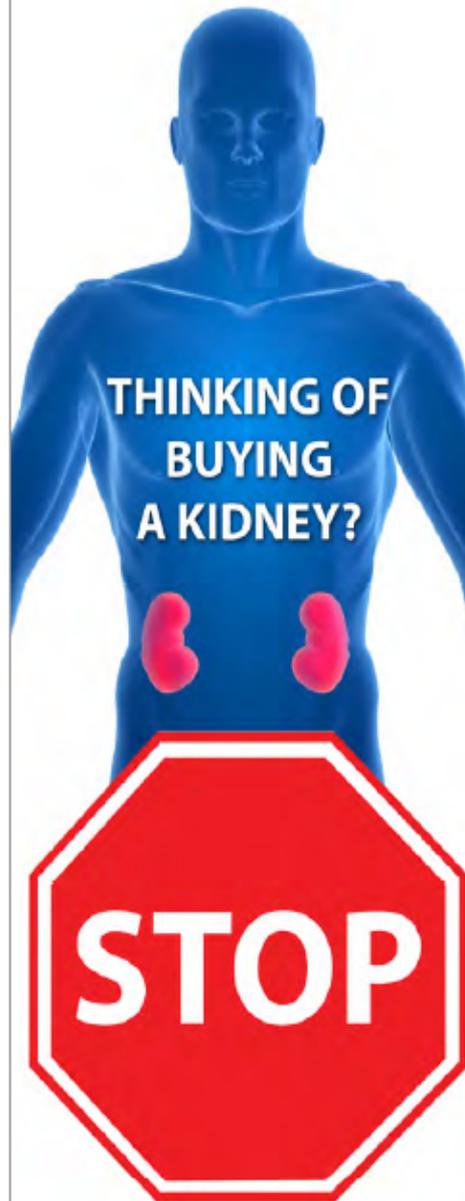
In 2010, the Declaration of Istanbul Custodian Group (DICG) was formed to promote the principles of the Declaration internationally. The DICG is sponsored by two major international professional organizations, The Transplantation Society (TTS) and the International Society of Nephrology (ISN). More than 80 international professional societies and governmental agencies have endorsed the Declaration of Istanbul.



For more information:

DECLARATION OF ISTANBUL
CUSTODIAN GROUP

www.declarationofistanbul.org



WHAT YOU NEED TO KNOW

+ Introduction

For many patients with end-stage kidney disease transplantation is the treatment of choice. Transplantation is a sophisticated procedure requiring an experienced team of surgeons and nephrologists in an advanced hospital environment. Kidneys transplants may come from a deceased donor or a living donor.

The availability of a deceased donor kidney and its allocation to you will depend on practices that are specific to your country of residence and are not discussed further here.

A living kidney donor is typically a close blood relative. In some countries a legal or emotional relationship (such as a spouse, partner, or friend) may be acceptable for donation. In each of these cases the act of donation is done willingly as an expression of love, trust, and mutual concern. The donor and recipient each care that the other has a safe and successful outcome. Transplants like this are performed openly and legally, and the outcome is typically excellent for both the recipient and the donor from a medical, psychological, and social point of view.

There is however, another source of living donor kidneys. Some people, in dire financial distress, may be willing to sell one of their kidneys. The buying and selling of kidneys is called "transplant commercialism", and it is illegal in almost all countries of the world. Kidneys taken from executed prisoners are also sometimes sold.

This brochure discusses some of the implications for you in buying a kidney and is meant to discourage you from taking this step even out of desperation.

+ What exactly is transplant commercialism and tourism?

In transplant commercialism, there is an exchange of money or some other form of significant material benefit between the recipient and the donor, either directly or, more frequently, through a middleman or broker who collects a fee for "services." The donor (really a "kidney seller") also receives money, usually much less than what the broker collects. As a result the amount of money spent by the recipient is more than would be paid for a legal transplant. Most medical insurance does not cover commercial transplantation.

Leaving your country of residence to undergo transplantation is commonly called "transplant tourism." Most transplant professionals disapprove of the practice and are also concerned that the level of care you receive will be inferior to that you will receive in your own country.

+ Why is transplant commercialism illegal?

- + Many countries have laws that specifically ban transplant commercialism.
- + Most likely it is illegal in the country where you live.
- + Transplant commercialism results in more harm than good.
- + It exposes donors and recipients to unnecessary dangers and undermines the healthy development of organ donation in both the home country of the recipient and the country they travel to purchase a kidney.

Critical pathways for organ donation*

POSSIBLE DECEASED ORGAN DONOR

A patient with a devastating brain injury or lesion OR a patient with circulatory failure
AND apparently medically suitable for organ donation

Donation after Circulatory Death (DCD)

POTENTIAL DCD DONOR

A. A person whose circulatory and respiratory functions have ceased and resuscitative measures are not to be attempted or continued.

or

B. A person in whom the cessation of circulatory and respiratory functions is anticipated to occur within a time frame that will enable organ recovery.

ELIGIBLE DCD DONOR

A **medically suitable** person who has been **declared dead** based on the irreversible absence of circulatory and respiratory functions as stipulated by the law of the relevant jurisdiction, within a time frame that enables organ recovery.

ACTUAL DCD DONOR

A consented eligible donor:

A. In whom an **operative incision** was made with the intent of organ recovery for the purpose of transplantation.

and/or

B. From whom at least **one organ was recovered** for the purpose of transplantation.

UTILIZED DCD DONOR

An actual donor from whom **at least one organ was transplanted**.

Treating physician
to identify/refer a potential donor

Reasons why a potential donor does not become a utilized donor

System

- Failure to identify/refer a potential or eligible donor
- Brain death diagnosis could not be confirmed (e.g. does not fulfill criteria) or completed (e.g. lack of technical resources or clinician to make diagnosis or perform confirmatory tests)
- Circulatory death not declared within the appropriate time frame.
- Logistical problems (e.g. no recovery team)
- Lack of appropriate recipient (e.g. child, blood type, serology positive)

Donor/Organ

- Medical unsuitability (e.g. serology positive, neoplasia)
- Haemodynamic instability / unanticipated cardiac arrest
- Anatomical, histological and/or functional abnormalities of organs
- Organs damaged during recovery
- Inadequate perfusion of organs or thrombosis

Permission

- Expressed intent of deceased not to be donor
- Relative's refusal of permission for organ donation
- Refusal by coroner or other judicial officer to allow donation for forensic reasons

Donation after BrainDeath (DBD)

POTENTIAL DBD DONOR

A person whose clinical condition is suspected to fulfill brain death criteria.

ELIGIBLE DBD DONOR

A **medically suitable** person who has been **declared dead** based on neurologic criteria as stipulated by the law of the relevant jurisdiction.

ACTUAL DBD DONOR

A consented eligible donor:

A. In whom an **operative incision** was made with the intent of organ recovery for the purpose of transplantation.

and/or

B. From whom at least **one organ was recovered** for the purpose of transplantation.

UTILIZED DBD DONOR

An actual donor from whom **at least one organ was transplanted**.

*The "dead donor rule" must be respected. That is, patients may only become donors after death, and the recovery of organs must not cause a donor's death.

Impact of Declaration of Istanbul

- Legislation and impact in
 - Philippines, Pakistan, India, Egypt, Columbia, Israel, Singapore, Qatar
- China remains a problem
 - Use of executed prisoners continues
 - Legislation to outlaw organ vending to non-Chinese has been passed- but NOT deterred this practice

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- Review Commercialism
- Review results of Canadian Survey and Canadian Forum on Incentives
- Review Tourism vs. Travel for Transplantation

Policy Statement of Canadian Society of Transplantation and Canadian Society of Nephrology on Organ Trafficking and Transplant Tourism

*John S. Gill,^{1,10} Aviva Goldberg,² G. V. Ramesh Prasad,³ Marie-Chantal Fortin,⁴ Tom-Blydt Hansen,²
Adeera Levin,¹ Jagbir Gill,¹ Marcello Tonelli,⁵ Lee Anne Tibbles,⁶ Greg Knoll,⁷ Edward H. Cole,⁸
and Timothy Caulfield⁹*

www.csnsch.ca

[www.cst-transplant .ca](http://www.cst-transplant.ca)

What should we tell patients?

- Medical risks
 - Care may be compromised ...even upon return to Canada
 - Poor/unreliable documentation and early transfer
- Unethical treatment of organ vendors
- Doctor's should share any personal objections
- Provinces and Territories may not cover expenses incurred outside of Canada related to the illegal transplantation of organs

2. We should not enable tourism

- Doctors have a fiduciary responsibility to
 - Only perform tests which are necessary for clinical care
 - Only prescribe medications that are necessary for current clinical management
- Withhold medical records if there is a compelling reason to believe that the information may
 - Harm the patient or another person

We can arrange for another chronic care provider

- Must provide emergent care
- We can arrange for alternate long-term care provider
 - Ideally explained before transplantation – so there is no expectation of care
 - Must be reasonable
 - Cannot discriminate against an individual patient

B.C. is a no Fly Zone for Transplant Tourism



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The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



- Organ trafficking and transplant tourism violate respect for human dignity and the principles of equity and justice and should be prohibited.
- **Because transplant commercialism targets impoverished and otherwise vulnerable donors *, it inexorably leads to inequity and injustice and should be prohibited.**

(*such as minors, illiterate and impoverished persons, undocumented immigrants, prisoners, and political or economic refugees)

- This prohibition should include a ban on all types of advertising (including electronic and print media), soliciting, or brokering for the purpose of transplant commercialism, organ trafficking, or transplant tourism.

Commercialization

- Might be acceptable if it did NOT exploit vulnerable persons
- ? Regulated system of Organ Sales

Guidelines for Development of a Regulated System of Incentives for Deceased and Living Donation

Matas et al Am J Transplant, 12:306-12, 2012

- 1) Each country implementing a system of incentives should have a legal and regulatory framework for the process.
- 2) The entire process must be transparent and subject to (government and international) oversight.
- 3) The incentive should be provided by the state or state-recognized 3rd party.

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Attitudes Toward Strategies to Increase Organ Donation: Views of the General Public and Health Professionals

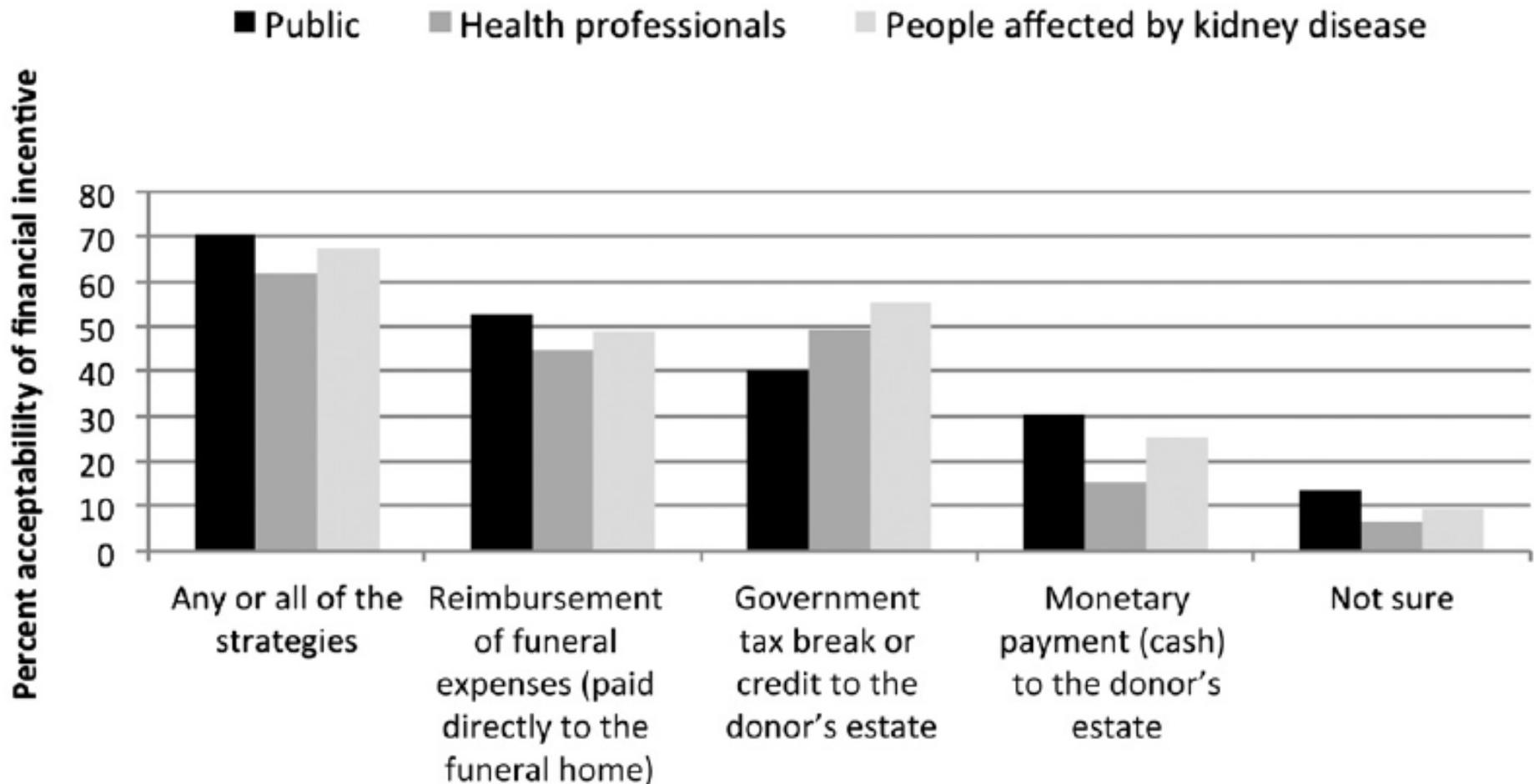
Lianne Barnieh,^{} Scott Klarenbach,^{†‡} John S. Gill,[§] Tim Caulfield,^{||} and Braden Manns^{**†‡**}*

www.cjasn.org Vol 7 December, 2012

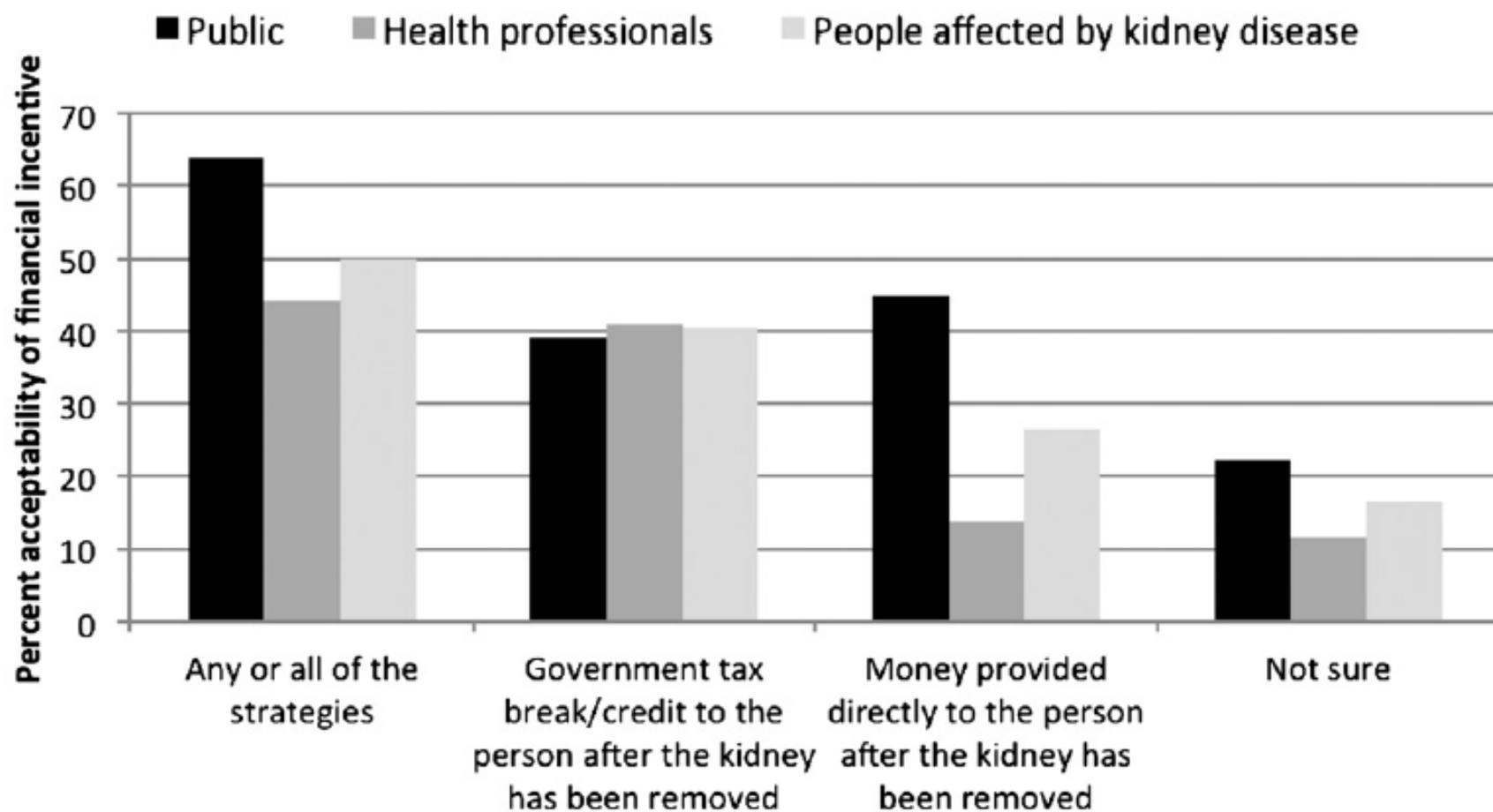
What we did

- Surveyed, through IPSOS, 2,004 Canadians
 - Representative of the general population
- Surveyed four health professional groups
 - Canadian Society of Transplantation
 - Canadian Society of Nephrology
 - Canadian Association of Nurses in Nephrology and Transplantation
 - Critical Care Society
- And people with or affected by kidney disease, through the Kidney Foundation of Canada

Incentives for Deceased Donors



Incentives for Living Donors



Canadian Special Forum Incentives

- There was support for incentives among forum participants especially for deceased donation.....BUT
- Canadian legislation precludes payment for organs
- Payments recognizing a gift might be allowed, but probably would be of insufficient value to increase donation

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The Declaration of Istanbul on Organ Trafficking and Transplant Tourism



- **Travel for transplantation** was defined as the movement of organs, donors, recipients or transplant professionals across jurisdictional borders for transplantation.
- Travel for transplantation becomes **transplant tourism** if:
- it involves organ trafficking and/or transplant commercialism
or
- the resources (organs, professionals and transplant centers) devoted to providing transplants to patients from outside the country interfere with the country's ability to provide transplant services for its own population.

Potential Living Donors in Foreign Countries wanting to come to Canada to donate

- Potential donor arrives in Canada
- Usually medically fit to donate
- But uncertainty regarding motives, follow-up
- Limited or no understanding
- Decision making complicated by fact that family has already made an investment

Preliminary Proposed Principals

- We should NOT accept donors who would NOT be accepted as donors in their country of residence
- Donation should NOT be used as a method to gain immigration to Canada
- We should not accept donors without reliable lifelong access to medical care
 - Uninsured or unable to pay for medical care in their home country

Proposed Protocol

- Preliminary evaluation in country of residence – creation of an international network of transplant professionals
- Complete evaluation in Canada with understanding that donation is not guaranteed

Final Thought

- “The legacy of transplantation will not be the impoverished victims of organ trafficking and transplant tourism, but rather the celebration of the gift of health from one individual to another”