



ADVANCED GCE
CRITICAL THINKING
Unit 3: Resolution of Dilemmas

F493/RB

RESOURCE BOOKLET

Wednesday 27 January 2010
Afternoon

Duration: 1 hour 15 minutes



INSTRUCTIONS TO CANDIDATES

- Use Documents 1, 2, 3 and 4 to answer the questions.

INFORMATION FOR CANDIDATES

- This document consists of **8** pages. Any blank pages are indicated.

Background information

“Transplant tourism” is a name given to the practice of wealthy patients travelling to poor countries in order to buy organs and receive transplant surgery.

It is possible for people to donate some organs (especially a kidney) while they are alive: this is called “live donation”. Other organs, such as a heart, can be donated only after the donor has died: this is known as “after-death donation”.

In the UK, it is illegal to pay organ donors.

Where payment is permitted (or made illegally), it may

- compensate live donors for the loss of an organ
- or be made in exchange for advance consent to after-death donation
- or be made to relatives following after-death donation.

At the time when these documents were published, Gordon Brown was Prime Minister of the United Kingdom.

Document 1**Surgeon: organ trade should be legalised**

One of Britain's leading transplant surgeons calls today for the illegal international market in donor organs to be legalised and brought under the control of governments.

Professor Maqsood Noorani, who has witnessed the harm done by transplant tourism, said there was a worldwide shortage of organs which was being exploited by unscrupulous operators, who were putting donors and recipients at risk. Living donors in poor countries such as Pakistan, where he has worked, needed compensation for their organs and it should be the responsibility of the Government to provide it rather than leaving it to the market, Professor Noorani said.

Professor Noorani, a former transplant surgeon at the Barts and London NHS Trust, says his first-hand experience of trying to save the lives of British patients who suffered complications after travelling to Pakistan and buying a kidney from a live donor had convinced him of the need for government action.

"In the past few years, transplant tourism has become a lucrative business in Lahore, Rawalpindi and Islamabad. Private hospitals shamelessly advertise their services in newspapers and on the internet. Taxi drivers and touts know the addresses of all the transplant hospitals and brokers busily scavenge for desperate, poor people to meet the constantly increasing demand for kidneys by foreigners," he says.

Banning the trade is not an option, he adds, and switching to a system of donation after death might encourage a black market with donors being killed for their organs.

Professor Noorani said: "Everyone benefits from transplant surgery except the donor. The donor is never appreciated. Live donors are heroes – they deserve a medal. One cannot pay compensation to donors in the UK – that would tarnish the whole process. But in Pakistan there is exploitation because people are poor. Money is the driving force behind transplant tourism and the Government should come forward to control it."

Source: The Independent 13/6/2008
<http://www.independent.co.uk/life-style/health-and-wellbeing/health-news/surgeon-organ-trade-should-be-legalised-846234.html>

Document 2

Warning over UK's 'organ tourists'

Britons travelling abroad for organ transplants may be receiving organs from donors who have not given their consent, Adrian McNeil, Chief Executive of the Human Tissue Authority (HTA)* has warned. The call comes as a group of experts say organ trafficking and transplant tourism have become "global problems".

"In the UK, there are people who have been waiting a long time for a transplant and people die waiting for an organ," Adrian McNeil said. "Because of this, some people consider going abroad to pay for a transplant operation.

"It is not illegal for a person in the UK to seek medical treatment abroad, but patients seeking this route might find it difficult to assure themselves both of the quality and safety of the transplant and whether the donor has given fully informed consent," he continued.

"The international transplant community is wholeheartedly opposed to the poorest people in the world being exploited to fulfil the need for organs for transplantation," Mr McNeil said. "The need for organs way outstrips the supply, and while we should maintain our efforts to increase the supply of organs from ethical sources, it is unlikely that there will be a balance of supply and demand in the near future. When demand outstrips supply there is always a temptation to use unethical practices to source organs."

Dr Francis Delmonico, professor of surgery at Harvard medical school, said the internet and the willingness of rich patients to travel to other countries to purchase organs had made the issue a "global problem". "The poor who sell their organs are being exploited, whether by richer people within their own countries or by transplant tourists from abroad," Dr Delmonico added.

Source: [www.inthenews.co.uk 15/8/2008](http://www.inthenews.co.uk/news/health/international-affairs/transplant-tourism-global-problem-$1236321.htm)
[http://www.inthenews.co.uk/news/health/international-affairs/transplant-tourism-global-problem-\\$1236321.htm](http://www.inthenews.co.uk/news/health/international-affairs/transplant-tourism-global-problem-$1236321.htm)

* The Human Tissue Authority is a Government agency which regulates the removal, storage, use and disposal of human bodies, organs and tissue for a number of scheduled purposes – such as research, transplantation and education and training – set out in the Human Tissue Act 2004.

Document 3**Gordon Brown seeks to make everyone an organ donor – with opt-out**

A radical change in the system of organ donation will move forward this week after receiving support from the Government's health advisers and Gordon Brown. Under this change, everyone would be considered a donor unless they explicitly opted out.

At present about a third of families refuse to give consent for the use of organs, even in cases where the dead person was carrying a donor card.

A task force will make recommendations on the system of "presumed consent" under which people would specifically have to opt out if they did not want their organs to be used after death.

Mr Brown voiced his sympathy for the plan and is urging a national debate on the change, although he believes that the families of dead relatives should have the right to block the use of organs. The likely change is being proposed because people are dying every day while on the waiting list for a transplant, and demand is growing.

However, several patient groups are against a system of presumed consent, arguing that it is not up to the State to decide what becomes of people's bodies when they die.

Joyce Robins, of Patient Concern, said that presumed consent turned volunteers into conscripts and that the proposals did not tackle the problem of donor shortages. "Presumed consent is no consent at all. We've worked for years to get a system of proper, informed consent in the health service in this country and Gordon Brown is willing to throw it all out of the window," she said.

Katherine Murphy, of the Patients Association, said: "We don't think a private decision, which is a matter of individual conscience, should be taken by the State. If people want to give the gift of life, that is their right, but it must be something that is a voluntary matter."

The number of people waiting for organ transplants rises by about 8% a year. The proposed system is similar to that in Spain where three times more organs are available than in Britain.

Source: The Times 14/1/2008
<http://www.timesonline.co.uk/tol/news/politics/article3182388.ece>

Document 4

Gordon Brown should pay donors for organs

How do we increase the supply of organs for transplant so that we can accomplish the worthy goal of reducing the death rate and relieving the suffering of those in need of transplants?

Instead of attempting to snatch organs from those who did not have the wit or the foresight to opt out, why not organise a market for organs?

There is no question that paying living donors for a kidney has increased the world supply of kidneys, although Britain's prohibition of such an arrangement confines that new supply to those wealthy enough to travel abroad to connect with willing donors. And it drives some of the trade underground, unnecessarily increasing the risk to both parties to the transaction.

Yes, there are a number of people whose desire to do good will impel them to sign up as donors, for which we should be thankful. But there are not enough, leaving an estimated 5,000 people waiting in pain, and in many cases dying, for lack of a donor.

Imagine, now, that one of two systems was put in place. System one: private parties can negotiate to buy organs. That is simple in the case of live donors of kidneys. For other organs, there would be a registry of potential buyers. Anyone who wishes to become a donor on death, so that he can leave his family an inheritance, can register, and at the time of his death become a paid-for donor, with the proceeds passing to his estate, tax-free if the Government wants to give the programme a bit of a boost.

That, of course, will immediately anger those who don't like the way markets distribute goods and services. In this delicate policy area, the objection that only the rich will get organs is worthy of careful consideration. But keep in mind that those fortunate enough to buy organs from those who make them available only in return for payment will relieve the pressure on the supply of freely donated organs.

Still, it is possible to meet this objection by system two: have the Government buy the organs, and distribute them according to any criteria that it deems fair – although be warned: politicisation of this process might just create as much unfairness as would a market-based system.

Source: Daily Telegraph 23/1/2008 "Opinion"
<http://www.telegraph.co.uk/opinion/main.jhtml?xml=/opinion/2008/01/23/do2302.xml>

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