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## Letter from Chennai

### NONE SO BLIND AS THOSE WHO WILL NOT SEE

The southern states, particularly Tamil Nadu and Karnataka, lead the country in renal replacement therapy. One would expect a Chennai nephrologist to be proud of this fact, but it is actually a matter of shame. The Transplantation of Human Organs Act, 1994, expressly forbids the sale of human organs, but permits transplantation from unrelated donors 'by reason of affection or attachment towards the recipient or for any of the other special reasons'.<sup>1</sup> An Authorization Committee is appointed by the government to oversee transplants, and to ascertain that all transplants are carried out within the framework of the Act. In Karnataka, 1012 patients were officially cleared to receive kidneys from unrelated live donors between January 1996 and March 2002. It should be obvious to any sensible person that it is highly improbable that so many people should be imbued with this selfless spirit strong enough to inspire them to undergo major surgery and sacrifice a vital organ for no material benefit. *Frontline*, a Chennai-based news magazine, published an expose entitled 'Karnataka's unabating kidney trade', from which I quote: 'The data in hand strongly suggest that far from being a demonstration of altruism, virtually every one of these cases of donation of a kidney on grounds of emotional "affection or attachment" or "compassion" is an exploitative and illegal financial transaction between a poor donor and a relatively well-to-do patient.... That the kidney trade is exploitative of the poor and the needy is highlighted by the large number of cases where donors are shown, in the second set of official records, to be employees or unrelated dependants of the recipients. Evidently, the Committee had programmed itself to believe the fiction that the donations even in these 65 cases [scrutinized by *Frontline*], were not exploitative and did not involve any commercial consideration.'<sup>2</sup> One unfortunate donor who did not receive the amount of money he was promised pestered the agent to pay him. He was stabbed to death.

The Authorization Committee in Chennai consists of the Director of Medical Services, the Director of Medical Education, and a senior professor of the Madras Medical College. Its collective zeal to uphold the law is no greater than its Karnataka counterpart. There has been no reduction in the number of unrelated donor renal transplants done in Chennai since the Act was introduced. On 13 August 2002, the city newspapers carried the report of arrest of a person who arranged unrelated donors for a hospital in the city. He is said to have collected Rs 100 000 from each patient for a kidney. He then arranged for a donor, who was usually a woman from slums near the hospital, and paid her Rs 25 000. One should laud this entrepreneur, who contrives to do so well in his trade despite the general recession in the Indian industry.

The *New Indian Express* of 17 August 2002 carried quotations from a few doctors which clearly showed that the medical profession is ignorant of the law, or frankly ignores it. Dr T. N. Ravishankar, secretary of the Indian Medical Association (IMA) (Nursing Home Board) says, 'There are times when our patients have been kept waiting for more than three months with a diseased organ, just to get a nod from the state Authorization Committee. We have lost many patients and no doctor will be willing to do this.' Dr M. Balasubramaniam, former IMA president, is quoted as saying, 'We are pressed for time. Why should ailing patients be kept on wait. We are not against the committee, but we are against the delay.' And in self defence, Dr C. Ravindranath, Director of Medical Education, says, 'Granting permission is not that easy, especially when we know that they are not related. Most of the time, the relatives of the patients and the doctors concerned do not inform the donors about the complications involved in the organ donation. We make it a point to counsel the donors and this takes time.'

Dr Ravindranath seems to have no inkling of the Transplantation of Human Organs Act, 1994, which he and his committee are

supposed to uphold, and of the role of the Authorization Committee. The Act does not give him the responsibility of counselling the donor. He is supposed to verify that the donation is in fact made out of love, and that no money changes hands. How much intelligence does it take to realize that the only reason a slum dweller from Chennai will give a kidney to any one he or she does not know is money? The Authorization Committee is supposed to prevent that donation, not facilitate it.

As for the IMA, it seems to have forgotten that the duty of a doctor cannot be only to the patient with renal failure. Is not the renal donor from the slum a patient of the doctor too, and have we no responsibility to her? (Most of these donors are women, so the feminine pronoun is more apt.) Is it right that the members of the IMA should be party to the exploitation of these poor women? Is Rs 25 000 a fair purchase price for a vital organ, which will give life to the recipient for some years, when the patient will pay somewhere between Rs 50 000 and Rs 100 000 a year for immunosuppression to prevent the rejection of that same kidney. The real winners are the middle men who make a good living on this trade, and the doctors who collect large fees for their services.

It has been argued by the protagonists of the unrelated live donor transplant programme that this is a deal which benefits all concerned. The patient and the donor are both willing for the deal. The middle man and the doctor are not mentioned in the argument, but they are obviously willing too. How can any one not a party to the transaction possibly have an objection to it when it is so universally beneficial? I wish to quote a few findings from a survey done on the donors from a suburb of Chennai. An enterprising medical research worker traced and interviewed 305 people who had sold their kidneys 6 years before the survey; 96% did so to repay their debts and 74% were still in debt 6 years after surgery. More tellingly, 79% regretted having sold their organ, and 87% felt their health had deteriorated after the donation. Family income actually fell by one-third.<sup>3</sup>

Transplantation from unrelated live donors will inevitably be for money, and with the donors always desperately poor, they will be exploited, and will never receive a fair deal. It is one thing for a healthy, middle class, sedentary worker to donate a kidney, and quite another for a malnourished, poverty-stricken manual labourer. I ask the doctors who run these unrelated programmes, the members of the IMA who want to get the kidneys without delay, and even the patients who receive the purchased organs: Are these donors lesser human beings? Would you allow your near and dear ones to sell their kidneys for twenty or thirty thousand rupees? Would you regard this as a fair deal if it was your kidney which was being taken? The answer does not lie in expediting matters and relieving poor women of their organs as quickly as possible. The real answer is in cadaver organ donation, and the medical profession of India and, especially the IMA, should lead by setting an example. Every doctor in the country should pledge his or her organs for donation after death, and should donate the organs of every one of his or her relatives after their death. The argument that most hospitals do not have intensive care facilities to maintain donors in a brain dead condition is not valid as far as renal transplantation is concerned. The concept of brain death was accepted by the world in 1971, but cadaver renal transplantation was done on a large scale in many countries long before that. Between 1968 and 1970, I worked in a programme in Australia which did cadaver transplants from non-heart beating donors,

with very good results. We have reproduced these results with such donors in the Apollo Hospitals in Chennai.<sup>4</sup> In any case, many patients die in well-equipped intensive care units, and a word of encouragement from their doctors will stimulate the families to donate all their organs and save many lives.

How low we have fallen in public esteem. The day before I wrote these words, a 35-year-old woman came to me. She had undergone a hysterectomy 2 years ago. She had stomach pain a few weeks ago, and an ultrasound of the abdomen at that time had shown her to have only one kidney. The doctors had told her she probably had a congenital solitary kidney, but she was not sure. She was convinced the kidney had been removed surreptitiously for sale when she underwent hysterectomy, and she wanted me to verify that. Would any patient have suspected the bona fides of her doctor twenty years ago?

#### A CEILING ON HOT AIR

One of the best meetings I ever attended was the Second International Conference on Glomerulonephritis organized by Dr Priscilla Kincaid-Smith in Melbourne in 1978. The inaugural session lasted all of two minutes. Dr Kincaid-Smith rose and addressed us with words to this effect: 'I welcome you all to this meeting. We have collected some of the best workers in this field, and I hope we will all learn much from listening to them. I have a few housekeeping announcements. In the evening a bus will pick you up in front of the hall to take you to the entertainment centre. Please wear your badge at all times to ensure entry into all the conference areas. I now hand you over to the chairman of the first session.'

That was effective, and conveyed all the relevant information in a moment. The inaugural sessions of most medical meetings in India are quite the opposite. Speakers drone on and on, often with no relevance to the conference or its participants, while everyone in the audience is waiting for it all to end. One such meeting was recently organized at the Stanley Medical College in Chennai to commission the de-addiction centre of the hospital. The major dignitaries were the State Law Minister Mr Jayakumar and the Health Minister Mr Semmalai. The meeting started 45 minutes late because the ministers came late—but that is a politician's prerogative. Unfortunately, a large number of doctors were scheduled to speak, and they went on and on, so that the meeting lasted 3 hours. The ministers took strong exception to the time spent by all concerned away from their official duties. The Health Minister was reported by the Express News Service to have said, 'No government function should exceed an hour. Patients cannot be kept waiting endlessly.' The Director of Medical Education obediently issued a circular to the heads of all government medical institutions with orders that inaugural functions at government hospitals should not exceed one hour.

I have a better idea. There is no need for inaugural functions at all. Just start working, and in a very short time everyone will know that the work is being done.

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