

## China and the organ trade

### Do we know what is really going on?

In 2011, China transplanted more organs than any other country except the United States. The source of those donated organs is a worldwide concern. A few hundred of the 10 000–12 000 organs came from intensive care units as donations after cardiac death; brain death is not legally recognised in China. An unknown number were sourced from living donors. The use of executed prisoners' organs has been acknowledged by government officials, but despite efforts to change this, executed prisoners still comprise most organ donors.<sup>1</sup> The Falun Gong movement and its supporters claim that they are targeted as organ donors through execution.<sup>2</sup>

Despite at least 100 000 Chinese citizens needing transplants each year, internet advertisements for foreigners to purchase organ transplants continue, although banned by Chinese law in 2007.<sup>3</sup> Sales of organs have continued, albeit at a reduced volume, reportedly with up to \$1 million paid for "priority for liver transplant allocation".

What is the reality and what should transplant and medical professionals and the Australian community do? Global emotional revulsion against the organ trade in China is the sentinel message for China's transplant surgeons and government. The sale of prisoners' organs to wealthy individuals by brokers, surgeons and hospitals appeared to expand the market for executing prisoners for cash. Criminals entered the market directly through murder and sale of organs, according to Chinese newspapers. "I cannot come in for dialysis tomorrow, I have to fly tonight because they are shooting my donor tomorrow", a physician in Australia was allegedly told by an Australian citizen of Chinese origin.

In 2006, The Transplantation Society (TTS) made an unequivocal statement for its members worldwide: involvement in transplanting executed prisoners' organs is incompatible with membership or academic recognition.<sup>4</sup> This was powerfully augmented by the World Health Assembly (WHA) endorsing the World Health Organization guiding principles in 2010<sup>5</sup> and the Declaration of Istanbul (DOI) in 2008.<sup>6</sup> Political action to harness the revulsion against the practice, and general criticism of the Chinese government, has added visibility but not clarity, and confuses humanitarian with political perspectives. TTS is steadfast in its inherent opposition to using executed prisoners' organs; free and informed consent is impossible in the circumstances of "death row" in China. The WHA resolution and DOI oppose commodification of the human body on both a humanitarian and ethical basis. Many governments including the Australian Government have vetoed turning the human body into cash.

In 2006, the Chinese government visibly stemmed the execution rate before the 2008 Beijing Olympics and so



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curtailed criticism. Hospitals undertaking transplantation had to be licensed, making the program more manageable. Finally, instituting donation after cardiac death in 10–12 hospitals yielded substantial growth in transplants from this source in 2012. However, brain death remained legally unrecognised. The Supreme People's Court in Beijing stopped delegating authority to perform executions to provincial governors, creating a bottleneck in approvals and a slump in executions and transplantation activity.

Growth in organ transplantation numbers in China is now from living donors and donors after death in intensive care units. Some larger transplant units have seen the writing on the wall, and in early November 2013, 36 transplant programs signed onto the Hangzhou Resolution, to stop use of executed prisoners' organs.

Professionals around the world can respond to the apparent failure to curtail illegal practices: 1) stand clearly, publicly and unwaveringly against using executed prisoners' organs, irrespective of race, sex, creed or crime, for transplantation, whether in China, Taiwan or Singapore, which have all used organs from executed prisoners within the past 10 years; 2) make those opinions known to the transplant medical community in the countries engaged in this practice; 3) support and implement the DOI, as have some journals and many transplant societies including the Transplantation Society of Australia and New Zealand, and the Australian Health Ethics Committee; 4) lobby governments to support the WHA resolution and argue against these activities; 5) assist China to develop alternative sources of organs to meet local demand for transplantation.

In my view, China cannot enter the global community of civil societies while current practice continues in its prisons and hospitals. It is important to encourage and assist those in China developing ethical transplantation programs, and support voices for change. It is vital to maintain clear, public and unwavering opposition to corrupt, illegal and inhuman use of executed individuals by commercialising their body parts. This is not politics or medicine — this is civil society which is at stake.

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- 5 World Health Organization. WHO guiding principles on human cell, tissue and organ transplantation. *Transplantation* 2010; 90: 229–233.
- 6 Participants in the International Summit on Transplant Tourism and Organ Trafficking Convened by the Transplantation Society and International Society of Nephrology in Istanbul, Turkey, April 30–May 2, 2008. The Declaration of Istanbul on organ trafficking and transplant tourism. *Transplantation* 2008; 86: 1013–1018. □