

**Tourism and trafficking of organs for transplantation:
conceptual aspects and implications for practice**

Currently, health professionals who work with organ donation and transplantation must confront and discuss important problems highlighted by scientific articles and the world media: tourism and organ trafficking in the world.

According to the classification in literature, the payment for organ donation can present itself in two forms: direct incentive (monetary) and indirect, characterized by other modes of compensation and defined as morally neutral.

In practice, direct incentive is not used by health professionals, because they do not feel comfortable offering money to the donor's family, as they believe that this practice would undermine the altruistic act, thus discouraging donation, because it represents a type of bribe ⁽¹⁾.

The indirect incentives, such as the cost for funeral expenses or other ways of compensating the family for this act, may interfere with the decision that, *a priori*, should be based solely on social virtue. One typical situation illustrating the implications of indirect incentive can be seen when family members manifest a desire to know if the receivers are good and if they can meet them, expressing a compensation for the loss of their loved one in the continuity of life in another ⁽²⁾.

Health care professionals who oppose this argument, considering it to be unethical, allege that they do not want to be in the position of offering incentives to families, because it would undermine the relationship of trust. For these, the direct incentive appears a societal reward for the act of donation ⁽¹⁾.

In the construction of a relationship of trust and the implications contained in the benefits of diverse natures, questions relating to the adherence process of the population have been discussed in the major conferences about those who are poorest and most vulnerable to tourism for transplant and the sale of organs and tissues.

The World Health Organization (WHO), by Resolution WHA57.18 ⁽³⁾, published in 2004, recognized the existence of the trade in organs and solicited its member countries to institute measures in order to protect the poorest and most vulnerable from transplant tourism and selling of organs and tissues.

In 2008, the manifesto entitled the *Istanbul Declaration* was drafted by the International Societies of Transplant and Nephrology, with the objective of defining trafficking, tourism and commercial trade in organs for transplants ⁽⁴⁾. According to this Declaration ⁽⁴⁾, organ trafficking consists of 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 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"⁽⁴⁾.

Transplant commercialism is a policy or practice in which an organ is treated as a commodity. Travel for transplantation is the movement of organs, donors, recipients, or transplant professionals across jurisdictional borders for transplantation purposes ⁽⁴⁾.

Brazil became a signatory of the *Declaration of Istanbul* by Ordinance nº 201, on February 7, 2012, which provides for the removal of organs, tissues and body parts of a living human for the purpose of transplant in the country, involving foreigners not residing in the country. Special attention should be attributed to Article nº 2 in which the transplant of non-resident foreigners with funding from the Unified Health System must be preceded by an international agreement based on reciprocity.

Therefore, before this scenario, the challenge for health professionals and especially for those who work with organ and tissue procurement, was to have ethical competence, to guarantee that the credibility of the Unified Health System that offered this form of treatment, was not called into question. This vision needs to be an integral part of those who dream of having this process, to make sure to develop work that is just and beneficial to the community.

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