A path of hope for organ transplantation in China?

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A report of the outcomes of 94 recipients of kidneys who received kidneys recovered from donors who died from a circulatory cause of death would not typically be regarded as an adequate reason for publication in a major academic journal. What makes the report of Pan et al. [1] so remarkable is not what was done, but where it was done: in the People’s Republic of China, where, for the last two decades, the major source of organs for transplantation has been executed prisoners. Use of organs from executed prisoners is condemned by the international transplant community and international bodies including the World Health Organization, The Transplantation Society and the Declaration of Istanbul Custodian Group. These practices were also associated with corruption, organ trafficking and transplant tourism [2].

In 2011, an editorial which one of us (G.D.) was privileged to co-author, entitled ‘The Use of Organs from Executed Prisoners in China Must Stop’ [2], followed the publication in major academic transplant journals of clinical studies from China where the source of the organs was clearly executed prisoners. Different courses of action were suggested, with inaction not being one of them: a total boycott of Chinese publications pertaining to organ transplantation until the use of organs from executed prisoners could definitely be proven to have ceased, or a carefully selective approach whereby progressive forces within China would be fostered while maintaining an academic boycott on those who would continue unacceptable practices unchanged.

Prominent academic journals then introduced editorial policies that made clear that clinical transplant data from China would only be published if no executed prisoner organ data were included in published studies [3]. Similar policies were introduced in the abstract approval process at national and international meetings.

There is reason to believe from personal meeting with the Minister of Health of China in 2013 (F.D.) that the aspiration for international engagement by progressive Chinese transplant professionals played a significant part in the change of China’s organ donation policy, together with a larger governmental push to address endemic corruption in Chinese society. In the ensuing years, there is evidence of positive change. The Hangzhou Resolution of October 2013 [4] called for the end of ‘donation by execution’ and, critically, for transparency in the distribution of organs to a computerized waitlist of those in medical need, irrespective of social status, gender and religious beliefs. It rejected the all too common practice of permitting foreign patients to undergo transplantation in China. In late 2014, senior officials declared publicly that as of 1 January 2015, its practice of transplanting organs from executed prisoners would cease totally to be replaced by the organs of donors who die within the hospital setting [5]. This latter dramatic and potentially historic announcement has been greeted with skepticism by some [6] and with guarded optimism by others [7].

What then of the study by Pan et al. [1]: is it appropriate that NDT agreed to publish it? The deciding factor in their decision must surely be the categorical statement by the authors, in the Materials and Methods section, that they ‘… declare solemnly that the use of executed prisoner organs has totally stopped in our center and that none of the cases reported in the content of the study were from executed prisoner organs’. The content of the study itself reflects the struggle by the authors to rid themselves of the curse of executed prisoner organs at a time when death by neurologic criteria (‘brain death’) has not been ratified by Chinese Law and is thought to be contrary to Chinese cultural values. Although the outcome of the transplants they performed was acceptable, surely these efforts must be regarded as merely a stepping stone to both the legal and cultural acceptance of death by neurologic criteria. Other countries and cultures have faced similar such barriers and have addressed them [8, 9]. More detail is also required as
to the manner in which the organs recovered are allocated. China has a long way to go before it can claim, as Pan et al. [1] do, to have an organ distribution and allocation system similar to the United Network for Organ Sharing. The international transplant community stands at the ready to be of assistance to the Chinese authorities in the development of such a system; to be fully transparent, and free of corruption, and financial coercion [10].

The authors of the article are fully aware that the historic significance of their work is more meaningful than its scientific significance. The subtitle of their study is ‘a path of hope for organ transplantation in China’, and they should be congratulated for their efforts to put China on such a path. We trust that Chinese health authorities and leading Chinese professionals will join them and fulfill the promises that have been made to the international transplant community and, most importantly, to the Chinese people in need of organ transplantation.

CONFLICT OF INTEREST STATEMENT

None declared.