



**MEDIA RELEASE: For Immediate Release**

**Soliciting Kidneys on Websites: Is It Fair?**

*Toronto General Hospital, University Health Network urges transplant centres to consider website donors who want to donate organs to strangers*

(Toronto, Monday, January 30, 2006) --- Turning away volunteer living organ donors just because they met a potential recipient on a website could deny those waiting for a transplant the possibility of improved health and life, says a bioethicist at the University Health Network (UHN). However, she also emphasizes that such websites should also be regulated and monitored to ensure fairness and safety for the donor.

"These websites will continue to operate because there are those who would like to choose the person to whom they donate, and because there are so many people with end-stage renal disease who are desperate for a transplant," says Linda Wright, bioethicist at UHN, which includes Toronto General, Toronto Western and Princess Margaret Hospitals. Linda is also affiliated with the Joint Centre for Bioethics at the University of Toronto. In Ontario, there are more than 1,000 people waiting for a kidney transplant, and 3-5% of people on the waiting list die each year while waiting for a kidney.

Until fairly recently, patients on transplant lists relied on family and friends or personal ads to solicit live donors for needed organs, or waited until an organ from a deceased donor became available. However, with the advent of websites on which patients are able to post requests on-line for an organ, and where potential donors can review such postings to choose who they want to donate to, a new way of soliciting for organs between strangers is now available. This has sparked an ethical debate on how just it is for organs to be allocated via the web.

In a paper entitled, "Soliciting Kidneys on Websites: Is It Fair?", in the January/February issue of ***Seminars in Dialysis***, published by the American Society of Diagnostic and Interventional Nephrology, Linda Wright notes that while some aspects of advertising on websites may be viewed as unjust, it may in fact be possible to establish ones that are acceptable and that instead of "shunning" website donors who approach transplant centres, "we should seriously consider those who are willing to give such a precious gift to someone in need." She adds that such websites, which charge posting fees ranging from \$19 US per week to \$595 US for an indefinite period, can also benefit other recipients by reducing the waiting list.

To counter some of the questions raised about justice concerning soliciting strangers on-line for organs, Linda proposes two solutions: regulated and monitored websites and anonymous donor programmes.

One of the key objections to solicitation on Internet sites is the potential to mislead strangers. Linda proposes that living donor websites should be monitored by knowledgeable staff who would review offers from volunteers willing to donate a kidney. While recipients could post their own personal information, they would be prohibited from offering goods or money as incentives for donation, which is illegal in Canada, the U.S. and most countries in the world. Information about risks, benefits, time required for recovery, and financial implications could be included. Making the website available to dialysis units could help achieve greater equity of access.

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Meanwhile, she adds that transplant centres can offset any current misleading or incomplete information on websites by ensuring that all donors and recipients receive accurate and comprehensive information and that assessment of donors should identify lack of knowledge, misunderstanding of information or any coercive or commercial elements linked to donation.

Additionally, Linda says that establishing more anonymous donor programmes will increase the number of living donor kidneys available to those on established waiting lists who lack living donors. Such programmes have already shown that it is possible to identify those donors who are suitable for this procedure, she notes, and that many "Good Samaritan donors" have reported that they are happy that they were able to donate to someone in need.

One Internet donor is Jenny Oad, a single woman in her 30s, who donated one of her kidneys to a person she found while browsing on-line. "The transplant was very meaningful to myself as well as to my recipient. I feel very good about what I did. I know I made the right choice."

Mike Fogelman, in his 50s, is the recipient of Jenny's kidney, and is grateful that Jenny agreed to become his donor. "Jenny is a remarkable and outstanding person," he said, adding that he will always be grateful to Jenny for taking the time and chance to help a virtual stranger.

Mike had been looking for an alternative to dialysis for his failing kidneys, when his partner Valerie urged him to go on a website that matched donors with recipients and was free-of-charge. Facing a wait of about seven years along with the prospect of getting progressively sicker while waiting, and with no family or friend donors available, Mike felt that finding an Internet donor was his only option. So he posted his request for a kidney on-line, along with information about blood type, age, gender. He received several replies fairly quickly, and both he and Valerie chose to meet Jenny. Shortly after their meeting, Jenny agreed to become a living organ donor. After about a year of comprehensive medical and psychosocial tests for both Jenny and Mike, Toronto General Hospital, University Health Network agreed to perform its first Internet donor transplant in June 2004. Both are doing well.

The number of patients being treated for end-stage kidney failure in Ontario is expected to increase yearly at a rate of more than 6%. This is due to an aging population and an increasing number of people with diabetes and diabetes complications. Transplants remain the best option for patients for both survival and quality of life, but the wait for a kidney from a deceased donor can be up to 10 years. Additionally, the best results from a transplant occur when the waiting time on dialysis is very short. For a healthy person, the risk of donating a kidney is very low and kidneys from living donors provide excellent outcomes for recipients.

Toronto General Hospital began performing living donor kidney transplants in 1966. In one year TGH now performs an average of 47 living donor kidney transplants, and about 60 deceased donor kidney transplants yearly.

Toronto General Hospital is a partner in University Health Network, along with Toronto Western and Princess Margaret Hospitals. The scope of research and complexity of cases at Toronto General Hospital has made it a national and international source for discovery, education and patient care. It has one of the largest hospital-based research programs in Canada, with major research projects in transplantation, cardiology, surgical innovation, diabetes, infectious diseases, and genomic medicine. Toronto General Hospital is a teaching hospital affiliated with the University of Toronto.

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For more information or to arrange an interview with Linda Wright, Mike Fogelman or Jenny Oad, please contact:

Alex Radkewycz  
alexandra.radkewycz@uhn.on.ca  
Sr. Public Affairs Advisor, TGH  
Tel: (416) 340-3895  
Day Pager: (416) 719-4578