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# Transplantation of organs from live donors

## November 1992

1. The Council published in its Annual Report for 1985 a statement condemning trafficking in human organs. This guidance affirms that view and provides a fuller explanation of the principles on which it is based.
2. The Council regards it as unethical and improper for doctors to take part in any way in the trading of organs or in the transplantation of organs obtained from donors whose consent has been given as a result of any form of undue influence. A doctor who behaves in this way is liable to disciplinary proceedings by the Council.
3. This view is based on the Council's belief that:
  1. human organs should not be the subject of commercial transactions: any donation of organs must be made altruistically, as a gift;
  2. where human organs are bought or sold, transplantation will be governed by money rather than by the medical interests of the donors and recipients, with the vulnerable and the poor inevitably exposed to exploitation.
4. The use of living donors is necessary only because the number of cadaveric organs available for transplantation is insufficient to meet the demand. An increase in the number of donated cadaveric organs should be the aim of all involved in transplantation so that the demand can be met from that source, minimising the need for live donor transplants.

## Duties of doctors involve in human organ transplantation

5. Doctors involved in organ transplantation must be aware of their responsibilities toward both donors and recipients and have a duty to observe the legislation of the country in which the operations are to be performed. In the UK organ transplantation is regulated by the Human Organ Transplants Act 1989 and by the Unrelated Live

Transplant Regulatory Authority (ULTRA). Doctors working in the UK must comply with the requirements set out in the 'Guidance to Clinicians' issued by ULTRA.

6. In no circumstances may doctors participate in or encourage in any way the trade in human organs from live donors. They must not advertise for donors nor make financial or medical arrangements for people who wish to sell or buy organs.

7. Doctors involved in transplantation operations have a duty to ensure that consanguinity or a close and enduring relationship between the donor and the recipient has been established beyond doubt: unrelated live donor transplants should be considered only under exceptional circumstances. Doctors must also satisfy themselves that consent to a donation has been given without undue influence of any kind, including the offer of a financial or material benefit. A doctor, or another appropriately qualified professional, independent of the transplantation team, must assess the motivation of each donor. If these conditions are met, doctors must ensure that the donor understands the risks and after effects of the operation, is given appropriate counselling, adequate time to consider the implications of the operation and an opportunity to withdraw. Where necessary an interpreter and a translation of any written material must be provided. Doctors should consider seeking advice from professional bodies, including national or international transplantation societies on the tests needed to establish consanguinity and on the circumstances in which unrelated live donor transplants may be considered.

8. Doctors working in transplantation teams must take responsibility for ensuring that these principles are followed. They should define and regularly review the roles of each team member and the individual responsibilities within those teams. The doctor responsible for the medical care of the recipient should not at the same time assume sole responsibility for the medical care of the donor and in particular should not assess the motivation and medical suitability of the donor. Each team member must retain and exercise individual ethical responsibility towards the patient.