

## **How Uncle Sam Could Ease the Organ Shortage**

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Improvements during the past decade in the safety and effectiveness of liver, heart, and kidney transplants induced a rapid growth in the demand for organs, which now far exceeds supply. It is essential to find ways to raise the supply of organs and ease the suffering and long wait that many sick persons now endure. That delay can cost lives: Almost 70 persons die each month while waiting for livers to become available.

The waiting period varies enormously from state to state. Transplant candidates may receive a liver in less than two weeks in Kansas, while in Massachusetts they can languish for nearly two years. Political jockeying among hospitals is the reason for this regional discrepancy in waiting times. Livers are allocated to patients in descending order of degree of sickness in the regions where they become available, even if patients in other regions are more likely to be helped, because smaller transplant centers fear that they would be shut out of a national allocation. Although a national system would reduce regional discrepancies in waiting times, it would not close the growing gap between an increasing aggregate demand for liver transplants and a flat total supply.

There is a similar shortage of other organs. About 2,400 heart transplants were performed in 1995, but almost 4,000 persons are on the registered waiting list for such a transplant. The media heavily publicized the agonizing wait for a heart replacement in a New York hospital this past summer by Frank Torre, the brother of the manager of the world champion New York Yankees baseball team. The gaps between demand and supply are even greater for kidney and lung transplants: More than 30,000 persons are waiting for kidney transplants, while only about 10,000 of these were performed in 1995.

**BETTER TECHNOLOGY.** To satisfy the larger demand for transplants, a campaign was started last spring, helped by Michael Jordan's participation, to encourage people to leave their organs for transplant use after they die. Potentially, many more organs can become available, since more than 2 million persons die annually in the U.S.--almost 100,000 in accidents alone. Some states instruct individuals to indicate on driver's licenses whether they give permission to have their organs donated upon death. Such information is valuable to hospitals, since they must move quickly to preserve organs to be used for transplants.

If this campaign succeeds in inducing a sufficient number of people to allow their organs to be used after they die, the supply of organs would be large enough to satisfy demand. However, this does not seem likely because the number of persons who want transplants is increasing quite sharply as transplant technology improves and costs fall.

Every system of assigning priorities for organ transplants when supply is too little to satisfy demand raises difficult and largely unsolvable ethical issues about who should receive the limited number of organs available. The only way to abolish the need to decide who most deserves transplants is by sufficiently increasing the supply of organs.

MEDICAL ETHICS. When demand exceeds supply for ordinary goods, the price is raised to suppliers in order to induce them to increase the quantities provided. Using similar incentives would induce more people to allow their organs to be used for transplants after they die. For example, the Federal government might be designated as the only authority with the power to buy organs for transplants and would allocate them to hospitals with patients that need transplants.

I realize that many people will be horrified by any proposal to use monetary incentives to acquire organs for transplants from people who die. They consider the purchase of organs to be immoral. They say it will take unfair advantage of poor people, that it will end up favoring the rich, that it will be too costly. There may be still other objections. I suggest considering the purchase of organs only because other modifications to the present system so far have been grossly inadequate to end the shortage.

Currently, replacements for defective organs sometimes become available only when it is too late to help, and the situation has worsened over time as the demand for transplants has grown. A sizable increase in the supply of organs for transplants would be a boon to all the sick people who require transplants, and it would end the uncertainty and long wait for donor organs to become available. Some alternative solutions to eliminate the large and growing shortage of vital organs must be found—be they monetary inducements or more effective appeals to humanitarian motivations.