The global dilemma of unrelated organ donation

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Sirs,

We appreciate the comments by Dr. Fine [1] regarding our recent study [2]. The Egyptian experience is essentially driven by the lack of any formal legislation for organ transplantation, and, also for cadaver donor transplants. We hope that this legislation will appear soon, as this will partly help in solving this chronic problem. My opinion is that organized live unrelated donation—the Iranian way—will solve the problem radically.

However, in the early 1990s the Egyptian Society of Nephrology voluntarily decided to abandon all unrelated-donor transplantation, a decision which was supported by the Egyptian Medical Syndicate [3]. This was followed by a nearly 20% reduction in the number of transplant operations during the next year [4].

Eventually, the Egyptian Medical Syndicate eased the regulations by accepting unrelated donors for recipients of the same nationality. However, this clearance would not provide legal support of any value. So, most transplant centers, including ours, developed their own ethics committees and obtained additional consents, in order to confer institutional rather than team legal responsibility on live unrelated donor (LURD) transplantation [5]. Unfortunately, a few members of the profession breached the Syndicate's order by illegally performing transplantations from Egyptian donors to non-Egyptian recipients.

In our institution, when there is a medical necessity we can accept patients with unrelated donors. However, we must be sure that each patient's first-degree relatives are not fit for donation, from the medical and psychiatric points of view. Thereafter, when we are sure that they are medically unfit for donation, we accept LURDs only after a group decision (local ethics committee), as mentioned in the Methods section of our manuscript [2]. All members of the ethics committee meet the donor, so that they can be certain of the donor's free willingness to donate an organ; moreover, a signed consent form from at least one member of his/her family should be available. At the end of the pre-transplantation assessment, we obtain permission from the ethics committee of the General Medical Syndicate. Location of a suitable donor became the function of tissue-typing laboratories, whose role has gradually shifted from individual pair matching to exchange of donors recruited by different recipients, for the sake of best matching and, finally, to act as "live donors' banks" [5]. For a few years we have adopted the policy of following up the donors, whether related or unrelated, to identify and potentially treat any adverse consequences of the donation.

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