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Organ Donation: Let the Market Rule?

By ARIEL KAMINER

A year and a half ago, Angelica Nieves was doing fine, working as a housekeeper in a hotel and living on her own in Brooklyn. When she started experiencing a shortness of breath, her doctor said it was asthma.

Soon, she couldn't keep food down. Turns out it was congestive heart failure, the disease that had killed her mother when Ms. Nieves was a young girl. At 29, she recalled, "I thought my life was over. I was actually making arrangements for my funeral with my family."

After three months at New York-Presbyterian/Columbia hospital, Ms. Nieves was released, with a machine in her chest to keep her blood flowing and a spot on the list for a heart transplant.

In New York City, on Long Island and in the Hudson Valley, there are 7,800 people on similar lists, all hoping for the heart or liver or kidney that could save their lives. Last year, 682 people received organs. Some of the others went on to wait another year. Hundreds died.

To try to improve those numbers, New York City is starting a pilot program in which, for the next five months, an organ-recovery team will trail ambulances responding to 911 calls, ready to leap in if the patient dies and is a viable donor. It's a bold experiment: no other American city has even tried it. Yet officials have already warned that the program, financed with a \$1.5 million grant, might not yield a single kidney.

Organ transplantation sometimes seems to defy the laws of supply and demand: thousands of New York bodies need organs they don't have, and thousands more have organs that, because of an untimely demise, they no longer need. But the path between those two groups crisscrosses people's religious beliefs, their feelings about death and bodily integrity and their ability to make their wishes known to their next of kin.

For some, it's a simple choice: when they die, they would like their organs to be used to save someone else's life. But New York State doesn't make it easy. People can sign up when they renew their drivers' licenses, though that's only once a decade, or they can go online and fill out an off-putting form, then print it out and walk it to a mailbox.

A mailbox?

The New York Organ Donor Network has decided it's not even worth rolling out its new education campaign until the state makes it easier for people to sign up. People on the waiting list, meanwhile, keep dying.

Some other countries take a more proactive approach: they regard everyone as a potential donor. If you don't want anyone shopping your kidney around when you die, you have to say so in advance. The burden, that is, falls on those who opt out of the system, rather than those who opt in.

Something like that would do a lot to save American lives.

And it would never happen here. Can you imagine how it would play on the evening news? The government cutting open defenseless people and stealing their tender parts.

Some economists have suggested adjusting the supply-and-demand problem through market incentives. Instead of asking people to donate their organs, why not just pay for them? The suggestion seems to outrage many people, who perhaps picture greedy zillionaires carving up poor working stiff's with a diamond-encrusted scalpel. But what if it worked like this: while you're healthy, you volunteer your kidneys. Then when you die, and the kidneys are removed, your family would be compensated for your funeral expenses. That doesn't seem quite so outrageous, does it?

Gary Becker, the Nobel laureate who teaches economics at the University of Chicago, has proposed something even more radical: paying people to part with their organs now, while they are still using them. You've got two kidneys but you can get by with one. You've got only one liver but you don't really need that meaty chunk at the end. How does \$30,000 sound?

In an interview, he said the idea should not be that shocking. As long as exchanges were carefully regulated, no one would be forced into it. It would solve an otherwise intractable problem. And unlike the current system, in which friends and relatives are often guilted into becoming donors, a market-based approach would compensate families fairly for their discomfort and risk.

Elaine Berg, president of the New York Organ Donor Network, cites a very different kind of incentive. When people arrange for their dying family members to become organ donors, she said, "it helps them through the grief process, and it's the final thing they can do for their relatives."

I'm a member of one of those donor families. When my Aunt Sandy died 12 years ago, her organs went on to save three people's lives. I can't say it lessened the experience of her loss one little bit, but it did extend the generosity she had always shown.

I'm also in a recipient family. My more-or-less cousin Matt has been on and off the waiting list for a new heart for years. He doesn't condone paying for organs. "Just doesn't pass the smell test," he says. A few years ago, Matt got the phone call he had been waiting for, which (along with his supportive family, he made me promise to add) saved his life. At age 37, he got a new heart. Counting the one he was born with, it is his fourth.

As for Angelica Nieves, she is still waiting for that call. Machines like the one that's keeping her alive tend to last about two years, of which 14 months have already passed.

“There's days I wake up crying, 'What if I don't get a heart?' I go to sleep crying,” she admitted. “But every day that goes by I thank God I made it another day.” What else can she do?

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