Kai Chen is a postdoctoral research fellow in the Center for Non-Traditional Security and Peaceful Development Studies, College of Public Administration, Zhejiang University, China. From 2009 to 2011, he was a postdoctoral fellow in the School of International Relations and Public Affairs, Fudan University, China. His current research focuses on international security and geostrategic issues in East Asia, especially in Southeast Asia and China. E-mail: chenkai@zju.edu.cn


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n recent years, it has become increasingly difficult to ignore human organ trafficking, a practice carried out not only in developing countries but also in the developed world. The past decade has witnessed increasing trafficking of human organs around the world, with limited government response. Questions have been raised by concerned observers: what are the tensions between human organ trafficking and limited governance? What is the feasibility of commercialization of human organs? What are the policy implications for the future? Answers to these and related questions are urgently needed. Fortunately, a recent book, The International Trafficking of Human Organs, addresses these critical questions. The most distinguished among (the few) recent works on trafficking of human organs, this edited volume explores the tensions between human

Debates and Implications for Human Organ Trafficking

Sonia M. Ospina and Rogan Kersh, Editors

Kai Chen
Zhejiang University, China
organ trafficking and limited governance and analyzes policy implications from a multidisciplinary perspective (e.g., criminology, economics, philosophy, and theology). The authors are especially attentive to debates around the possible commercialization of human organs.

This timely volume is a collection of essays, edited and written by leading criminology and policing scholars and practitioners across the world. Several contributors have both practical and academic experience, enhancing the book’s appeal: one lead editor, for example, Rande Matteson, is currently associate professor of criminal justice at Saint Leo University, as well as a former senior officer in local, state, and federal investigative agencies.

*The International Trafficking of Human Organs* is divided into 15 chapters, organized into four thematic sections. The first section (chapters 1–3) addresses tensions between limited governance and human organ trafficking from a comparative perspective. The contributors successively explore the issue of human organ trafficking in the United States, China, and Europe, which are the worst-hit areas of human organ trafficking in the world.

As editors Leonard Territo and Rande Matteson highlight, the United States has suffered from systematic limitations in the governance of human organ trafficking. For instance, almost all reported cases of human organ trafficking generally resulted from information provided by informants from criminal justice organizations that were either directly or indirectly involved with trafficking. At the same time, law enforcement officials in the United States still lack the information necessary to investigate trafficking cases. To some extent, human organ trafficking has established its own underground chains in the United States, which serve to weaken the existing governance of organ trafficking.

In contrast, China’s governance of organ trafficking is still in a preliminary stage. Traditionally, organ transplants in China depended on the organs of executed criminals. In 2013, the Chinese government officially prohibited transplanting organs from executed criminals. As a result, a nationwide voluntary organ donation system is under construction. For example, drivers’ license applicants are encouraged to become organ donors (Hogg 2011). Less clear is whether this policy will be effective in the long run. With the new prohibition on traditional transplant sources, the possibility of an illegal organ trafficking market soars.

Scholarship shows that the key point in governing organ trafficking is to build an effective supervision mechanism rather than to encourage potential organ donors. Historically, the diversity of organ sources could not effectively prevent corrupt doctors and other insiders from gaining profits from organs trafficking. Many doctors involved in organ transplants still hold two different posts: practitioners of organ transplants and supervisors of organ trafficking prevention. In the words of Jessica Neagle, the boundary between killer and saver has become blurred. As Vidya Ram highlights, this phenomenon could be illustrated as a “doctor–broker nexus.” In Germany, some doctors even manipulated health records to boost their patients’ positions on waiting lists for organ transplants (Connolly 2013).

The second section (chapters 4–7) reviews different arguments on commercialization of human organs from an economic perspective. Some contributors suggest that commercialization of human organs is feasible. As Curtis E. Harris and Stephen P. Alcorn propose, there should be a government-regulated market in human organs. In their opinion, if the organ market could be self-regulated, it would change the landscape of human organ trafficking to a large extent. In addition, Harris and Alcorn suggest that effective safeguards should be taken into account—for example, donors should not receive compensation without some mechanism for supervision.

Other contributors hold opposite ideas. William Barnett II and Michael Saliba point out that a market for human organs is morally questionable. As T. L. Zutlevics suggests, a market in human organs will turn unwilling donors into actual ones. For instance, many doctors do not inform potential donors of the risks involved in transplanting their organs and the negative consequences after organ transplants.

In the third section (chapters 8–12), the contributors analyze the policy implications of human organ trafficking and extend the debate on commercialization to the ethical, medical, and philosophical fields. Some contributors insist that commercialization of human organs should be prohibited. A market in human organs, their argument goes, ultimately will push corrupt doctors to leave patients to die if they are not willing to donor their organs. The other pressing concern voiced in this section is that organ rejection after transplantation is highly possible. It is worth noting that many existing studies on human organ trafficking show little or no concern about the survival of the recipients—especially those who receive organs during “transplant tourism.” Few guarantees exist that the transplanted organs are not infected with HIV or other illnesses, let alone that the organ match has been done accurately. In Canada, many patients were allowed to undertake lengthy travel too soon after their surgery (Cohen 2013). While standard critiques assert that rich recipients exploit the poor donors, in fact, both the
rich and the poor are exploited by brokers and corrupt doctors.

The book’s final substantive section (chapters 13–15) debates commercialization of human organs from religious (e.g., Catholic, Thomist, and Protestant) perspectives. In this section, Mark J. Cherry, among other contributors, speculates that a market in human organs might be more effective than existing government supervision. On such relativistic grounds, the human organ market may be morally defensible. Larry Torcello and Stephen Wear argue that from a secular and Protestant viewpoint, there might be no justification for prohibiting a market in human organs. From a Catholic perspective, Nicholas Capaldi believes that the ideal resolution should be one in which the poor or others with limited resources could have greater access to organs from a large-scale market of human organs. Whether these arguments are tenable remains to be seen.

In this edited volume, no optimal solution is offered that would be available for all countries facing organ trafficking. The book also features relatively little discussion about second-best solutions. In my view, there might be such “least worst” solutions. First, for example, executed criminals should not be a major source of organ transplant or trafficking. Therefore, abolition of the death penalty might be seriously considered by countries facing organ trafficking, especially China. This would advance the interests not only of poor donors but also of recipients. Second, for more information about organ trafficking, various contributors recommend collect-call hotlines for tips, which I agree should be given extensive publicity (especially in airports, railway stations, subway, and bus stations), and any correct tip-off must be rewarded. At the same time, investigative agencies might strengthen the existing mechanism of “state witness” and actively seek to divide and conquer the criminals engaging in organ trafficking.

Third, regenerative medicine might be another second-best solution. Clearly, all contributors to this volume agree, it is wrong to sell human cells and eggs for commercial purposes. But if organs are grown from stem cells derived from patients’ own bodies, this seems more tolerable than commercialized organ transplants. In the long term, regenerative medicine may well resolve the shortage of human organs, as well as the ethical dilemmas surrounding organ transplants; protect patients from infection due to unhealthy organs; and significantly overcome organ rejection and toxicity deriving from lifelong immunosuppression. In addition, regenerative medicine could effectively shift attention of stakeholders (including organ brokers and corrupt doctors) to growing cloned organs in the lab rather than seeking human organs from vulnerable donors.

In summary, this well-organized and ably edited volume provides essential contributions to studies on human organ trafficking around the world and fills the gap between research and practice to a greater extent than any previous study. In addition, the book provokes considered debates on human organ trafficking and various proposed resolutions. It deserves broader readership among academics, policy makers, and students with an interest in human organ trafficking, organ transplantation, and relevant public policies.

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DOI: 10.1111/pan.12157.