



The Transplantation Society

November 6, 2006

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To TTS members:

TTS is now working officially with the World Health Organization and with cooperating government agencies to develop a legal framework that achieves TTS standards of practice and guiding principles of the WHO.

In seeking to accomplish change in China, TTS is aligned with the WHO to work directly with the Vice Minister of Health of China. Interaction with Chinese officials is the only true route to effect long term change and this change must be derived from Chinese Governmental policies. The Vice Minister has sent a statement of new ethical standards to TTS that the Society has endorsed in its reply to the Vice Minister. This recent interaction is an illustration of TTS leadership for our members and for the constituent organizations of the Global Alliance for Transplantation.

The following realities and principles must be considered as TTS engages Chinese professionals:

1. China's prominence in organ transplantation, (> 11,000 transplants performed in China in 2005);
2. Almost all organs are likely to have been obtained from executed prisoners;
3. As a professional society, TTS cannot dictate to China that its practice regarding capital punishment is unethical. However, TTS should express concern that the recovery of organs from executed prisoners has resulted in rampant commercialism and transplant tourism.
4. TTS has commended the Vice-Minister's recent statement that the Chinese government seeks to
 - create a legal framework for National Chinese oversight
 - establish credentials for Chinese transplant officials
 - ban the purchase and sale of human organs
 - prevent organ trafficking and transplant tourism
 - establish deceased organ donation through brain death criteria
 - establish a national self-sufficiency that includes deceased and living donors.

The question that remains then, is how can we best prevent the exploitation of donors and recipients not only in China but globally as well?

The Ethics committee, superbly led by Annika Tibell, has composed the following comprehensive set of guidelines for TTS members and for consideration by the GAT constituent organizations.

It is a fundamental principle for The Transplantation Society that organs and tissues are given freely and without coercion. Because of the restrictions in liberty in a prison environment it is unlikely that prisoners are truly free to make independent decisions and thus an autonomous informed consent for donation cannot be obtained. Further, the financial incentive for recovering organs from executed prisoners may become an incentive to increase the number of such organs available for transplantation. Thus, The Transplantation Society is opposed to the recovery of organs and tissues from executed prisoners and from any other individual where an autonomous consent for the procurement is lacking.

The following principles are recommended for a member in The Transplantation Society considering interaction with individuals or transplant programs in China or in other countries where the standards of practice described in the Policy & Ethics Statement (<http://www.transplantation-soc.org/policy.php>) and the Statement of The Transplantation Society for Membership are not established. The overall goal of interaction with such countries should be to promote a development of clinical practice towards the standards described above.

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INTERNATIONAL HEADQUARTERS ■ **The Transplantation Society**
Filomena Picciano ■ Director of Society Operations
1255 University Street ■ Suite 325 ■ Montréal, Québec, Canada H3B 3B4
Telephone: 514-874-1717 ■ Facsimile: 514-874-1716
e-mail: info@transplantation-soc.org ■ Website: www.transplantation-soc.org



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1. Should doctors from China or other countries using organs or tissues from executed prisoners be permitted to join The Transplantation Society?

Only those doctors who sign the Statement of The Transplantation Society for Membership agreeing to conduct clinical practice according to The Transplantation Society policy should be permitted to become members.

All national and regional professional associations and societies are recommended to develop a written policy on the clinical practice of transplantation, including the subject of executed prisoners, such as the Policy & Ethics Statement of The Transplantation Society (<http://www.transplantation-soc.org/policy.php>).

2. Should scientific presentations from transplant programs in China or other countries using organs or tissues from executed prisoners be accepted at The Transplantation Society meetings?

Clinical scientific studies that analyze patient outcome or entail therapeutic or mechanistic approaches should be considered for acceptance at The Transplantation Society meetings only if they have been performed under Institutional Review Board approval and adhere to the Helsinki Declaration of the World Medical Association: Ethical Principles for Medical Research Involving Human Subjects and are in accordance with the Policy & Ethics Statement of The Transplantation Society. Thus, presentations of studies involving patient data or samples from recipients of organs or tissues from executed prisoners should not be accepted.

Experimental studies that do not involve the use of material from executed prisoners or material from recipients of organs or tissues of executed prisoners should be considered for acceptance on scientific merits.

3. Should doctors and health care personnel from transplant programs in China or other countries that utilize organs or tissues from executed prisoners be accepted as registrants in meetings of The Transplantation Society?

Yes. The need to promote dialogue and educate such doctors and health care personnel in appropriate and effective alternatives to the use of organs and tissues from executed prisoners would be promoted by acceptance of such individuals as registrants.

4. Can members of The Transplantation Society carry out pre-clinical or clinical research projects in collaboration with groups from China or other countries where executed prisoners are used as organ or tissue sources?

Collaboration within clinical studies should only be considered if the study does not violate the Helsinki Declaration of the World Medical Association: Ethical Principles For Medical Research Involving Human Subjects and does not violate the Policy and Ethics Statement of The Transplantation Society for example through the involvement of recipients of organs or tissues from executed prisoners.

Collaboration with experimental studies should only be considered if no material derived from executed prisoners or recipients of organs or tissues from executed prisoners is used in the studies.

5. Should members of The Transplantation Society accept invitations to give scientific or educational lectures or to provide their expertise to support various transplant program activities in China?

Giving lectures or sharing expertise through visiting colleagues and transplant programs in China should provide an excellent opportunity for dialogue and for sharing our positions on standards of care, acceptable sources for organs and transplantation ethics. Care should be given to ensuring, as far as possible, that such participation facilitates development of Chinese transplantation programs towards The Transplantation Society standards of practice and does not promote the practice of transplantation of organs from executed prisoners.

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6. Should members of The Transplantation Society accept clinical or pre-clinical trainees from transplant programs that use organs or tissues from executed prisoners?

Yes. To promote dialogue and to educate such trainees in appropriate and effective alternatives to the use of organs or tissues from executed prisoners, trainees may be accepted. Care should be taken to ensure, as far as possible, that it is their intention that their clinical career will comply with the standards of practice outlined in The Transplantation Society Policy & Ethics Statement (<http://www.transplantation-soc.org/policy.php>).

7. Should international registries accept data from patients transplanted with organs or tissues from executed prisoners?

Yes. The need for transparency and for assembling comprehensive demographic data on the international practice of transplantation dictates that these data should be accepted. The source of the organ or tissue should be clearly identified and recorded as procured from an executed prisoner. Such data should not be incorporated in the total analysis of outcomes of transplantation or other scientific registry studies.