I Gave Away a Kidney. Would You Sell One?

In 2012, 4,903 Americans died while hoping for a kidney. There are 77,000 people on the waiting list.

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Seven weeks ago, at 6:30 a.m. on Dec. 19, I was admitted for surgery at the Brigham and Women's Hospital in Boston. I swapped my street clothes for a hospital gown, and an hour later I was sucking down oxygen from a mask that drowsed me as no breath of air ever has. By the time I came to at 5 p.m., my right kidney was halfway across the country, being implanted in a middle-aged woman an algorithm selected for me.

There are more than 77,000 Americans currently on waiting lists for a kidney and, unlike the woman that got mine, many won't get one. In 2012 fewer than 17,000 of those waitlisted received a transplant, and 4,903 would-be recipients died while waiting.

Life on the waitlist is grim. Transplant candidates typically undergo dialysis sessions three times a week, lasting four to five hours each. The sessions weaken patients to the degree that 71% discontinue work after starting. Treatments dispirit too: Those on dialysis experience clinical depression at a rate four times the national average. Absent finding a living donor, individuals on the list can expect a three to five year wait for a cadaver match. Nearly half die three years after starting dialysis.

Two policies would address the shortfall of kidneys in the U.S.: instituting a priority-scoring system for donors and their kin and paying donors.

Israel pioneered the former in 2012. Prioritizing organ allocation by donor status—a system that economist Alex Tabarrok termed "no give, no take”—incentivized people to register as organ donors. It also removed a hurdle to living donation: The incentive to abstain because of a hypothetical (What if my son needs a kidney?) went away since the policy guarantees that a donor's kin will be prioritized in the event that they need a transplant. The results? Both living and deceased donations have gone up, and the number of people who have died on the waitlist fell by 30% between 2010 and 2013.

To obviate the kidney shortage, we should heed the recommendation of Nobel Prize-winning economist Gary Becker and others by making it legal to compensate donors. Currently, the National Organ Transplant Act bans the "sale" of any human organs in the U.S. Those who oppose compensation object...
to its ramifications for donors and society. They argue that the poor will be exploited, and that people should give out of the goodness of their hearts.

But these lofty sentiments ignore the fact that 18 transplant candidates die each day. As the legal scholar Richard Epstein has put it: "Only a bioethicist could prefer a world in which we have 1,000 altruists per annum and over 6,500 excess deaths over one in which we have no altruists and no excess deaths."

Yet absent such policy changes, which have little traction in Washington, right now transplant chains are the best tool to facilitate donations. Chains begin with a would-be recipient identifying a donor—say, a man with polycystic kidney disease and his wife. In most cases, a potential donor doesn't have a compatible blood and tissue type with the intended recipient, so this spousal pair would likely be a poor match. (Incompatibility can marginalize the life span of the transplant, or preclude the body from accepting it at all.)

That's where organizations like the National Kidney Registry, a nonprofit computerized matching service, come in. The NKR and similar nonprofits work with hospitals across the U.S. to create large national exchanges, linking incompatible and poorly compatible pairs to highly compatible counterparts elsewhere. Additionally, by working with living donors, these matching services furnish kidneys that endure, on average, twice as long as equally compatible cadaver transplants.

Through groups like NKR, altruistic donors—people willing to donate to an anonymous person—initiate "donor chains," catalyzing multiple donations. Inspired by reading about a 60-person chain begun by such a donor, I entrusted the NKR to select my recipient. Their software churned up a highly compatible match for me more than a thousand miles away. Concurrent with receiving a kidney, my recipient's incompatible donor gave to a commensurately strong match. A courier delivered this donor's organ to a third hospital in yet another region of the country, completing the exchanges. (The average NKR chain yields six transplants.)

I donated with some hesitation. The laparoscopic surgery to remove a kidney, though far less invasive than conventional surgery, still carries a mortality risk of 0.03% (that's three deaths for every 10,000 procedures). But accepting a small potential for harm in the service of doing good is hardly unique: More than 1.4 million Americans do so every day in the military, a choice that also saves lives.

Donors can give safely into their 70s, but at 25 years old and healthy, with no dependents to support, I had an ideal profile. There was also no financial burden on me: Donors are not liable for any costs. The recipient's health insurance incurs the expense of the donor's pre-op, surgery and post-op recovery, as well as any unanticipated complications in the following year.

Living with one kidney, donors are advised against consuming gym supplements and the class of pharmaceuticals that includes ibuprofen. Otherwise, there are no permanent dietary or lifestyle prohibitions. My remaining kidney will grow to provide 80% of the renal function realized with two. In the long term, donors don't face a heightened risk of developing kidney disease. If they later require a transplant—because of bruising, cancer or disease that would have shut down both kidneys—donors receive priority on the waiting list.

So how did I fare? By 9:30 the morning after my surgery, I'd taken a lap around the hospital floor, a bit ornery with my nurse for not escorting me sooner. Twenty-four hours later, another nurse detached the IVs from my arms and processed my hospital dismissal. By Christmas Day, I was standing upright, walking briskly for as long as I cared to, no longer sore.
I lost a few days of vacation and took a rain check on a trip to Tortola that I couldn't afford. Meanwhile, I enabled two people to receive lifesaving transplants.

Could this be you?

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