

**[DOH ADMINISTRATIVE ORDER NO. 124, s. 2002,
June 03, 2002]**

**NATIONAL POLICY ON KIDNEY TRANSPLANTATION FROM
LIVING NON-RELATED DONORS (LNRDS)**

I. Rationale

Republic Act No. 7170 otherwise known as the Organ Donation Act of 1991 which addresses the issue of brain dead cadaver donors does not include provisions for the acceptance and management of living organ donors. Living donor transplantation is offered as the preferred option for most patients with End Stage Renal Disease (ESRD) given the high cost of dialysis treatment. A 2-3 session per week of dialysis treatment costs P32,000-P54,000 per month (NKTI RedCop Registry, 2001). As a modality of treatment on a long-term basis, this amount is unaffordable for an average income earning Filipino.

Ninety percent of kidney transplants in the Philippines are from living donors while only ten percent come from cadaver donors. Of the total living donors, twelve percent are from Living Non Related Donors (LNRDs). The latter are currently increasing yearly because of rising need for transplantation and unavailability of preferred donors coming from Living Related Donors (LRDs) and brain dead cadavers. It is reported by the National Kidney and Transplant Institute that there are an estimated 11,250 Filipinos nationwide developing ESRD annually (NKTI RedCop 2001 Report). It is estimated that half of these ESRD patients are suitable kidney transplant candidates but only five percent are actually transplanted to date because of insufficient organ supply and the unaffordability of the operative procedure to most patients. Transplantation requires a huge financial investment but it is considered as the preferred therapy in terms of the effect on the quality of life of the patient and its long-term cost.

Advances in technology during the past decade have made transplantation from LNRDs comparable if not better than those coming from cadavers. Culturally, LNRDs are also becoming to be acceptable in the country as evidenced from a survey conducted by the Philippine Information Agency. Forty four percent of respondents agreed that LNRDs are acceptable sources of organs (Nationwide Survey on the People's Knowledge and Opinions About Organ Donation, January 2001).

Recent media reports on transplantation using LNRDs have highlighted the potential for abuse and manipulation. Both the organ vendor and potential recipient are easy and vulnerable targets in organ sale and brokering. Thus, there is a need for a guiding policy governing LNRDs to curb the reported cases of "backdoor" operations that defy acceptable ethical and medical standards in transplantation.

This Order therefore sets the general guidelines and ethical principles whereby the act of donation and conduct of transplantation from LNRDS shall be managed and regulated.

This Order supports a rational, equitable, ethical and accessible renal health care program in the country.

II. Coverage

The following shall be governed by this Order:

1. Kidney donors and recipients
2. All health and health-related professionals and private individuals engaged or have any participation in the conduct of transplantation and donation.
3. All Offices/Bureaus, including attached agencies and field offices of the Department of Health.
4. All health and health-related facilities such as hospitals, clinics, laboratories, etc.
5. Other government and non-government agencies and organizations, such as foundations organized to promote and support transplantation and donation programs; and, associations such as medical and specialty societies.

III. Definition of Terms

1. *Living Related Donors (LRDs)*

Following legal definition, this includes first-degree consanguinity – i.e. parents and children. However, considering the cultural and close kinship relationship in the country, this Order extends the definition of LRDs to include: siblings, cousins, nephews, nieces, and other blood relatives.

2. *Living Non Related Donors (LNRDs)*

They are not related to the recipient by blood but have the willingness and intention to donate a kidney based on certain reasons. These donors are classified into two types:

- a. Voluntary Donors — They are benefactors who donate out of the kindness of their hearts. They are of two kinds: (a) The first kind are those who are not related by blood to the recipient but bear close emotional ties with him/her. Examples are: spouses, relatives by affinity, friends, employees or employers, colleagues, fiancé/fiancée and adoptive parents or children, (b) The second are those who are strangers who have no consanguine and direct emotional ties with the recipient but who donate out of benevolence or purely altruistic motivation. In both instances, gifts or tokens of appreciation are not a precondition or requirement for donation.
- b. Kidney Vendors — also known as commercial donors for the reason that they offer their kidneys for a valuable consideration. They may engage the services of a broker or agent. Payment or a promise of payment is a precondition and pre-requisite to the organ donation.

IV. General Policy Statements

As the mandated agency to promote and protect the health of the Filipino people, the Department of Health adopts the following policies and principles in the practice of kidney transplantation through the LNRDs:

1. Living non-related donations are permitted only under Section III, 2-a of this Order. Sale and purchase of kidney organs by kidney vendors is prohibited.

All health and health-related facilities and professionals shall not allow the trade of kidney vendors. Violators shall be penalized through cancellation of licenses and other sanctions. (Refer to Section VII)

2. Kidney organ donation programs shall be guided by these principles: *Equity, Justice, Benevolence, Nonmaleficence, Solidarity, Altruism and Volunteerism*.
3. All health and health-related facilities shall implement and adopt quality standards and practices in the medical and organizational management of kidney transplantation.
4. The **Department of Health (DOH)** and the **Philippine Health Insurance Corporation (Philhealth)** shall enforce and monitor these health facilities through their licensing and accreditation rules and regulations.
5. An **Organ Donation Program (ODP)** shall be created under the Department of Health to develop policy guidelines for a rational and equitable program of kidney organ sharing and exchange. A National Ethics Committee shall also be put in place to serve as a body that shall exercise objectivity and fairness to both donor and recipient in the resolution of ethical issues.

V. Operational Mechanism: Roles and Functions

A. Department of Health (DOH)

The **Organ Donation Program (ODP)** shall be organized directly under the Center for Degenerative Diseases, Health Operations Cluster of the Department of Health. It shall be headed by a Program Manager duly designated by the Secretary of Health. It shall formulate policies in support of a rational, ethical, accessible and equitable renal health care program in the country through coordination with the National Kidney and Transplant Institute (NKTi) and other organizations, associations and professionals engaged in transplantation and donation programs and activities.

The **ODP** shall serve as an advisory and recommendatory body to the Undersecretary or Assistant Secretary concerned in the area of policy development, program/project development and in matters involving kidney donation. ODP may also deal with issues pertaining to the donation of other solid organs except tissues (i.e. blood and cornea) as developments warrant.

Specifically, the **ODP** shall be responsible for the:

1. setting of guidelines or criteria for the prioritization of recipients of kidney organs from donors.
2. development of systems and procedures that will allow for transparency, exchange, networking and collaboration with different health facilities, organizations, associations and professionals.