

# China on the brink: there is hope for the end of their use of executed prisoner organs

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This is an historic time for organ donation in China. Senior officials have declare openly (1), that as of January 1<sup>st</sup>, 2015, its practice of transplanting organs from executed prisoners will cease and will be replaced by the organs of donors who die within the hospital setting. Since an awareness of the practice was brought to international attention a decade ago the use of organs from executed prisoners has been repeatedly condemned by the international medical community including the World Health Organization (WHO), the Transplantation Society (TTS) (2), and the Declaration of Istanbul Custodian Group (DICG) (3). A proposed academic veto was also widely enforced (4). Initially, Chinese authorities would not admit to the practice but ultimately transplant leaders within China came forward to declare courageously that such a human rights abuse was prevalent throughout the country (5). They have done so now presenting an alternative practice that is consistent with principles of the WHO and Declaration of Istanbul. In doing so they are beginning to overcome suspicion and skepticism (6) so as to garner the support of professional colleagues in the international community.

The Hangzhou Resolution (7) of October 2013 reflects the resolve of Chinese authorities to bring about ethically proper and internationally recognized practices of organ donation and transplantation. In addition to calling for the end of “donation by execution”, the Resolution calls for transparency in the distribution of organs to a computerized waitlist of those in medical need, irrespective of social status, gender and religious beliefs. It seeks a national self-sufficiency in providing organs for Chinese patients with end-stage organ failure and rejects the practice of permitting foreign patients to undergo transplantation in China.

To achieve the cessation of use of organs from the executed an infrastructure of organ donation agencies—established in proximity to the more than 160 transplant centers throughout China—is urgently required. The legal determination of death both by neurologic criteria and cessation of cardio-respiratory function should be accepted by Chinese society and targeted public education to this end should be introduced. The internationally accepted “dead donor rule” that mandates that the removal of organs must not be the cause of the death of the donor (8) must be accepted and applied. Physicians within intensive care units must be trained to recognize and refer medically suitable donors to the organ donation agency. Donation coordinators must be given the responsibility of responding to such referrals and orchestrate the logistics of the recovery and transplantation of organs from each donor, maximizing recovery to include the heart, lungs, liver and kidneys when medically appropriate.

Organ specific registries of recovery and transplantation should be developed under the auspices of the local organ donation agency. These agencies should be accountable to the Ministry of Health with mandatory collection of data that requires such agencies and transplant centers to report each donor and each organ transplant. Agencies and centers should not be otherwise authorized to conduct its activities without fulfilling this mandatory requirement.

China has the technical capacity to perform organ donation and transplantation by highly skilled Chinese surgeons and physicians. Nevertheless, the DICG is eager to collaborate with respected Chinese colleagues to assist in the establishment of the organ donation agencies. The ability to achieve the cessation of using organs from the

executed will depend upon that task being accomplished as soon as feasible and done consistently province by province throughout China. It is to be fervently hoped that progressive Chinese transplant professionals and government officials will be successful in this process and that China will take its rightful place as a respected member of the international organ transplant community.

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