

# Conversation with Sally Satel on October 10, 2013

## Participants

- Sally Satel, MD — Resident Scholar, American Enterprise Institute; Lecturer in Psychiatry, Yale University School of Medicine
- Alexander Berger — Senior Research Analyst, GiveWell

**Note:** This set of notes was compiled by GiveWell and gives an overview of the major points made by Sally Satel.

## Summary

Sally Satel is a Resident Scholar at the American Enterprise Institute and a Lecturer in Psychiatry at the Yale University School of Medicine.

GiveWell spoke to Dr. Satel as part of its investigation of incentives for organ donation as a philanthropic cause. Conversation topics included arguments about compensation for kidney donation, organizations working for and against incentives, activities for and against incentives, and other ways to encourage kidney donations besides incentives.

## Arguments against incentives for kidney donation and counter-arguments

Many groups, including the National Kidney Foundation, oppose incentives for kidney donation on the basis that incentivized donations would crowd out altruistic donations. Dr. Satel believes that this is fundamentally an empirical question that should be resolved by a pilot study. Data from paying for blood donations recently published in *Science* (author: Mario Macis PhD, Johns Hopkins) strongly suggests that crowding out is unlikely to be a problem. What's more, Dr. Satel argues that we sustain no shortages in the products of the body we pay for, including sperm, eggs, cadavers for medical schools, and plasma. Comparing the plasma industry to blood collection is instructive: the U.S., which pays the donor for plasma, is the world's biggest exporter of plasma. When it comes to blood, we experience shortages.

Some people, particularly those clustered on left side of the political spectrum, are concerned that the poor might be pushed into making bad decisions if there were incentives for donating organs. It's a reasonable point to raise. But there are remedies. For example, as a built-in safeguard to prevent people from making rash decisions, advocates for incentives suggest incentives that take the form of in-kind benefits (or cash payments spread out over years) and impose a waiting period. For example, the reward could be health insurance, a tax holiday, funeral benefits, or a contribution to a retirement account.

## Organizations working for and against incentives for kidney donation

*For*

Although no organization has a major campaign to promote incentives for kidney donations, various people and organizations are in favor of a pilot study:

- The Cato Institute and the American Enterprise Institute would be in favor of a pilot.
- Save Lives Now New York is a newer organization in favor of a pilot.
- The American Society for Transplant Surgeons did a poll a few years ago and found that the majority of surgeons it surveyed were in favor of pilot trials, but it does not lobby on the issue.
- The American Association of Kidney Patients and the Polycystic Kidney Disease Foundation would probably look favorably on a trial, but they are not advocating for one.
- The United Network for Organ Sharing was in favor of a pilot in the 1990s but has been largely silent on the matter since then.
- The American Medical Association expressed the need for pilot programs for deceased donation but does not lobby for them.

### *Against*

The National Kidney Foundation (NKF) is resolutely against incentives for kidney donation. In the Congressional hearings on kidney donation of the 1990s, the NKF supported pilots of incentives for deceased donors, but in a 2000 hearing, it expressed the concern that incentives for kidney donation would crowd out altruistic giving.

## **Activities for and against incentives for organ donation**

### *For:*

In order for incentives for organ donation to be tested in the U.S., the National Organ Transplant Act, which outlaws such incentives, would have to be amended either through a stand-alone piece of legislation or as part of some other bill.

In 2009, U.S. Senator Arlen Specter proposed a bill to allow states to offer incentives for organ donations. Dr. Satel and other advocates for incentives met with ten senators to ask if they would be interested in co-sponsoring the bill. Two agreed to be co-sponsors (one Democrat and one Republican), while six others expressed interest in the bill but did not want to co-sponsor it. However, the bill was never introduced because of Senator Specter's political situation.

In general, Dr. Satel has found that politicians are fairly receptive to the idea of incentives for organ donation unless some group is advising them against the idea. Further, public polling shows a majority of respondents are receptive to trials of incentives.

In response to the Istanbul Declaration (discussed below), Dr. Satel and other advocates for incentives hosted a conference in the Philippines, intending to write a Declaration of Manila in favor of incentives for kidney donations. Although they were unable to reach agreement among conference participants for a declaration, Dr. Satel and other advocates for incentives wrote a paper proposing standards for incentives systems that appeared in the *American Journal of Transplantation* in 2011 (, Arthur Matas, et al.).

### *Against:*

The National Kidney Foundation (NKF) has been the most outspoken critic of incentives for kidney donation. When Senator Specter put forth his bill in 2008-2009, the NKF lobbied against it.

In 2008, opponents of incentives met in Istanbul and published the Declaration of Istanbul, which spoke out against incentives. The Transplantation Society, the International Society of Nephrology, and the World Health Organization participated.

In 2011, the 9<sup>th</sup> Circuit Court of Appeals ruled that bone marrow transplant by apheresis does not constitute an organ transplant and thus may be incentivized. The Department of Health and Human Services is now attempting to redefine bone marrow as an organ so that incentives for transplant cannot be offered.

## **Other ways to encourage kidney donation besides incentives**

Dr. Satel believes that no other program besides incentives would be as effective. Still, one promising possibility is a LifeSharers program, whereby those who agree to donate their organs at death get preference in receiving organ donations while they are alive. Although there was an initial increase in organ donor registration when Israel instituted a policy akin to LifeSharers, that uptick may not have been sustained over time. Data should be available soon.

Another idea that is sometimes discussed is presuming consent for organ donation from deceased donors. However, Dr. Satel believes this would be less politically popular than incentives for donation and would be unlikely to bring in enough organs.

## **People and organizations for GiveWell to talk to**

- Arthur Matas, MD, Professor, Department of Surgery, University of Minnesota
- Ben Hippen, Emergency Medicine Physician, Petaluma Valley Hospital

- Michele Goodwin, Everett Fraser Professor of Law, University of Minnesota
- Rocco F. Andriola, Co-Founder and Co-Chairman, Save Lives Now New York. He is working on getting a law passed to allow third parties to cover funeral costs, which would make it possible to offer coverage of funeral costs as an incentive for organ donation.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>.*