A major problem in organ transplantation to date is the large gap between the supply of and the demand for transplantable organs. In the United States in 2004, programs added 27,131 individuals to the kidney waiting list while only 15,671 kidney transplant surgeries took place. Many have proposed policy changes to close this gap. Instituting a system of financial incentives for donation has become particularly attractive to some and stands as controversial “solution” to the organ shortage.

Often lost in the discussion is the broad array of policy options for financial incentives in transplantation. These include removal of financial costs borne by organ donors to a full-fledged market for organs. Each would have associated costs, benefits, distributional, and ethical consequences.

Unfortunately, we lack sufficient empirical evidence to support the arguments for the various policy alternatives. The Chicago Transplant Ethics Consortium (CTEC) calls for methodical study of the most modest of these financial incentive proposals: we suggest a program to address the significant financial disincentives for live donor organ donation, such as the risk of income and/or job loss due recovery time after donor surgery. Policy makers need to know how providing compensation for time away from work might affect relatives’ or others’ willingness to donate. The extra initial expense could result in long-term savings by preventing or reducing the expense of dialysis.

Simple, limited financial measures, such as that suggested here could reduce the organ donation/organ demand gap. Careful exploration of this kind of option might prevent the hazards likely associated with an unregulated organ market. CTEC supports the systematic exploration of controlled economic experiments to improve the supply of transplantable organs.

For more information, visit http://www.transplantethics.org/