Letter to the Editor

doi: 10.1111/ait.14050

The Transplantation Society Believes a Policy of Engagement Will Facilitate Organ Donation Reform in China

The Transplantation Society (TTS) was the first professional transplantation organization to respond to the practice of using organs from executed prisoners for transplantation more than a decade ago (1). TTS has been instrumental in working with the World Health Organization (WHO) and the World Health Assembly to develop guidelines for governments to combat organ trafficking and, with the International Society of Nephrology, established the Declaration of Istanbul (DOI). This declaration defined "organ trafficking" and "transplant tourism" and presented principles and proposals to effect change. TTS has worked diligently to curtail commercial transplantation and the use of executed prisoners globally and replace this practice with ethical programs of living and deceased organ donation to serve the citizens of every nation.

TTS has been asked by the American Journal of Transplantation (AJT) to comment on the personal opinion piece by Trey et al in this issue of the AJT. The authors wrote that the Doctors Against Forced Organ Harvesting (DAFOH) are perpetuating an unproven claim of 100 000 transplantations per year in China, derived from the murder of unnamed followers of the Falun Gong (2). The call by DAFOH for a complete moratorium against interactions with Chinese transplant specialists is exactly counter to the needs of the Chinese community today. DAFOH is "giving oxygen" to the opponents of change in China by targeting those who are trying to bring about reform. Transparency of transplantation practice is a WHO guiding principle that should apply not only to China but also to every other country in the world. When the unproven assertions of DAFOH are published in AJT without validation, they serve the interest of those within China who would thwart change and transparency.

For the past 15 years, no one can be in doubt about the clear and unequivocal opposition by TTS to the use of organs from executed prisoners (3,4). All members of TTS sign an ethics statement that they do not use organs from executed prisoners. Our journals (and those of many other transplant organizations) do not accept papers with data or an experience that could

involve the use of executed prisoner organs. TTS congresses do not permit the presentation of studies involving executed prisoners' organs, and we have clear review mechanisms to prevent such academic recognition.

The results of our strategies have been a decade of change in China that led to the 2015 declaration that Chinese transplant centers would no longer use organs from executed prisoners. The consensus of the WHO and international transplant professionals who have visited China in the past 2 years is that those tasked with the oversight of organ donation and transplantation within China are bringing about reform that is consistent with the WHO guiding principles and the DOI. In 2005 the Chinese government created a registration system for transplant centers and reduced their number from more than 600 to 168. The 2007 Chinese State Council Regulations on Transplantation, the Huangzhou Resolution in 2013, and the Chinese regulatory change announced in December 2014 progressively restricted and then ceased the use of executed organs and developed a national program of organ donation after circulatory death. The China Organ Transplant Response System (COTRS) allows the recording of the source of all donors (either deceased or living) and their computerized allocation, which should improve transparency concerning the source and number of donors.

We believe that all professional transplant organizations should join TTS in calling for an objective transparency by all nations, including China, Asia, the West, and the Middle East, as to the source of organ donation and the extent of transplantation tourism. An important first step would be reporting of transplant activity and organ donation to the WHO-Organización Nacional de Trasplantes Global Observatory on Donation and Transplantation. With regard to the Chinese transplant community, TTS remains strongly committed to engagement with those who are willing to support reform while maintaining its firm opposition to the use of organs from executed prisoners and organ trafficking.

Letter to the Editor

 P. J. O'Connell^{1, *}, N. Ascher² and F. L. Delmonico³
¹Department of Renal Medicine, University of Sydney Westmead Hospital, Sydney, Australia
²University of California San Francisco School of Medicine, San Francisco, CA
³Renal Transplantation, Harvard Medical School, Boston,

*Corresponding author: Philip J. O'Connell, philip.oconnell@sydney.edu.au

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

Disclosure

The authors of this manuscript have no conflicts of interest to disclose as described by the *American Journal of Transplantation*.

References

- Najarian JS, Sheil R. Draft report: The use of organs from executed prisoners. Transplant Soc Bull 1996; 5: 8.
- Trey T, Sharif A, Schwarz A, Fiatarone Singh M, Lavee J. Transplant medicine in China: Need for transparency and international scrutiny remains. Am J Transplant 2016; doi: 10.1111/ait.14014
- Delmonico FL, Capron AM, Danovitch GM, Levin A, O'Connell PJ. Organ transplantation in China – not yet a new era. Lancet [letter] 2014; 384: 741.
- Delmonico F, Chapman J, Fung J, et al. Open letter to Xi Jinping, President of the Peoples Republic of China: China's fight against corruption in organ transplantation. Transplantation 2014; 97: 795–796.