

EDITORIALS



Engaging with China on organ transplantation

Withdraw professional engagement pending transparency about procurement and accountability for past abuses

Wendy A Rogers *professor of clinical ethics*¹, Matthew P Robertson *independent researcher*², Jacob Lavee *director*³

¹Department of Philosophy and Department of Clinical Medicine, Macquarie University, Sydney, NSW 2109, Australia; ²New York, USA; ³Heart Transplantation Unit, Leviev Heart Center, Sheba Medical Center, Tel Aviv University, Ramat Aviv, Israel; Correspondence to: W A Rogers wendy.rogers@mq.edu.au

In 2005, one of China's most prominent liver transplant surgeons travelled to the far western province of Xinjiang. There he performed a highly complex autologous liver transplantation. The patient's liver was explanted, the cancer excised, and the liver retransplanted.

As a backup to this innovative, risky procedure, the surgeon ordered two extra livers by phoning hospitals in Chongqing and Guangzhou. These were delivered the next morning.¹⁻⁴ Such events are unimaginable in systems where organs are freely donated, scarce, and allocated according to need. In China in 2005, most organs for transplants came from executed prisoners.⁵

This incident was widely reported in the Chinese media, identifying the surgeon as Huang Jiefu, familiar to many in the West as the official spokesperson for China's organ transplantation system. In February, Huang will represent China at the Pontifical Academy of Sciences (PAS) summit on organ trafficking and transplant tourism at the Vatican. There he will, according to the official Communist Party newspaper, *People's Daily*, "share with the world China's solution to organ donation and transplantation: 'The Chinese Path.'"⁶

We wholeheartedly support the PAS's commitment to exposing and combating human exploitation, commodification, trafficking, and other human rights abuses associated with the sale of organs. But in tackling these issues, the global community must consider the question of when and how to engage with an organ procurement system as deeply compromised as China's.

Current professional interactions with Chinese transplant doctors are guided by the Transplantation Society's 2006 principles, which endorse a "cooperation" philosophy: "Interaction with Chinese officials is the only true route to effect long term change."⁷ In issuing these principles, the society acknowledged that the situation in China was unique, relying as it did on the organs of executed prisoners. However, the term "executed prisoners" obscures the distinction between people sentenced to death by the Chinese criminal justice system (who, by law, must be executed within seven days) and prisoners of conscience killed extrajudicially. Researchers believe that the majority of organs come from prisoners of conscience, who are executed without due process.⁸

Since January 2015, China has vowed to halt the use of organs from executed prisoners.⁹ After a pilot in 2010-14, a procurement programme using donated organs from people who meet circulatory death criteria was rolled out nationally. There are now national transplantation registries and organ procurement organisations. Yet there is no new law or regulation in China banning the use of organs from executed prisoners. Nor have existing regulations permitting the use of prisoners' organs been rescinded. Prisoners remain a legal source of organs if they are deemed to have consented before execution, thus permitting ongoing retrieval of organs from prisoners executed with or without due process.¹⁰

The transplant registries are not open to public scrutiny or independent verification. Inexplicably high volumes of transplantation continue to take place in China,⁸ and wealthy foreigners can still obtain liver and heart transplants, booked in advance.¹¹ The Transplantation Society's former president Francis Delmonico acknowledged under oath at a recent US Congressional hearing that he cannot verify claims about reform in China.¹¹ The main evidence for reform has simply been the public assertions of Huang Jiefu and other government officials.¹²

Is the policy of cooperation ethically appropriate? We think not. The most serious human rights abuse in China—killing prisoners of conscience for their organs—is excluded from discussion with Chinese officials, because discussing the matter is labelled "demonising China" with "fabricated evidence."¹³ Furthermore, China's inclusion by prestigious bodies such as the Transplantation Society and the PAS is interpreted and widely publicised in Chinese media as a signal that the country is now emerging as a leader in transplantation.¹⁴ Such recognition facilitates moving forward without accountability for past practices.

A policy of unconditional engagement with China's transplant system risks making organisations such as the Transplantation Society and PAS complicit in these crimes, as they provide a platform for Chinese doctors to share and celebrate their work. Given the nature and magnitude of the allegations against China, we suggest an alternative course of action. The international medical community should demand accountability and transparency regarding organ procurement in China and

withhold further international recognition until this is delivered. Professional engagement with Chinese transplant surgeons should be suspended, including research, publications, conferences, consultancies, and training, whether or not the specific interactions involve transplantation.

States can introduce legislation to limit and punish transplantation tourism, as Israel and Taiwan have done,^{15 16} and can refuse to issue international visas for people who have been involved in organ harvesting. We need independent scrutiny of Chinese practice by an appropriate international body with the power to perform unscheduled visits and interview donor families, as well as publicly accessible transplant registries. Evidence of Chinese legal reform should include rescinding the 1984 regulations permitting the use of prisoner organs, with criminal punishments for those who breach the new legal framework. Finally, those who have committed crimes or been complicit in forced organ harvesting must be brought to account.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare the following interests: WAR is the chair of the international advisory committee of the International Coalition to End Organ Pillaging; JL is a member of the board of councillors of the Declaration of Istanbul Custodian Group and a member of the International Advisory Board of Doctors Against Forced Organ Harvesting.

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