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Summary

A shortage of organs for transplant has inspired a plan whereby individuals could bequeath \$10,000 to anyone they wish, in exchange for signing a document stating their agreement to organ donation, should they become brain dead through accident or illness.

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How to Fix the Organ Donation Crisis

Richard M. Devos, co-founder of Amway Corporation, now called Alticor, received a heart transplant in 1997.

Sixteen people per day in America are dying waiting for an organ that never arrives. Over half of the organs available for transplantation are buried with the deceased because our system fails to obtain family consent for the donation.

Fortunately, there is a safe, easy way to solve the problem. But it will require leadership at the state and national levels. I was the recipient of a heart transplant 5 1/2 years ago. Knowing first-hand the anxiety of waiting for an organ, I have embarked on a campaign to increase organ donations.

In the process of analyzing initiatives, my staff came upon a proposal first put forward by businessman Gene Epstein and veterinarian Al Boessmann, activists in the organ donation movement. Called "Project Organ Donor: A Commitment for Life," their plan is to establish an insurance-like policy or tax credit of \$10,000 to be given to the designated beneficiary of any person who agrees to eventually donate his or her organs, in the event that they should become brain dead through accident or illness. It applies only to organ donations from brain-dead individuals, not to living donors, to avoid the hypothetical dangers involved in possible commercialization of organs in an open market. The distribution of organs would remain as it is now through the United Network for Organ Sharing (UNOS).

How would the plan work? I believe that \$10,000 is an amount adequate to induce individuals who are getting a driver's license, applying for a job, joining the police, fire department, or armed forces, enrolling in a college or university, joining a church, synagogue, or mosque, or any other activity where individuals interact with society, to consider signing a witnessed, legally binding document. This document would be sent to UNOS and would become available only after the patient is declared brain dead and the family is notified.

Who pays the \$10,000? Insurers. Sixty percent of transplants are kidneys. Each patient taken off of the kidney waiting list saves between \$200,000 and \$400,000 for the payers, be they Medicare (60 percent) or private insurance companies. A donor who provides two kidneys, for example, would save insurance companies or Medicare between \$400,000 and \$800,000. For the insurers paying the \$10,000 to the beneficiary, this will represent a huge savings. A study by nationally recognized health-care policy consultants Dyckman & Associates and another by University of Minnesota Dr. A.J. Matas, and Dr. M. Schnitzler of Washington University, St. Louis, Mo., have estimated similar savings, including the post-transplant costs, using completely different methodology.

This proposal is appealing because it transfers the decision from the family to the true donor. It empowers the poorest members of society to bequeath to their families compensation for their generosity. And the experience of Spectrum Hospital in Grand Rapids, Michigan, the second-largest U.S. provider of organs from brain-dead patients, has shown that when the patient's desires are known, the family is relieved not to have to make such a painful decision at the height of grief over the loss of their loved one.

Who can calculate the value of a life saved or the improvement in the quality of life of a dialysis patient or of one who is constantly being admitted to hospitals with congestive heart failure?

Congress should instruct the U.S. Department of Health and Human Services to conduct trials of financial incentives for organ donations. It is my hope that the state of Michigan is chosen as one of the trial sites to prove this plan can work. It will take a strong and focused public relations effort to inform Michigan citizens about the donation document and encourage them to participate in the program. However, this is a bipartisan issue and a noble cause. To allow more people the opportunity to experience the joy of life is surely something people of all political convictions can endorse.

Publisher's Note: The Mackinac Center for Public Policy, a research and educational institute headquartered in Midland, Mich., encourages innovative approaches to organ donation. In addition to Mr. DeVos' proposal above, another known as the "LifeSharers" plan is worthy of consideration. Interested readers can learn more about it at www.mackinac.org/4175.

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(Richard M. DeVos is co-founder of the Amway Corporation, now known as Alticor, in Ada, Michigan. More information is available at www.mackinac.org. Permission to reprint in whole or in part is hereby granted, provided the author and the Publisher's Note above are cited.)

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