

AMA considers whether to pay for donation of organs

Deborah Josefson *Nebraska*

In a major and contentious policy shift, the American Medical Association (AMA) has voted to encourage studies that would determine whether financial incentives could increase the pool of cadaveric organ donors.

The association's House of Delegates endorsed such studies after furious debate at their annual meeting in Chicago, Illinois.

The issue was originally considered at a meeting in December 2001, when the association's council for ethical and judicial affairs ruled that financial incentives to encourage organ donation were not intrinsically unethical and warranted further study.

However, when a vote was called, the House deemed the issue too controversial to be dealt with at that time and opted for reconsideration at their annual meeting in June 2002.

At this latest meeting a reference committee initially opposed

endorsing such studies, but ultimately the resolution was passed.

Currently, US federal law prohibits the sale of organs and any "valuable consideration" for organs under the provisions of the 1984 National Organ Transplant Act. The act recognises only altruism as a motivator for organ donation.

However, altruism alone has not increased the number of organ donors, and organs are in critically short supply. Nearly 80 000 people are on transplant waiting lists, and an estimated 15 000 people on those list die while waiting for an organ, according to the United Network for Organ Sharing, the non-profit making agency that maintains transplant waiting lists in the United States. Last year 6100 people died waiting for an organ.

Momentum has therefore been building to study whether financial incentives would increase the pool of organ donors. Among strategies to be considered are small payments of \$300-\$1000 (£200-£670; €310-€1032)—which could deflect the funeral cost of a relative—and preferential consideration for organ donation when a member of someone's family member has donated an organ.

Proponents of incentives point out that payment for blood



Rare medieval medical manuscript goes public

A 15th century physician's handbook, which was the subject of a recent export ban to prevent it from leaving the United Kingdom, has been bought by the Wellcome Trust.

The highly decorative book, produced in 1454, had previously been owned by a dealer in rare books, who was planning to sell the book abroad. But its export was banned by the arts minister, Baroness Blackstone. Meanwhile the Wellcome Trust intervened, buying it for £210 000 (\$315 000; €325 000). The book can be seen at the Wellcome Library, 183 Euston Road, London NW1 2BE.

and blood products as well as eggs and sperm are already routine and that it is more unethical to let people on transplant waiting lists die than to study whether monetary enticements

could ameliorate the situation.

Those opposed to such measures generally contend that payment represents the slippery ethical slope of organ trafficking. □

BMA has to pay £815 000 in damages for indirect racial discrimination

Clare Dyer *legal correspondent, BMJ*

The BMA was ordered last week to pay £814 877 (\$1.2m; €1.3m) compensation to an Asian surgeon after the association refused repeated requests to assist him in race discrimination claims against the medical training authorities over recognition of his training.

The Manchester employment tribunal ruled that the BMA was itself guilty of indirect race discrimination in refusing to support race discrimination claims by its members against royal colleges, specialty advisory committees of royal colleges, postgraduate deans, or the specialist training authority. The tribunal cleared the association of direct discrimination in refusing to support Rajendra Chaudhary's claims. But the BMA

was found guilty of victimisation—discriminating against him by refusing to reconsider supporting his claims once it learned that he was considering a race discrimination claim against the BMA.

The award includes £5000 aggravated damages—awarded in a small percentage of cases and only if a respondent's conduct has been "high handed, malicious, insulting, or oppressive." The tribunal found the BMA had not behaved in a malicious, insulting, or oppressive manner, but its conduct was "high handed throughout" and amounted to "institutional denial."

Mr Chaudhary, who came to the United Kingdom after qualifying in India, sought the BMA's help in bringing claims against

the Royal College of Surgeons (RCS), the postgraduate dean for Wessex, the specialty advisory committee (SAC) for urology of the RCS, and the specialist training authority (STA).

He gained the FRCS in England and Scotland, and spent three and a half years as a registrar in urology in Manchester, moving to a locum senior registrar post. The post was said to be "royal college approved," and in 1992 it appeared in an RCS list as providing "acceptable training."

After obtaining settled status in the United Kingdom, he applied to the postgraduate dean to be admitted to the specialist registrar grade, the route to an NHS consultant's post. But he was told his Manchester post had not been approved by the SAC for urology and he would have to start training all over again.

The tribunal concluded that the BMA "refused to recognise the possibility that the royal colleges, the STA, postgraduate dean, or the SACs might dis-

criminate on racial grounds." Such claims were not "evaluated or considered in reality." This might not have been a deliberate policy, but the result of an attitude of mind, the tribunal said.

Mr Chaudhary is currently unable to work owing to stress related psychiatric illness. The tribunal found that the BMA's discrimination "materially added to and exacerbated his existing stresses which altogether caused his illness." He said he was pleased with the decision but that "no amount of compensation will bring back my lost career or reverse the suffering I have endured."

The BMA said it was appealing against the ruling but in the meantime reviewing its procedures to ensure similar criticisms could not be levelled in the future. It believed the tribunal's finding that it actively pursued claims of race discrimination in appointment and promotion and reconfirmed its good faith in attempting to secure justice for ethnic minority members. □