

**[ DOH ADMINISTRATIVE ORDER NO. 2008-0004,  
March 03, 2008 ]**

**REVISED NATIONAL POLICY ON LIVING NON RELATED ORGAN  
DONATION AND TRANSPLANTATION AND ITS IMPLEMENTING  
STRUCTURES**

**I. RATIONALE**

With the increasing number of end stage renal disease (ESRD) in many countries including the Philippines, the demand for transplantation has also increased. For a transplant operation to materialize, an organ donor becomes an urgent need for an ESRD Patient. With the overwhelming demand for organ donors, the potential abuse in sourcing them out has become a local and worldwide concern.

There are 10,000 to 12,500 Filipinos nationwide who develop ESRD annually. It is estimated that 50-60 percent of these patients are suitable kidney transplant candidates out of which only less than 10% are actually transplanted because of insufficient organ supply and the unaffordability of the operative procedure to most patients. Based on the Philippine Renal Disease Registry 2006 Report, 90% of kidney transplants in the Philippines are from living donors while only 10% come from deceased donors. Of the total living donor 68% are from LNRDs. This is a marked change from the figures 15 years ago and it is expected to increase yearly because of a rising need for transplantation and the unavailability of preferred donors coming from Living Related Donors (LRDs) and brain dead individuals. However, the deceased organ donation and living related organ donation are the top preferred modes of the government.

Advances in technology during the past decade have made transplantation from LNRDs better than those coming from best-matched deceased donors. Kidney transplantation has become the preferred option for most patients with ESRD because it offers better quality of life compared with dialysis. Furthermore, the latter is costly wherein a 3 session per week of dialysis treatment costs P48,000 - 96,000 per month. As a modality of treatment on a long-term basis, this amount is unaffordable for an average income earning Filipino especially today.

Culturally, LNRDs are also becoming to be acceptable in the country as evidenced by a survey conducted by the Philippine Information Agency - Public Opinion Research Division and the University of the Philippines Institute of Clinical Epidemiology National Institutes of Health - Philippines. Based on the Nationwide Survey on the People's Knowledge and Opinions About Organ Donation in 2001 and 2005, 44% and 53% respectively, of the respondents agree that LNRDs are acceptable sources of organs.

However, recent media reports on transplantation using LNRDs have highlighted the potential for abuse and manipulation of these donors who are mostly poor. Both the

organ donor and potential recipient are easy and vulnerable targets of organ sale and brokering. It has generated controversy that needs urgent action and attention.

The initial step of the Department of Health (DOH) to counter the commercialization of organ donors was the formulation of the National Policy on Kidney Transplantation from Living Non-Related Donors (LNRDs) through Administrative Order No. 124 series 2002. A.O.124, s. 2002 has likewise considered the tenets of Republic Act No. 7170 otherwise known as the Organ Donation Act of 1991, which addresses the issue of brain dead donors. However, it does not include provisions for the acceptance and management of living organ donors, the regulation of which has become imperative.

Having this premise, there is a need to strengthen the guiding policy governing organ donors to curb the reported cases of "backdoor" operations that currently defy ethical and medical standards in transplantation. Regulation of health tourism is likewise seen as relevant strategy to inhibit illegal organ trafficking.

This Order therefore sets the general guidelines and ethical principles whereby act of donation and conduct of transplantation using non-related donors shall be managed and regulated.

## II. COVERAGE

The following, whether public or private, shall be governed by this Order;

1. Kidney donors and recipients.
2. ALL health and health-related professionals and individuals engaged or have any participation in the conduct of transplantation and donation.
3. Offices/Bureaus, including attached agencies and field offices of the DOH.
4. all health and health-related facilities such as but not limited to hospitals, laboratories
5. Other government and non-government agencies and organizations, such as foundations organized to promote and support transplantation and donation programs and association Such as medical and specialty societies.

## III. DEFINITION OF TERMS

1 Living Related Donors (LRDs) - They are related to the recipient by blood within the fourth-degree of consanguinity (i.e. parent, children, siblings, nephews/nieces, first cousins).

2 Living Non Related Donors (LNRDs) - They are not related to the recipient by blood but have the willingness and intention to donate a kidney based on certain reasons. These donors are classified into:

a. Voluntary Donors - Those who are not related by blood to the recipient but bear close emotional ties with him/her, (i.e. spouses, relatives by affinity, colleagues, fiancé/fiancée and adoptive parents or children).

b. Commercial Donors - Also known as kidney vendors who offer their kidneys for sale. They usually engage the services of a broker or agent. Payment or a promise of payment is a precondition and pre-requisites to

the organ donation.

2a. 1 Directed Kidney Organ Donor - someone who has a specific recipient in mind whom he would want to donate to. This follows the principle known as donor designation wherein the donor's wishes are given due consideration.

2.a.2 Non-Directed Kidney Organ Donor - a donor who would donate to whoever he/she matches on a list of waiting patients for organ transplant.

3. Board - to refer to Philippine Board for Organ Donation and Transplantation.

4. Network - to refer to Philippine Network for Organ Donation and Transplantation (PhilNETDAT).

#### IV. GUIDING PRINCIPLES

The Philippine Organ Donation and Transplantation Program (PODTP) shall be guided by these principles:

1. Equity - Non-directed donated organs belong to the community. Such organs must be allocated fairly among transplant centers and among recipients. Determination of priority shall be based on medical need and probability of success.

2. Justice - The criteria to be adopted in determining allocation of organ must be objective and independent of gender, race, creed, culture and socio-economic status.

3. Benevolence - Only organs that are voluntarily donated with full-informed consent h competent adult shall be subject for transplantation. All health and health related shall not allow the trade of commerce of kidney vendors.

4. Non-maleficence - no harm should occur to the donor or recipient in the process of transplantation whether immediate or post transplantation.

5. Solidarity - Ati stakeholders shall have a common and shared objective of safeguard' the health of both the recipient and the donor.

6. Altruism - Organ donation must be done first and foremost out of selflessness a philanthropy to save and ensure the quality of life of the beneficiary.

7. Volunteerism - Organ donation must be done out of the donor's:

- Competence (decision-making capacity)
- Willingness to donate
- Free from coercion
- Medical and psychosocial suitability
- Fully informed of the risks and benefits as a donor
- Fully informed of the risks, benefits and other alternative treatment available to the recipient.

#### V. GENERAL POLICY STATEMENTS

As mandated agency to promote and protect the health of the Filipino people, the DOH adopts the following policies in the practice of kidney transplantation from LNRDs:

1. Filipino recipients shall be given priority in the donor allocation. Ability to pay should not be a deterrent for their prioritization and delivery of services."
2. The safety of both donor and recipient shall be given highest consideration and transparency regarding the risks to both shall be pursued rigorously.
3. Payment as precondition for kidney donation and sale and purchase of kidney organs by kidney vendors/commercial donors are strictly prohibited.
4. Kidney transplantation is not part of medical tourism.
5. All health and health-related facilities and professionals shall not allow the trade of kidney.
6. Directed or non-directed LNRDs are permitted only in cases when they are voluntary donor as defined under III 2.a. All non-directed kidney organ donors should be obtained from the National-Human Organ Preservation Effort (NHOPE). Directed kidney organ donor should be reported to the NHOPE after being favorably endorsed by the Ethics Committee of the facility.
7. Guidelines and limitations concerning foreign patients shall be formulated by the Philippine Network for Organ Donation and Transplantation (Phil NETOAT) and approved by Board (PBODT).
8. All health and health-related facilities shall implement and adopt quality standards and tools in the medical and organizational management of kidney transplantation. The DOH and PHIC, whichever is applicable, shall enforce and monitor these facilities through licensing and accreditation rules and regulations to ensure accessibility, quality and sustainability of the services."
9. ALL professional societies related to organ donation and transplantation shall ensure that all their members comply with PODTP guidelines relative to the practice of organ transplantation. The members of professional societies related to this practice shall likewise be Credited by the PHIC.
10. In no instance shall any kidney be transported or exported abroad.
11. Existing foundations involved in processing kidney donors should be an affiliated member of PhilNETDAT.
12. A Philippine Board for Organ Donation and Transplantation shall be created for this purpose to serve as overseer in the implementation of policies related to organ transplantation. A national network for organ donation and transplantation shall likewise be created to serve as the overall implementing body for organ donation and transplantation. This shall be called Philippine Network for Organ Donation and Transplantation or PhilNETDAT. PhilNETDAT may also create composite teams as necessary and appropriate to run the various aspects of the organ donation