Preamble

Organ transplantation, one of the greatest medical success stories of the twentieth century, has prolonged and improved the lives of hundreds of thousands of patients worldwide. Countless acts of generosity by organ donors and their families, as well as the many important scientific and clinical advances achieved by dedicated health professionals, have made transplantation not only a life-saving therapy but a symbol of human solidarity. Yet these accomplishments have been tarnished by numerous instances of organ trafficking, of trafficking in persons for the purpose of organ removal, and of patients who travel abroad to purchase organs from poor and vulnerable people. In 2007 it was estimated that up to 10% of transplants worldwide involved such practices [1].

To address the urgent and growing problems posed by these unethical activities, the Transplantation Society (TTS) and the International Society of Nephrology (ISN) convened a Summit Meeting in Istanbul in April 2008. 151 participants—representatives of scientific and medical bodies, government officials, social scientists, and ethicists—reached consensus on the Declaration of Istanbul [2], which has been subsequently endorsed by more than 135 national and international medical societies and governmental bodies involved in organ transplantation.

The Declaration of Istanbul expresses the determination of donation and transplant professionals and their colleagues in related fields that the benefits of transplantation be maximized and shared equitably with those in need, without reliance on unethical and exploitative practices that have harmed poor and powerless persons around the world. It aims to provide ethical guidance for professionals and policymakers who share this goal. The Declaration thus complements efforts by professional societies, national health authorities, and inter-governmental organizations such as the World Health Organisation [3], the United Nations [4,5], and the Council of Europe [6-8] to support the development of ethical programs for organ donation and transplantation, and to prevent organ trafficking and transplant tourism. These efforts have contributed to the considerable progress made in countries around the world since 2008.

In 2010 TTS and ISN created the Declaration of Istanbul Custodian Group (DICG) to disseminate the Declaration and to respond to new challenges in organ trafficking and transplant tourism. Between February 2018 and May 2018, the DICG carried out a wide-ranging consultation, open to all interested parties, to update the Declaration in response to clinical, legal and social developments in the field. The results of the consultation process were presented, reviewed, and adopted as set forth in this document in Madrid in July 2018 during the International Congress of TTS.
The Declaration should be read as a whole and each principle should be applied in light of all the other principles which are equally important. The accompanying Commentary Paper explains and elaborates the text of the Declaration and suggests strategies for implementation.

**Definitions**

The following terms have specified meanings in the context of this document.

**Organ trafficking** consists of any of the following activities:

(a) removing organs from living or deceased donors without valid consent or authorisation or in exchange for financial gain or comparable advantage to the donor and/or a third person;
(b) any transportation, manipulation, transplantation or other use of such organs;
(c) offering any undue advantage to, or requesting the same by, a healthcare professional, public official, or employee of a private sector entity to facilitate or perform such removal or use;
(d) soliciting or recruiting donors or recipients, where carried out for financial gain or comparable advantage; or
(e) attempting to commit, or aiding or abetting the commission of, any of these acts.¹

**Trafficking in persons for the purpose of organ removal** is the recruitment, transportation, transfer, harbouring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of the removal of organs.²

In the context of this Declaration, the term **resident** denotes a person who makes their life within a country, whether or not as a citizen; the term **non-resident** denotes all persons who are not residents, including those who travel to, and then reside temporarily within, a country for the purpose of obtaining a transplant.

**Travel for transplantation** is the movement of persons across jurisdictional³ borders for transplantation purposes. Travel for transplantation becomes **transplant tourism**, and thus unethical, if it involves trafficking in persons for the purpose of organ removal or trafficking in human organs, or if the resources (organs, professionals and

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¹ This definition is derived from the Council of Europe Convention on Trafficking in Human Organs (2015). [8]
³ In the context of this Declaration, the term jurisdiction encompasses not only nations but also states, provinces, other formally defined areas within countries, and regional or other supra-national legal entities with the authority to regulate organ donation and transplantation.
transplant centres) devoted to providing transplants to non-resident patients undermine the country’s ability to provide transplant services for its own population.

**Self-sufficiency in organ donation and transplantation** means meeting the transplant needs of a country by use of donation and transplant services provided within the country and organs donated by its residents, or by equitably sharing resources with other countries or jurisdictions.

**Financial neutrality in organ donation** means that donors and their families neither lose nor gain financially as a result of donation.

**Principles**

1. Governments should develop and implement ethically and clinically sound programs for the prevention and treatment of organ failure, consistent with meeting the overall healthcare needs of their populations.

2. The optimal care of organ donors and transplant recipients should be a primary goal of transplant policies and programs.

3. Trafficking in human organs and trafficking in persons for the purpose of organ removal should be prohibited and criminalized.

4. Organ donation should be a financially neutral act.

5. Each country or jurisdiction should develop and implement legislation and regulations to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.

6. Designated authorities in each jurisdiction should oversee and be accountable for organ donation, allocation and transplantation practices to ensure standardization, traceability, transparency, quality, safety, fairness and public trust.

7. All residents of a country should have equitable access to donation and transplant services and to organs procured from deceased donors.

8. Organs for transplantation should be equitably allocated within countries or jurisdictions, in conformity with objective, non-discriminatory, externally justified and transparent rules, guided by clinical criteria and ethical norms.

9. Health professionals and healthcare institutions should assist in preventing and addressing organ trafficking, trafficking in persons for the purpose of organ removal, and transplant tourism.

10. Governments and health professionals should implement strategies to discourage and prevent the residents of their country from engaging in transplant tourism.
11. Countries should strive to achieve self-sufficiency in organ donation and transplantation.

REFERENCES


