



## FORUM

# Kidney Paired Donation is necessary in Brazil

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This Forum discusses the paper by Bastos et al: Kidney paired donation in Brazil – a single center perspective. *Transplant Int* 2021; 34:1568.

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## To the Editors

We read with interest the Letter from Bastos *et al.* on KIDNEY PAIRED DONATION IN BRAZIL – A SINGLE CENTER PERSPECTIVE. Using the designed study, the authors showed, mathematically, how Kidney Paired Donation (KPD) could increase Living Donor Kidney Transplant (LDKT) in a single center in Brazil and, by extrapolation, in South America [1]. The authors argue that KPD should be the preferred option to overcome donor/recipient incompatibilities, especially in low-to-middle income countries, and quote India's experience as the success of such strategy [2]. Although we do agree with the author's reasoning about the low numbers of LDKT in Brazil, we disagree that KPD programs should be implemented in Brazil and Latin America. We understand that the KPD strategy in countries with low-medium income cannot be viewed under the microscope of cold mathematical calculations because it bumps into several ethical and moral aspects. The number of Brazilians living on less than \$1.90 reached 9.3 million by 2018, the inequality Gini index raised to 53.9, and unemployment is the primary culprit behind increased poverty and inequality [3]. Unfortunately, it is precisely in the social inequality, and consequently in the lack of equity, that the problem of implementing KPD lies. Latin America and the Caribbean are considered the most unequal regions in the

world, where over half of the population either lives in poverty or is at risk of poverty, and the vulnerable middle class represents 40% of the population, without any social protection [4]. Therefore, it is undeniable that a large vulnerable population in Brazil and Latin America is exposed to exploitation by unscrupulous and immoral people. This population is a fertile field for the growth of transplant tourism, fueled by the demand of desperate patients together with the willingness of some physicians to profit from this criminal activity.

Since 2001, the Brazilian Organ Transplant Association (ABTO) developed an intense program of awareness of the transplant community aiming to ban organ trafficking and commerce. We actively participate in the initiatives that culminated in a full endorsement of the Declaration of Istanbul (DOI) and leading the Brazilian government to be the first country to introduce changes in the transplant law following the DOI recommendations (Decree # 201 from February 7, 2012). The Aguascalientes Document mentioned acknowledges the KPD as a strategy but does not include it among its final recommendations and reaffirms that transplants must be carried out according to the principles of justice and equity. We do not condemn the KPD strategy, but we disagree that it should be proposed in the actual Latin American context, where such great socioeconomic disparities do exist and could fuel organ trafficking and commerce. Last, to be fair with history, the first report of paired donation in Latin America was from Guatemala in 2011 [5].

## REFERENCES

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