



Health
Western Sydney
Local Health District

Department of Renal Medicine & Transplantation
Westmead Hospital
WESTMEAD NSW 2145
Phone: (02) 8890 6962
Fax: (02) 9633 9351

DAFOH and another party has made allegations that we have undisclosed relations with transplant centres in China and as such have a conflict of interest which raises ethical concerns. These allegations were first made in 2016 by the EPOCH Times, which is the news outlet for the Falun Gong. DAFOH has strong links with the Falun Gong. Both organisations oppose any interactions with China and these allegations arose as a result of our public scepticism of their unsupported claim that 60,000 to 100,000 Falun Gong practitioners are being killed annually and their organs harvested for transplantation.

We wish to state clearly that we have no 'secret relations' with transplant centres in China and have no conflicts of interest to declare. These allegations were first made during the International Congress of The Transplantation Society in 2016, which we were both responsible for (Prof O'Connell as President, Prof Chapman as Program Chair). We thus approached our medical school at Sydney University and requested that they independently investigate the matter to ensure that they were satisfied that we had not breached any codes of professional conduct. The University appointed an external expert to investigate the matter. Their conclusions were that: They ***"found that none of the allegations made against you were substantiated and that you did not breach the Research Code nor did you engage in research misconduct."*** They went on to point out that we did not stand to gain financially from our engagements in China as the allegations implied and noted that our visits were made with the full knowledge and approval of the Executive Committee of The Transplantation Society.

The underlying reason for these allegations is opposition, by the individuals making these allegations, to the Transplantation Society's interactions with transplant clinicians in China. The Transplantation Society's major aim has been to convince the Chinese Government and transplant specialists to stop their unethical use of organs from executed prisoners and to create instead an ethical program with altruistic living donors and deceased donors with family consent in intensive care units. This policy is outlined in detail in the following document (<http://www.tts.org/newstts-world/member-news/2174-tts-interactions-with-china-july-31-2016>). The policy was in place from the early 2000's and there has been no change in that TTS policy for more than a decade. There was no change during our respective terms as Presidents of the Transplantation Society. Their dispute with TTS and thus with us as former Presidents of the Society, is that they object to us engaging with China to bring an end to the use of organs from executed prisoners and introducing ethical organ donation consistent with World Health Organisation Guiding Principles, as unanimously endorsed by the World Health Assembly in 2010. Our involvement in China and interactions with Chinese transplant professionals has had the full support of the World Health Organisation, with which TTS has been in official relations since 2006 with a work plan that encompasses, amongst other activities, these broad goals with respect to China. We have thus met with the WHO representative in China and on several occasions travelled there with the WHO Headquarters officers responsible for transplantation policy, Dr Luc Noel and Dr Jose Nunez. Our efforts have been part of a concerted effort by The Transplantation Society to change practice in China that spans the terms of four presidents of the Society. TTS was the first organization to bring to light the extent and unethical nature of the use of executed prisoners as organ donors and selling of these organs to wealthy recipients from the West, Asia and the Middle East. We led the development of the Declaration of Istanbul



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in partnership with the International Society of Nephrology (endorsed by the Australian Health Ethics Committee) to protect the rights of human organ donors. We were the organization that imposed a ban on the presentation and publication of studies where the use of organs from executed prisoners were used. These policies remain in place and were only strengthened during our terms as President. We have dedicated our professional lives to the defense of these principles. Our opposition to the use of organs from executed prisoners and defense of TTS policy is in the public domain (see attached publications). We know these opinions have been widely understood in China and Professor O'Connell voiced his views strongly when he addressed the Chinese Organ Procurement Organisation session at the 2016 International Congress of the Transplantation Society (see attached copy of speech).

China has made some progress over the past 10 years in this area, under the leadership of Jiefu Huang who received training in transplantation at the Royal Prince Alfred and Westmead Hospitals in the 1980's. He is Chair of the Chinese national transplantation committee, well connected to the highest levels in the Chinese government and a former vice-minister of Health. At considerable risk to his safety and reputation he has been at the fore front of policy changes to introduce ethical organ donation in China and abolish the use of executed prisoners as organ donors. This has been a once in a generation opportunity to bring about social reform in both Chinese organ transplantation policy and clinical programs and we make no apologies for trying to achieve this through staunch, unwavering and absolute opposition to the use of organs from executed prisoners and other forms of organ trafficking by 'speaking truth to power', but we do not do so by repeating the rhetoric of DAFOH.

We thus categorically refute the imputations made against us and note that a carefully researched article by the American China correspondent of the Washington Post, supports the views we have presented to the committee about what is happening in China.

https://www.washingtonpost.com/world/asia_pacific/in-the-face-of-criticism-china-has-been-cleaning-up-its-organ-transplant-industry/2017/09/14/d689444e-e1a2-11e6-a419-ee8eff0835_story.html?hpid=hp_hp-more-top-stories_chinaorgans-545pm%3Ahomepage%2Fstory&utm_term=.eb75ea56d302

In addition China has recently supported international initiatives that combat organ trafficking and the use of organs from executed prisoner including the Vatican statement on Organ trafficking where both of us were participants and the recent UN resolution on this subject (UN Document number A/71/L.80).



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Regarding the other allegations:

Dr Zheng's abstract and presentation were withdrawn from our meeting in line with Transplantation Society policy. We have made no exceptions to this rule.

Neither of us are members of the Australasian College of Surgeons and we have no association with their "Project China Exchange Program".

A handwritten signature in black ink, appearing to read 'J. Chapman', enclosed within a light grey rectangular box.

A handwritten signature in black ink, appearing to read 'P.J. O'Connell'.

Jeremy Chapman AC and Philip O'Connell



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The underlying reason for these allegations is opposition, by the individuals making these allegations, to the Transplantation Society's interactions with transplant clinicians in China. The Transplantation Society's major aim has been to convince the Chinese Government and transplant specialists to stop their unethical use of organs from executed prisoners and to create instead an ethical program with altruistic living donors and deceased donors with family consent in intensive care units. This policy is outlined in detail in the following document (<http://www.tts.org/newstts-world/member-news/2174-tts-interactions-with-china-july-31-2016>). The policy was in place from the early 2000's and there has been no change in that TTS policy for more than a decade. There was no change during our respective terms as Presidents of the Transplantation Society.

Our involvement in China and interactions with Chinese transplant professionals has had the full support of the World Health Organisation, with which TTS has been in official relations since 2006 with a work plan that encompasses, amongst other activities, these broad goals with respect to China. We have thus met with the WHO representative in China and on several occasions travelled there with the WHO Headquarters officers responsible for transplantation policy, Dr Luc Noel and Dr Jose Nunez. Our efforts have been part of a concerted effort by The Transplantation Society to change practice in China that spans the terms of four presidents of the Society. TTS was the first organization to bring to light the extent and unethical nature of the use of executed prisoners as organ donors and selling of these organs to wealthy recipients from the West, Asia and the Middle East. We led the development of the Declaration of Istanbul in partnership with the International Society of Nephrology (endorsed by the Australian Health Ethics Committee) to protect the rights of human organ donors. We were the organization that imposed a ban on the presentation and publication of studies where the use of organs from executed prisoners were used. These policies remain in place and were only strengthened during our terms as President. We have dedicated our professional lives to the defense of these principles. Our opposition to the use of organs from executed prisoners and defense of TTS policy is in the public domain (see attached publications). We know these opinions have been widely understood in China and Professor O'Connell voiced his views strongly when he addressed the Chinese Organ Procurement Organisation session at the 2016 International Congress of the Transplantation Society (see attached copy of speech).

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https://www.washingtonpost.com/world/asia_pacific/in-the-face-of-criticism-china-has-been-



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[cleaning-up-its-organ-transplant-industry/2017/09/14/d689444e-e1a2-11e6-a419-eeef8eff0835_story.html?hp_id=hp_hp-more-top-stories_chinaorgans-545pm%3Ahomepage%2Fstory&utm_term=.eb75ea56d302](http://www.health.nsw.gov.au/newsroom/story.html?hp_id=hp_hp-more-top-stories_chinaorgans-545pm%3Ahomepage%2Fstory&utm_term=.eb75ea56d302)

In addition China has recently supported international initiatives that combat organ trafficking and the use of organs from executed prisoner including the Vatican statement on Organ trafficking where both of us were participants and the recent UN resolution on this subject (UN Document number A/71/L.80).

Dr Zheng's abstract and presentation were withdrawn from our meeting in line with Transplantation Society policy. We have made no exceptions to this rule.

Neither of us are members of the Australasian College of Surgeons and we have no association with their "Project China Exchange Program".

Yours Sincerely

A handwritten signature in black ink, appearing to be 'JR Chapman', written over a light blue rectangular background.

A handwritten signature in black ink, appearing to be 'P.J. O'Connell', written on a white background.

Prof JR Chapman and Prof PJ O'Connell

The Transplantation Society Believes a Policy of Engagement Will Facilitate Organ Donation Reform in China

The Transplantation Society (TTS) was the first professional transplantation organization to respond to the practice of using organs from executed prisoners for transplantation more than a decade ago (1). TTS has been instrumental in working with the World Health Organization (WHO) and the World Health Assembly to develop guidelines for governments to combat organ trafficking and, with the International Society of Nephrology, established the Declaration of Istanbul (DOI). This declaration defined “organ trafficking” and “transplant tourism” and presented principles and proposals to effect change. TTS has worked diligently to curtail commercial transplantation and the use of executed prisoners globally and replace this practice with ethical programs of living and deceased organ donation to serve the citizens of every nation.

TTS has been asked by the *American Journal of Transplantation* (AJT) to comment on the personal opinion piece by Trey et al in this issue of the AJT. The authors wrote that the Doctors Against Forced Organ Harvesting (DAFOH) are perpetuating an unproven claim of 100 000 transplantations per year in China, derived from the murder of unnamed followers of the Falun Gong (2). The call by DAFOH for a complete moratorium against interactions with Chinese transplant specialists is exactly counter to the needs of the Chinese community today. DAFOH is “giving oxygen” to the opponents of change in China by targeting those who are trying to bring about reform. Transparency of transplantation practice is a WHO guiding principle that should apply not only to China but also to every other country in the world. When the unproven assertions of DAFOH are published in AJT without validation, they serve the interest of those within China who would thwart change and transparency.

For the past 15 years, no one can be in doubt about the clear and unequivocal opposition by TTS to the use of organs from executed prisoners (3,4). All members of TTS sign an ethics statement that they do not use organs from executed prisoners. Our journals (and those of many other transplant organizations) do not accept papers with data or an experience that could

involve the use of executed prisoner organs. TTS congresses do not permit the presentation of studies involving executed prisoners’ organs, and we have clear review mechanisms to prevent such academic recognition.

The results of our strategies have been a decade of change in China that led to the 2015 declaration that Chinese transplant centers would no longer use organs from executed prisoners. The consensus of the WHO and international transplant professionals who have visited China in the past 2 years is that those tasked with the oversight of organ donation and transplantation within China are bringing about reform that is consistent with the WHO guiding principles and the DOI. In 2005 the Chinese government created a registration system for transplant centers and reduced their number from more than 600 to 168. The 2007 Chinese State Council Regulations on Transplantation, the Huangzhou Resolution in 2013, and the Chinese regulatory change announced in December 2014 progressively restricted and then ceased the use of executed organs and developed a national program of organ donation after circulatory death. The China Organ Transplant Response System (COTRS) allows the recording of the source of all donors (either deceased or living) and their computerized allocation, which should improve transparency concerning the source and number of donors.

We believe that all professional transplant organizations should join TTS in calling for an objective transparency by all nations, including China, Asia, the West, and the Middle East, as to the source of organ donation and the extent of transplantation tourism. An important first step would be reporting of transplant activity and organ donation to the WHO-Organización Nacional de Trasplantes Global Observatory on Donation and Transplantation. With regard to the Chinese transplant community, TTS remains strongly committed to engagement with those who are willing to support reform while maintaining its firm opposition to the use of organs from executed prisoners and organ trafficking.

Letter to the Editor

P. J. O'Connell^{1,*}, N. Ascher² and F. L. Delmonico³

¹Department of Renal Medicine, University of Sydney
Westmead Hospital, Sydney, Australia

²University of California San Francisco School of Medicine, San Francisco, CA

³Renal Transplantation, Harvard Medical School, Boston, MA

*Corresponding author: Philip J. O'Connell,
philip.oconnell@sydney.edu.au

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Disclosure

The authors of this manuscript have no conflicts of interest to disclose as described by the *American Journal of Transplantation*.

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Opening of the pre-congress China Organ Procurement Organisation session

Prof Philip O'Connell, President The Transplantation Society

I am pleased to welcome you to this Pre-congress session held in conjunction with the China Organ Transplant Response System and the China Organ Transplantation Development Foundation.

The Transplantation Society, has been working for a decade and a half with the World Health Organisation on the WHO Guiding Principles on Organ and Tissue Donation and Transplantation. We have worked with international professional societies especially the International Society of Nephrology on the Declaration of Istanbul, and have thus been at the forefront of defining and stopping unethical transplantation practices globally. Most especially we have worked for more than 10 years to stop the use of organs from executed prisoners.

TTS was pleased to see progress in the cessation of use of Executed prisoner organs and after a decade of reform, the announcement in December 2014 of cessation of this practice in China from 1 Jan 2015.

We are here more than 18 months later in Hong Kong, and are meeting in the context of open media and freedom of speech. Those of you from China will this week experience the reality of public scrutiny on the issue. I have to tell you that there remains, in many sectors, a deep sense of mistrust of your transplant programs which have been responsible for overt commercial trafficking of prisoner organs for transplantation to wealthy foreigners from the West and Middle East.

There are political undertones of some of the media on this topic which TTS is aware of and makes no judgements on. There are some sectors both inside and outside of China who, for different reasons, want you to fail. Many people in the global community are **not** persuaded that China has changed. **It is up to you to** demonstrate clearly and transparently that you are no longer using executed prisoner organs and are not selling Chinese organs.

TTS works hard to ensure that ethical living and deceased donor organ transplantation programs are available to all communities around the world. Most in need are the large populations of Africa and Asia, with the Chinese, Indian and Indonesian communities at the forefront. We acknowledge that financial limitations are at the core of limited infrastructure and low availability

of transplantation services and that these populations are limited by financial realities. In China, you have a very large number of people in need of transplantation and it is critical for your community that you apply the principles known to work across the world for enhancing organ donation programs from those who die in ICU. We know that you have very low consent rates from the relatives of the deceased. We know that you have limitations due to the absence of acceptance of the diagnosis of death and a lack of brain death criteria. TTS and the International Society of Organ Donation and Procurement (ISODP) are working with you to improve your systems for organ donation. **BUT** we will not work with any of you who hope for a return to the use of organs from executed prisoners.

It is important that you understand that the global community is appalled by the practices, which you have adhered to in the past. As a result of these practices you have allowed a trenchant political opposition to your government to prosper.

I and my international colleagues in TTS have been the subject of considerable political and distorted media criticism for our determination to engage with and support those of you who are working **diligently and only** with ethical organ donation and transplantation. We will continue to support the people of China who need organ transplants. You have shown that it is possible to achieve social reform in China. Now is the time to redouble your efforts to develop an organ and transplant program that the Chinese people can be proud of. If you continue to adhere to ethical practices you will overcome the antagonism you are facing now. Transparency and openness is the best way to establish a citizen-based organ donation program. It is imperative that you report your transplant registry data in the medical literature and I urge you to report your data to the WHO-ONT global observatory on donation and transplantation. This will allow the cross validation from other data sources that will weed out subterranean transplant practices and ultimately establish international confidence in your citizen based transplant program.

As for TTS, we will continue to place emphasis on the highest ethical standards for our members and those who interact with us through meetings, journals and education programs and through associated and affiliated international and national societies.

I look forward to hearing of your progress in the sessions ahead of us.



Open Letter to Xi Jinping, President of the People's Republic of China: China's Fight Against Corruption in Organ Transplantation

Francis Delmonico, Jeremy Chapman, John Fung, Gabriel Danovitch, Adeera Levin, Alexander Capron, Ronald Busuttil, and Phillip O'Connell

The international media have recently focused attention on the resolve of China's new leadership to combat the rampant corruption within its society. The January 13, 2014, article in the *China Daily*, "For a clean and fair society," reported your guidelines for political and legal reform. The judicial system is now charged to "carry the sword of justice and scale of equality" for all of China. "The Chinese dream" you have proposed amounts to a call for a culture of human rights linking the dignity of a great nation to the dignity of each citizen. Therefore, it is timely for the international transplant community to urge China to address the unethical practices in organ transplantation as another measure of your commitment to rid Chinese society of corruption.

China is the only country in the world that still systematically takes organs from executed prisoners for the purpose of transplantation. The Transplantation Society (TTS) has expressed its strong objection to this practice through an academic embargo that prevents Chinese physicians who engage in this practice from presenting at international congresses, publishing articles in the medical literature, and achieving membership in TTS.

Why is China scorned by the international community for this practice? A fundamental principle of organ donation is that potential deceased donors must have a choice whether they wish their organs to be made available for transplantation after they die. The choice to donate should not be coerced by the prospect of execution or the fear that refusal might expose members of the surviving family to retribution by the authorities. Organs and tissues should always be given freely and without coercion, a principle articulated in the Declaration of Istanbul in May 2008 and affirmed for more than 25 years by the World Health Organization, most recently at

the 63rd World Health Assembly in a May 2010 resolution adopted by all member states, including China.

Some Chinese officials contend that prisoners give "consent" before their execution. It is obvious, however, that prison inmates condemned to death are not truly free to make an autonomous and informed consent for organ donation and that no legal due process exists to assure consent. First-hand reports from our Chinese colleagues and a number of investigations suggest that the practice of obtaining organs from prisoners in China involves notorious transactions between transplant surgeons and local judicial and penal officials.

Although the outcomes of this unethical practice cannot be compared with the results from other countries based on data in the peer-reviewed medical literature, the anecdotal reports of patients returning from China to their native countries with complications from clandestine organ transplantations are many. For example, a 14-year-old Saudi national who received an executed prisoner's kidney in Tianjin returned home with the transplant never functioning, according to her physician. A biopsy of the kidney showed it to be obsolescent and scarred and thus never suitable for transplantation. This teenage patient, who contracted a viral disease that the Chinese transplantation team should have prevented or at least treated, died within weeks of the transplantation. The procedure evidently cost her mother U.S. \$200,000. There was no redress, no accountability, and no assessment of performance associated with this illegal and unethical procedure.

The Tianjin Web site (<http://www.cntransplant.com>) continues to recruit international patients who are seeking organ transplants. Cases such as those of the Saudi girl are illustrative of the financial gain for those supplying and transplanting organs from executed prisoners. The underlying abuse by these medical professionals and widespread collusion for profit are unacceptable.

Modern day China arose from one of the oldest civilizations in the world, and its people have inherited a unique and great culture. Ancient Chinese civilization influenced the world before; by becoming a responsible member of the global transplant community, modern-day China can do so again. The special importance of China's role in organ transplantation globally is bolstered by China's prominence on the world stage as a permanent member of the United Nations

The authors declare no funding or conflicts of interest.

Address correspondence to: Francis Delmonico, M.D., Massachusetts General Hospital, 55 Fruit St/White Bldg 505, Boston, MA.

E-mail: francis_delmonico@neob.org

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Security Council. Social justice, safeguarded by the law, should play the same role in China as elsewhere. Regrettably, China's attempt to develop an ethical organ transplantation program is undermined by the corrupt practices of doctors and officials who obtain organs from executed prisoners illegally for sale to wealthy foreign patients from around the world.

The World Health Organization and TTS were closely associated with the development of the Human Organ Transplantation Regulation before its final approval by the State Council of China in 2007. The new national program was described in 2013 in an article, "The National Program for Deceased Organ Donation in China," in *Transplantation*, the Society's official journal.¹ This policy has been welcomed by the international community as an alternative to the still continuing practice of recovering organs from prisoners sentenced to death.

Recently, TTS representatives were invited as participants at two important meetings sponsored by the Chinese National Health and Family Planning Commission (NHFPC) held on November 1 to 2 and November 17, 2013, in Hangzhou and Changsha, respectively, to propel ongoing organ transplant reform. The Hangzhou Resolution, which is now posted on the NHFPC Web site, elaborates a legal framework for the oversight of the practice of organ donation and transplantation in China that establishes credentials for Chinese transplant professionals, bans the purchase and sale of human organs, prevents organ trafficking and transplant tourism, and promotes treating transplantable organs as a national resource for Chinese patients as a means of achieving national self-sufficiency in transplantation. Following the pronouncement of the Hangzhou Resolution, more than 38 hospitals voluntarily signed an agreement to immediately stop using executed inmates' organs and to strictly abide by the newly released NHFPC regulations. This development is an encouraging step toward an open, just, and ethical organ transplantation system in China. TTS supports these measures implemented for organ transplant reform in China in the last few years, which are moving in the right direction under the leadership of Prof. Huang Jiefu, the former Vice Minister of Health, who has been tasked with reforming China's transplantation system.

Nonetheless, TTS remains skeptical about the enforcement of Chinese government's policy and law. Chinese media report that even as the new program is being piloted, it has already been infiltrated by persons driven by the same corrupt practices who have assumed authority for the distribution of organs. A report in the *New York Times* on November 10, 2013, "No quick fixer," describes Chinese Red Cross officials

confronting hospitals over organs in a manner contrary to the NHFPC regulation that mandates all organs be allocated through the Chinese national organ allocation computer system. Furthermore, that foreign patients are still undergoing transplantation in China suggests that some hospitals are boldly and irresponsibly violating Chinese government regulations, thereby rendering the law a mere "paper tiger." These centers are both jeopardizing the public trust at home and tarnishing China's reputation on the international stage.

Thus, we ask the Chinese government for an immediate and sustained resolve, to monitor compliance by Chinese professionals in performing organ donation and transplantation in accordance with NHFPC and international standards. The fledgling national organ allocation computer system that has been developed must be authorized as the sole distributor of organs to ensure transparency and fairness. Otherwise, the perception will be that one corrupt system of organ donation in China has simply been replaced by another.

As the government under your leadership has stepped up its fight against corruption, a favorable domestic and international environment has now been created for Chinese medical professionals to establish an ethical and internationally respectable national organ donation and transplantation system. Resolving this decade-long malpractice would not only improve China's image in the world but also give China legitimacy in advancing the field of transplantation throughout Asia. China can position itself on the world stage by contributing to the development of transplantation globally and by ensuring that this lifesaving medical practice provides maximal benefit to the Chinese people in an indisputably ethical manner.

On behalf of The Transplantation Society and the
Declaration of Istanbul Custodian Group

Francis L. Delmonico, M.D.
Jeremy R. Chapman, M.D.
John J. Fung, M.D., Ph.D.
Alexander M. Capron, LL.B
Gabriel M. Danovitch, M.D.
Adeera Levin, M.D.
Ronald W. Busuttil, M.D., Ph.D.
Philip J. O'Connell, M.D.

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Organ transplantation in China—not yet a new era

We read with interest Qiquan Sun and colleagues' Correspondence "A new era for organ transplantation in China" (June 7, p 1971),¹ but, in our opinion, "the new era" is yet to come.

The number of donors has improved continuously, but not sufficiently. In 2013, the number of people on waiting lists was estimated to be between 200 000 and 300 000,² while only 2271 organs were donated that year.¹

Sun and colleagues¹ mentioned the encouraging results of a web-based survey. Yet, in practice, such intentions-to-donate might not count. Among the hindering factors is the willingness of the close relatives. To be listed as a potential donor, one needs written approval from one's parents, spouse, and all adult children.³ And, if one close relative objects after the donor's death, the donation will be cancelled. Therefore, the government might need to strengthen the campaign for organ donation, and reconsider the roles of close relatives in the decision process.

Donation after cardiac death is a progressive step. However, it might not be important enough to have "paved the way for substantial societal, cultural, and political progress".¹ This approach is a compromise between medical goodness and present reality. We hope that donation after brain death will replace donation after cardiac death in the future—this will be a substantial move towards a new era for organ transplantation.

We declare no competing interests.

Xian Wei, Hua Jiang, *Qingfeng Li
dr.liqingfeng@yahoo.com

Department of Plastic and Reconstructive Surgery, Changzheng Hospital, Second Military Medical University, Shanghai, China (XW, HJ); and Department of Plastic and Reconstructive Surgery, Shanghai Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China (QL)

1 Sun Q, Gao X, Wang H, Ko DS, Li XC. A new era for organ transplantation in China. *Lancet* 2014; **383**: 1971–72.

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Qiquan Sun and colleagues' Correspondence recently published by *The Lancet*¹ does not give a realistic picture of the current state of transplantation in China because it fails to confirm that all major Chinese transplant centres are complying with the Hangzhou Resolution.² That Resolution, promulgated by the Chinese National Health and Family Planning Commission in October, 2013, represented commendable progress because it establishes credentials for Chinese transplant professionals, bans the sale or purchase of human organs, prevents organ trafficking and transplant tourism, and treats transplantable organs as a national resource for Chinese patients, with the aim of achieving national self-sufficiency in transplantation and complying with WHO standards for organ donation and allocation.³

Since the Correspondence by Sun and colleagues gives no assurance that these objectives are being fulfilled—for example, by describing in a transparent fashion how specific organs from deceased donors are being allocated—and fails to acknowledge that organs from executed prisoners are still being used at hospitals authorised by the government to do transplantation, it provides only a partial view of transplantation in China today.

We do not share Sun and colleagues' confidence that the public's "welcome" of the new system or its unanimous support by transplant professionals will translate into widespread donation so long as organs from executed prisoners are an available alternative. Although these problems remain, the international community cannot accept that organ transplantation in China has yet truly entered "a new era".⁴

We declare no competing interests.

*Francis L Delmonico,
Alexander M Capron,
Gabriel M Danovitch, Adeera Levin,
Philip J O'Connell

francis_delmonico@neob.org

Massachusetts General Hospital, Boston, 02114 MA, USA (FLD); University of Southern California, Los Angeles, CA, USA (AMC); University of California, Los Angeles, CA, USA (GMD); University of British Columbia, Vancouver, Canada (AL); and University of Sydney Westmead Hospital, Sydney, Australia (PJOC)

- 1 Sun Q, Gao X, Wang H, Ko DS, Li XC. A new era for organ transplantation in China. *Lancet* 2014; **383**: 1971–72.
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Authors' reply

We very much appreciate the comments on our Correspondence in regard to a "new era for organ transplantation in China".¹ We are mindful that the qualification as "a new era" is a matter of contention and substantial debate; however, the progresses that have been made in such a short time are indeed verifiable and substantial. Instead of focusing on what has failed—since much has been written and spoken on these issues—we choose to bring to light what China has been trying to positively achieve in the past few years.

Substantial changes have taken place in the past years to reform the transplantation system in China, notably the Regulation on Human Organ Transplantation, in 2007. Under the new laws, organ trafficking and transplant tourism are strictly forbidden. In 2010, the Chinese Government implemented a national standard protocol for three categories of deceased organ donation. The Human Organs Acquisition and Distribution Management



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The Transplantation Society

July 31, 2016

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TTS INTERACTIONS WITH CHINA

Over the past month there has been several public comments regarding past and current transplant practices in China and The Transplantation Society's (TTS) response to these issues. As our international congress is being held in Hong Kong this year, we felt it important to restate our position on the use of organs from executed prisoners, organ trafficking and transplant tourism regardless of the country of origin.

The Transplantation Society's response to China, and to unethical practices in other countries, has been clear and consistent. Our stance on China's use of organs from executed people has been unambiguous and has been in place for more than a decade. TTS has made strong and public statements against organ trafficking, the use of organs from executed people, and transplant commercialization in all countries. We refuse to accept presentations at our meetings and conferences or to publish academic articles where organs from executed people have been used, and have published our position in the press and academic literature. Several recent examples are the following: *Lancet* [letter]. 2014, 384(9945): 741, *Transplantation* 2014, 97: 795-6 and *Transplantation* 2015, 99; 1-2. Partly in response to these issues, TTS, in partnership with the International Society of Nephrology, established the Declaration of Istanbul.

In addition to our public policy stance, TTS demands the highest of ethical standards from our members. All members must sign an ethics statement (available on our website) and adhere to the ethical principles of the Society. In particular, this prohibits members from using organs from executed people and from being involved in unethical commercialization and organ trafficking. Any transplant professional, who uses organs from executed prisoners is prohibited from TTS membership. This, with the prohibition by *Transplantation*, the *American Journal of Transplantation* and other major medical journals on publishing articles where organs are sourced in this way has been one of our most effective tools to highlight our stance and bring about change, not only in China, but in other regions where unethical practices are occurring. There has not been, nor will there be, any change in our policy, nor change in our stance on these issues.

With regard to the upcoming international congress in Hong Kong, we have asked all presenters, from all countries, to confirm that no organs from executed prisoners were used and that their presentation conforms with the ethical standards of the Society. The Scientific Program Committee of the upcoming international congress has applied clear ethical and scientific guidelines to remind all presenters of Scientific papers of their responsibilities for truth, clarity and disclosure.



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We have reminded all Chinese presenters of our specific requirement with respect to the (non) use of executed prisoners organs and required their disclosure of the origin of all organs. This has been required and assurance supplied on three occasions in writing. All submissions in which executed prisoner organs were used have been rejected, as have all submissions where there has been no response to any of our requests for declaration.

With respect to China, it is our impression that there has been a change in policy and practice in China. With the leadership of Dr. Jiefu Huang, the Chair of the China Organ Donation and Transplant Committee, there has been a progressive period of reform in organ donation. This began in 2005 with the registration of transplanting centres and reducing the number of transplant centres from more than 600 to 168. It was followed by the 2007 State Council Regulations on Transplantation, and the Huangzhou Resolution in 2013. In 2010, the first pilot program of DCD organ procurement from Chinese citizens was commenced. These events preceded the public announcement by the Chinese government of the ban of the use of organs from executed prisoners and the statement that the only legal source of organs was from "citizen donation". During this time, I and other senior members of our Society have visited several transplant centres in China and to the best of our ability, we believe that these centres are no longer using organs from executed people and that organs from deceased citizen donors are allocated by a centralised computerised organ allocation system called COTRS. This assessment has been corroborated by a broad range of sources including but not restricted to; , the University of Chicago representative to the China Medical Association, and officials of the World Health Organisation.

Based on these assessments, the senior leadership of The Transplantation Society is now engaging with selected transplantation programs in China and, where appropriate, supports those in China who are agents for change. Our policy of engagement was reviewed by the TTS Ethics Committee in 2014 and was found to be consistent with our ethical statement, and with WHO international standards and the principles of the Declaration of Istanbul. It must be remembered, we are a Society of medical professionals. We deal primarily with individuals, not governments. We have an obligation to assist those professionals who are working in difficult environments and, in return, we demand that they adhere to our ethical standards. Holding our international congress in Hong Kong is aimed at further engaging and educating individual scientists and clinicians from countries in Asia, including the People's Republic of China, on all aspects of transplantation, including the ethical expansion of organ donation, both deceased and living donors. Our attendance, on the 21st and 22nd August 2015 at the China National Organ Procurement Organisation Alliance in Guangzhou was at the request of the newly formed National Organ Donation and Transplantation Committee of China. We decided to accept the invitation as it provided an opportunity to offer advice and guidance on the development of an ethically based, transparent, deceased organ donor program, which must be free of corruption and financial incentives. In large part our perception that things have changed for the better was confirmed by our attendance at this meeting and from visits to Chinese transplant centres in several Chinese provinces.

One fifth of the world's population lives in China and they carry a high burden of end organ failure. The ordinary Chinese citizen desperately needs access to a competent, ethically based, organ donor program that is free of corruption. Provided that organs are not sourced from trafficked individuals or from executed people we feel that we have an obligation to provide expertise to help them. Like all other people of the world they deserve access to this life saving treatment.

Philip J. O'Connell
President

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