

Project Donor

May 1, 1999

Questions and Answers

Q: Is Project Donor paying for organs?

A: No. This is not a buy/sell agreement. This is an insurance policy. It is an incentive for individual members of the public, *not* their families or any other third party, to become organ donors. The beneficiaries of the life insurance policy are not receiving valuable consideration for the donation of organs because they are not donating-the donor is. Consequently, the beneficiaries would not even be aware they are beneficiaries unless the policy holder told them.

This is a personal life insurance contract that simply specifies death and transplantation as the criteria necessary for the payment of benefits. Accidental Death and *Dismemberment* policies pay for the relinquishment of a body part. Project Donor's insurance policy and these policies are identical in that the owner of said body parts prefers that he or she keep them, but also chooses that they be indemnified for their surrender.

The donation is still a voluntary gift.

Q: Would this plan put us on a slippery slope to buying and selling organs?

A: No. Life insurance is a common financial instrument.

Q: Is the \$10,000 insurance benefit payment too much or too little?

A: No. \$10,000 dollars is a significant incentive while not being mercenary.

Q: Should there be a sliding scale of payments made for the donation of different organs?

A: No. This is a benevolent incentive, not trafficking in organs.

Q: Is Project Donor taking advantage of the poor in that the incentive is more compelling to them than the wealthy?

A: No, it is not manipulating poor people. The poor may indeed be more apt to respond to the incentive, but they are more likely to do many things in society for financial reasons that the wealthy would not, such as working three jobs. Remember though, the dramatic

advertising and promotion of the unique and creative concept of Project Donor will bring the altruistic nature of organ donation to all segments of society, and we may find "upper class" registrants equaling those of the lower economic strata. This is an individual, voluntary acceptance of a government program, with no coercion, just as acceptance of Medicare benefits is strictly voluntary.

Q: Would beneficiaries kill the insured in order to receive the benefit payment?

A: This is highly unlikely. The murderer would know they are killing someone for only \$10,000 and that the victim must be maintained on life support and that the victim would satisfy the medical requirements for donation and that an organ is indeed recovered and transplanted. The murderer must also know they are the beneficiary and think they will get away with the crime. Murders for insurance proceeds are certainly not unheard of in America, but there is certainly far less risk with the Project Donor policy. If one wanted to preclude this policy on this basis, one would have to ban all life insurance policies.

Q: Would donors commit suicide to provide the benefit payment to their beneficiaries?

A: A perpetrator of suicide would be subject to essentially the same conditions and restraints as a murderer.

Q: Can a policyholder become a living donor by donating an organ or portion thereof and have a benefit payment made?

A: No. The donor must be deceased.

Q: Does Project Donor discriminate against those who cannot be donors?

A: No, this is not discrimination. There are untold examples of restrictions or ineligibilities placed intentionally or unintentionally on people's lives. If one is not old enough to receive Medicare benefits, it is not age discrimination. Unfortunately, not everyone is eligible for every government program. Medical unsuitability for organ donation is not discrimination.

Q: Does Project Donor discriminate against those who have already signed donor cards or formally indicated their wish to be a donor?

A: No. It will be announced and advertised that current donors should obtain a new donor card along with the insurance contract. States that now have registries will automatically send the documents to their registrants. A cut-off date will be established. Donations made by donor card holders *without an insurance contract* prior to this date will be grandfathered in with the insurance benefit paid to their estate. After this date, a donor card with *an insurance contract* must be held by the donor for the benefit to be paid.

Q: Does Project Donor demean the gift of life which previous donors and their families have made without any insurance benefit?

A: No. *Every donation is a voluntary gift. Every donation saves and improves someone else's life. Every gift has been or will be equally precious.*

Q: Will some beneficiaries sue for recovery because they have relied on the insurance proceeds, when in fact the benefits are payable only upon the successful recovery and transplantation of an organ and the deceased did not have an organ that was used?

A: No. The contract (and advertising of the program) clearly states the conditions for payment.

Q: Should the insurance policy mandate that the benefit be paid to the donor's estate?

A: No. That would constitute a third party choosing payment recipients, which amounts to coercion. This involves a gift from the donor, and the donor should select policy beneficiaries.

Q: Should the insurance policy mandate that the benefit be paid to a charity?

A: No. That will remove self-interest as an incentive, which will seriously harm Project Donor's effectiveness. Additionally, the donor has made a gift, and there is no reason why the government's gift to her/him should preclude them from choosing their own beneficiary, be it family, charity or other party.

Q: Would the payment of insurance benefits to the donor's beneficiary violate the law?

A: No. This is an insurance policy, not the buying and selling of organs. Nevertheless, appropriate addenda to the National Organ Transplant Act and the Uniform Anatomical Gift Act may be made as noted in the Project Donor Report to eliminate any ambiguity.

Q: Will administrative costs be greater than the \$250,000 described in the Project Donor Report?

A: They may well be, and a cost analysis should be done. Nevertheless, any additional amounts will be inconsequential both in absolute dollars and relative to the massive savings achieved by the plan.

Q: Should Project Donor be privatized, for reasons of efficiency, cost or distrust of government?

A: No! Project Donor is not a business or commercial venture! Society cannot allow profit-taking at the expense of suffering. The government function, beyond paying the benefits and insuring the huge savings are used for transplantation, is simply to register donors, maintain records and dispense death benefits as it already does with many programs, including Social Security and the Veterans Administration.

Q: Are there not increases in the organ recovery efficiencies of hospitals and organ procurement organizations which when made will increase the supply of organs and solve the problem?

A: No. While evidently there are steps needed to be taken in the request and recovery portion of the transplantation process, the *first* and most important goal is to convince donors to donate *before* they die, thus becoming potential donors. Having people decide to donate their own organs is absolutely foremost.

Q: Will Project Donor work?

A: Yes. There have been surveys done and reports written that seriously suggest the viability of a financial incentive to solve the organ donation shortage. Project Donor's life insurance concept is the most creative idea for a solution society has seen. The transplant community acknowledges that our previous efforts have not succeeded in preventing the deaths of people who are not transplanted in time. Now ten people die every day waiting for an organ. Project Donor must be implemented.

Q: Should a pilot study be done first?

A: No. Logistical problems such as lack of cohesive national advertising, locality idiosyncracies, administrative inefficiencies, local benefit payments under the aegis of the national United Network for Organ Sharing (UNOS) system, etc., would nullify the test's value as a prognosticator of national success. Project Donor implemented for all Americans is far more efficient, an act of fiscal responsibility and a program which can be effectively evaluated. Surveys have shown a financial incentive is worth pursuing. The test must be implemented as the national Project Donor United States Government Organ Transplant Life Insurance Policy.

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