

**AN ARGUMENT FOR A PAID AND REGULATED LIVING-UNRELATED KIDNEY
DONATION SYSTEM IN SOUTH AFRICA**

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ABSTRACT

One of the biggest challenges that global healthcare is experiencing is the shortage of kidney organ donors. Globally, the demand for organs is far greater than the supply and as a result, people who are on waiting lists will not get a chance to receive a kidney. Those who are waiting for transplants will require ongoing dialysis to survive (Nath & Fervenza, 2018). Dialysis is extremely costly and burdens the healthcare systems.

Given the enormous gaps between supply and demand, this report seeks to answer the question: "Should South Africa follow the model of a paid and regulated living-unrelated kidney donation system?" I begin with an analysis of South Africa's current structure, the effects of this system and ultimately seeing the need for a different solution. I analyzed the various models globally in kidney donation, including the only country that allows for a paid system and the objections thereto.

Currently, the sale of organs is prohibited in South Africa. My view is that our current South African model is lacking in solutions to the shortage of organ donors, particularly kidneys. There is a need for a better solution as the current system is failing to meet the needs of patients.

In this paper, I use the principlism framework consisting of the four bioethical principles namely, autonomy, beneficence, non-maleficence and justice, to highlight the constitutional conflicts and the ethical dilemmas when considering a paid donation system. As I am arguing for a paid system in South Africa, I have included the ubuntu theory to show why objections to a paid and regulated system would fail.

In conclusion, a paid and regulated living-unrelated kidney donation system is argued to be the most ethically and practically appropriate system in South Africa, to improve kidney donation rates and the livelihoods of the people.