



*Presidency of the Council of Ministers*  
NATIONAL BIOETHICS COMMITTEE

**KIDNEY DONATION FROM A LIVING DONOR TO A  
STRANGER (SO-CALLED SAMARITAN DONATION)**

23<sup>rd</sup> of April 2010

## **Abstract**

The news circulated by the newspapers of three people prepared to donate their kidney to medical establishments and for the benefit of strangers (so-called *Samaritan donors*), and the consequent discussion started in the newspapers, attracted the attention of the Presidency of the Council of Ministers, which asked the NBC to express an opinion with regards to the criticality of this new situation, eventually updating a previous opinion by the NBC, *The bioethical problem of the kidney transplant from a non-blood related living donor* (1997), where kidney donation from a living donor was subordinated to premises of consanguinity or emotional relations between donor and recipient.

The specificity of the problem is in the fact that in this case donor and recipient do not have any family or emotional bond, they do not know each other and the gratuitous organ donation is carried out, as by law, through Organ Transplant Centres, University Institutes, Hospitals believed to be suitable also for scientific research.

In giving their answer, the large majority of the NBC felt that Samaritan donation is legitimate, as it is a supererogatory act, and as such ethically significant for the solidarity motivations inspiring it and it does not involve higher risks, from a medical point of view, for the living donor, than those that can be found in other forms of *ex vivo* kidney removal (donation between blood relatives or “emotionally related”).

The NBC however recalled that the supererogatory act cannot be demanded morally, and even less legally, and it felt that towards this kind of transplant we must have the same precautions recommended and discussed in the previously mentioned '97 opinion.

Given the specificity of the Samaritan donation, the NBC has however highlighted how this must not substitute (unless there are biological priorities of compatibility) transplants from blood related or emotionally related living donors or transplants from cadavers.

It also recommended that this form of donation is exercised respecting the mutual anonymity of the donor and the recipient and that the information given to the donor by the medical establishment to inform his/her consent is complete and exhaustive with regards to the physical or psychological risks involved in this act.

The Committee also requests that the assessment of the donor's clinical condition and of the reasons for his/her act is carried out by a “third party”, different from the medical organisation that will carry out the removal and then the transplant, and that a register, confidential and respectful of privacy, with the names of the potential as well as the effective donors, is created.

Finally, it was suggested that, with a similar treatment also for the other kidney donations from a living donor, this act of generosity is taken into consideration, in order to translate it into a criteria of preference in the waiting lists, should the donor him/herself need a kidney.