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## The Great Kidney Bazaar

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The unearthing of an illegal kidney trade in Gurgaon, a Delhi suburb, could have hardly come as a surprise since India has long been notorious for being the 'warehouse for kidneys'—a great kidney bazaar. Even less surprising was the fact that the alleged kingpin of this racket, a doctor with various aliases who had earned crores of rupees through unethical means, managed to escape when police raided his 'clinic'. The police find it easier to catch the small time criminal, not the affluent ones.

After all, the alleged kingpin, Amit Kumar whose original name appears to be Santosh Raut, was first arrested way back in 1994 in his native Maharashtra, just a year after he had set up practice. Since then he has been under the police scanner, moving across many cities in India. Reports say he even managed to spend a few years in Canada and is in possession of a number of fake passports. Yet, he aroused no suspicion of the police when he started to 'operate' from Gurgaon.

The fleeing 'doctor' may eventually be caught because of the attention the case has attracted, but it is unlikely to see the end of the kidney racket in India where it has been thriving at accelerated pace for nearly two decades. Kidney rackets have been unearthed regularly in the past in many parts of the country.

It is said that what gave a boost to the illegal trade was the ready availability in the country of the drug that controls the body's rejection of foreign objects and advances in surgical techniques. But what really keeps it going is the old question of the poor being exploited for the benefit of the rich and the demand and supply imbalance.

The modus operandi of the illegal kidney trade in India has a bizarre tale also. There was a time in mid-1990s when some of the 'donors' were sent on a foreign jaunt where they were trapped and forced to part with their kidney. This 'kidney tourism' racket was unearthed not by the police but the Customs!

Back in 1994 the country had passed a law, the Organ Transplantation Act, banning kidney trade. But as with so many other laws enacted in the country it was of no help in eradicating the illegal practice of kidney trade. A more realistic assessment would suggest that eradicating the practice is nearly impossible because of the yawning gap between the 'demand' and 'supply' of kidney.

Apart from certain shortcomings in the law and inadequacies like lack of facilities for quick transportation and storage there is a great shortage of availability of kidney from the cadaver. For every 1000 kidney transplants in the country the cadaver transplants account for less than a third. The number of such transplants is at least 2000 in a year. Besides, the country does not have a database of donors and recipients.

Those who do not believe that a kidney donor can actually be forced say that before the removal of the organ a number of tests have to be conducted and that might take as much as 10 days. But an unwilling 'donor' cannot escape during that time as he is almost certain to be held as a virtual prisoner.

The law encourages relatives of a patient to donate his or her kidney. But it is easier said than done, partly because of unfounded fears about parting with one kidney and sometimes for other reasons,

including the donor's ailment like diabetes or heart disease or mismatching of the blood group.

India has a good record of successful kidney transplantation. But the illegal trade in kidney exists for two reasons: one, it makes up for the shortage of 'legal' donors and two, it is easy in a poor country like India with illiteracy still widespread among the poorer sections to lure unsuspecting 'donors' with offers of money. Some time ago an association of kidney patients had estimated that nearly 65 percent of donors and recipients were unrelated.

More often than not, the actual amount promised to the 'donor' is not paid. This sometimes leads to the victim blowing the whistle on the racket. But cases have also come to light when the smarter 'victims' have blackmailed and threatened the touts and doctors who had lured them and managed to extract more money.

But such cases are few as most of the preys of the touts and greedy doctors are illiterate, poor and vulnerable. A more tragic part of the story is that sometimes the victims come from an area hit by a natural disaster. Some of the Tsunami victims were made to 'donate' their kidney.

The crooks who operate the kidney racket take many precautions to evade detection by the law enforcing agency in addition to using the standard practice of bribery. Take the Gurgaon racket. Most of the victims were poor and came from places other than Gurgaon. Their homes were, however, in western UP, which is not that far from Gurgaon. There have been cases of victims having been brought to a place like Chennai all the way from Nepal or Bihar.

After the country passed the law against illegal trade in kidney it has become mandatory that a duly constituted transplantation authorisation committee will satisfy itself that the donor who is not a relative of the intended recipient has not been lured by money consideration. But such a committee can be under some kind of moral pressure when it all boils down to the question of saving a patient's life.

It goes without saying that only the very rich can afford kidney transplant in India where its cost, however, is considerably less than in other parts of the world, making it attractive for foreign patients to come to India. Not all of them can be expected to be aware of the illegal and unethical practices that thrive here.

Much of 'medical tourism' in India is legitimate and brings the country a good name. But the clandestine kidney racket is the other side of the unofficial 'medical tourism' promoted by some unscrupulous doctors and surgeons who obviously are unconcerned about ethics. What matters to them is their network of countrywide touts—and a constant flow of cash happy patient from India and other countries.

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