Professor Arthur Matas, Department of Surgery, University of Minnesota

I received an email from you about the process and have reviewed the "packet"

1 thing that you have not considered is conscription for deceased organ donation. I realize this raises an entirely new set of discussions. But if we believe that increasing donation is in society's interest why not consider conscription - it eliminates all the "opting in" and "opting out" concerns (and there certainly are precedents -- at least in the US, with coroners' cases and the draft)

I have written extensively in support of trials of incentives for living donation (in part, because I believe the need will never be met by deceased donation). (And obviously, we should try and increase both). My perspective comes from, in 1980, being able to tell candidates on the deceased donor list that will receive a transplant within a year to the current situation in which I tell candidates it will be a 5-6 year wait. In the US, in the last decade, over 69,000 patients died while waiting for a kidney or were removed from the list because they became too sick to transplant (www.unos.org)

To me, all the rhetoric (and the debate about principles and ethical values) boils down to a single question - Do we want to maintain the status quo in which the waiting list and waiting times (for a kidney transplant) are getting longer (and candidates are suffering and dying while waiting) or do we want to see if trials will increase donation "(while protecting the donor) and improve and prolong the lives of our patients?

Most of my detailed answers to the concerns have been published. If you are interested, I can forward the articles to you.

Yours truly,

Arthur J. Matas, MD