

China's doctors signal retreat on organ harvest

The Chinese Medical Association has signalled its formal opposition to the use of transplant organs from executed prisoners, except for their immediate family.

Facing pressure from the World Medical Association in recent years to take a stand against the extraction of, and trafficking in, prisoners' organs after execution, the Chinese Medical Association said it would use its influence to support a new government law banning the practice.

The Chinese association endorses its world counterpart's official policy position that "organs of individuals in custody must not be used for transplantation, except for members of their immediate family," according to statement released last month at the World Medical Association's annual meeting in Copenhagen.

The Chinese Medical Association "will, through its influence, further promote the strengthening of management of human organ transplantation and prevent possible violations of the regulations made by the Chinese Government," Wu Mingjiang, vice-president and secretary general of the Chinese association, said in the official statement.

Rights groups such as Amnesty International and activists such as former Canadian junior foreign affairs minister David Kilgour have argued that China has allowed widespread organ harvesting in prisons despite global consensus that the practice is profoundly unethical.

In response to the announcement, Kilgour questioned the legitimacy of the declaration. "Please don't be lulled into naive thinking by pre-Olympics Games announcements from the medical association in China, which is worried about the success of the Beijing Games. We must all look at facts, not announcements — as much as they might indicate a move in a better direction," he wrote in an email.

World Medical Association chairman Edward Hill also indicated that the declaration doesn't fully answer the international community's concerns. "We shall now continue our dialogue



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When the government of China finally acknowledged the existence of a black market in transplant organs from executed prisoners, it attributed the traffic to the work of "rogue" doctors. The Chinese Medical Association has now taken a stance against such trafficking.

with the Chinese Medical Association and include other national medical associations in a project to find best practice models for ethically-acceptable organ procurement programmes."

"This would help not only China and its high demand for organs, but also other regions in the world that have the same problems of coping with a severe shortage of organs," Hill added.

The World Health Organization has recently listed China, Pakistan, Colombia, the Philippines and Egypt as the 5 organ trafficking hotspots.

The World Medical Association, an independent confederation of medical associations from more than 80 countries representing more than 8 million physicians, had last year adopted a resolution calling on its Chinese counterpart to "condemn any practice in violation of these ethical principles and basic human rights, and ensure that Chinese doctors were not involved in the removal or transplantation of organs from executed prisoners."

Former world association chairman Yoram Blachar led a delegation to Beijing earlier this year to meet with Chinese doctors and government officials, saying then that he was "particularly encour-

aged" by new legislation in China prohibiting organ trafficking and requiring donors' written consent before removal.

China has been widely condemned for its liberal use of the death penalty, which can be imposed for close to 70 crimes, including non-violent offences. More than 1000 people were executed and 2790 sentenced to death in 2006, although Amnesty International believes the true figures to be "much higher." Its latest report said increased use of lethal injections is "facilitating" the organ trafficking trade, "a lucrative business." — Peter O'Neil, Paris

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On-the-job training

When the \$21-million David Strangway Building opened at the University of British Columbia nearly 2 years ago, it was a state-of-the-art, energy-efficient edifice. But almost immediately, the 30 faculty and staff at the UBC medical school's department of family practice as well as students, part-time physicians and patients complained of an unhealthy indoor environment in the 5-storey building named after the school's former president and the former head of the Canada Foundation for Innovation.

Temperatures range from stifling 35° heat in south-facing offices that melts rubber finger protectors, to 12° cold in examining rooms, which prompts the clinic to equip patients with blankets, says Christie Newton, assistant professor of family practice.

The odour of fried food from 2 restaurants on the ground floor permeates the entire building, primarily because of poor air circulation, adds the chair of the department's health and safety committee. "Initially, it might make you hungry, but after 18 months, you tend to be turned off."

In short, faculty and staff — along with commercial tenants — are getting first-hand experience about indoor air quality as an emerging health issue. "The number of related complaints has increased in recent years with increased