

**Resolution CM/Res(2013)56  
on the development and optimisation of live kidney donation programmes**

*(Adopted by the Committee of Ministers on 11 December 2013  
at the 1187th meeting of the Ministers' Deputies)*

The Committee of Ministers, in its composition restricted to the representatives of States Parties to the Convention on the Elaboration of the European Pharmacopoeia,<sup>1</sup>

Considering that the aim of the Council of Europe is to achieve greater unity between its member States and that this aim may be pursued, *inter alia*, by the adoption of common action in the health field;

Having regard to the Convention on Human Rights and Biomedicine (ETS No. 164) and in particular to Articles 19 and 20 thereof;

Taking into account Resolution Res(78)29 on the harmonisation of legislation of member States related to removal, grafting and transplantation of human substances, in particular Chapter II – Removals, graftings and transplantation of substances from living donors, and the final declaration of the 3rd Conference of European Health Ministers (Paris, 16-17 November 1987);

Having regard to the Additional Protocol to the Convention on Human Rights and Biomedicine concerning the Transplantation of Organs and Tissues of Human Origin (ETS No. 186), January 2002;

Recalling the Explanatory Report thereof in particular Chapter III – Organ and tissue removal from living persons, Article 9 – General rule, and its addendum, which states that “the availability of organs is taken into account in several countries not on a purely individual level but in relation to the system as a whole.[...] Therefore, transplantation of organs removed from deceased persons and transplantation of organs removed from living donors, provided the conditions for ensuring protection of living donors are met, are not to be opposed and rather fulfil a therapeutic need.”

Having regard to the Convention on Action against Trafficking in Human Beings (CETS No. 197);

Recalling its Recommendation Rec(2001)5 on management of organ transplant waiting lists and waiting times;

Recalling its Recommendation Rec(2004)7 on organ trafficking;

Recalling its Resolution CM/Res(2008)6 on transplantation of kidneys from living donors who are not genetically related to the recipient and in particular the principles and measures laid down in its Appendix;

Recalling Directive 2010/53/EU of the European Parliament and of the Council on standards of quality and safety of human organs intended for transplantation;

Considering the large deficit of kidneys for transplantation compared to demand at present and in the foreseeable future, even after developing deceased donation to its maximum therapeutic potential;

Considering that kidney transplantation from live organ donors provides excellent post-transplant outcomes with better graft and patient survival than that described for recipients of kidneys from deceased organ donors;

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<sup>1</sup> States concerned: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, “the former Yugoslav Republic of Macedonia”, Turkey, Ukraine and United Kingdom.

Considering that live kidney donation is a safe procedure, if performed according to recognised international standards, in terms of donor evaluation, selection and donor care;

Considering that the authorisation for transplantation of a kidney donated by a live donor, whether or not genetically related to the recipient, is a matter to be regulated by the national laws of individual States;

Recommends to the governments of States Parties to the Convention:

- i. to develop and optimise programmes for kidney donation from live donors based on recognised ethical and professional standards as a better way to pursue self-sufficiency in transplantation;
- ii. to ensure that patients with end-stage renal disease (and their relatives) are provided with comprehensive information on all available renal replacement therapies, including kidney transplantation from live donors. Such information should be provided pre-emptively, i.e. before the patient is being treated with dialysis;
- iii. to promote educational activities and professional training on live donor evaluation and selection, donor surgery and care and follow-up of live kidney donors;
- iv. once the option of live kidney transplantation has been implemented, to consider more extensive use of live kidney donors through the removal of technical barriers, e.g. ABO incompatibility or positive cross-matching between prospective donors and recipients, in an attempt to cover the true need for renal transplantation and, as such, to improve 'quality of life' and life expectancy of patients;
- v. to take the necessary steps to ensure that live donors have been given appropriate information as to the purpose and nature of the organ removal, as well as its consequences and risks. Donors should also be informed of the rights and safeguards prescribed by law for their protection; in particular, the right to have access to independent advice on such risks by a health professional with appropriate experience and who is not involved in the specific donor's organ removal or subsequent follow-up;
- vi. to ensure that live donors have given free, informed and specific consent either in written form or before an official body. Donors may freely withdraw consent at any time;
- vii. to take measures to ensure that no pressure is exerted on live donors, in particular on vulnerable groups such as persons deprived of their liberty, to make a decision;
- viii. to ensure that live donors are properly screened to identify any physical or psycho-social contraindication. Organ removal should not be carried out if there is a foreseeable substantial risk to the life or health of the donor;
- ix. to avoid putting living renal donors at unnecessary risk peri-operatively and post-donation by taking the necessary measures to ensure their appropriate long-term follow-up after the donation procedure;
- x. to ensure that the use of donated organs does not, as such, give rise to financial gain or comparable advantages. This does not preclude donors from being reimbursed for loss of income and for the expenses incurred because of donation, through a transparent and official procedure;
- xi. to develop and maintain a national registry where information on both genetically and non-genetically related live kidney donors and the outcomes after donation, including major donation-related complications in the short-, mid- and long-term, are appropriately recorded;
- xii. to ensure that, when establishing programmes for donation of organs from non-genetically related living donors, there shall be appropriate legal and administrative frameworks to prevent any act giving rise to trafficking in human beings and organs.

This resolution is supplemented by an Explanatory Memorandum (document CM(2013)145 add).