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Transplant Tourism in Japan: Insights from Nationwide Surveys and Emerging Ethical Challenges

Yoshihide Ogawa[1]*, Keimei Kojima[1] and Yuho Kono[2]

[1]Urology, Uwajima Tokushukai Hospital, Japan
[2]Urology, Tokyo Medical Center, Japan

***Corresponding author:** Yoshihide Ogawa, MD/PhD, Urology, Uwajima Tokushukai Hospital, Japan, Email: yoshihide.ogawa@tokushukai.jp

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Abstract

Transplant tourism persists globally despite international ethical frameworks intended to prevent organ trafficking. Japan, characterized by low deceaseddonor rates and prolonged waiting times, has historically relied on overseas transplantation. This study synthesizes findings from Japan's 2006 national survey and the 2023 emergency nationwide survey conducted by the Ministry of Health, Labour and Welfare (MHLW), integrating global literature on transplant tourism, donor exploitation, and regulatory frameworks.

The 2023 survey identified 543 Japanese transplant tourists receiving domestic followup care: kidney (n=250), heart (n=148), liver (n=143), and lung (n=2). Transplantation occurred in 25 countries, most commonly the United States (227), China (175), and Australia (41). Only 25 cases involved identifiable intermediaries. Over the past five years, 38 patients died and 25 experienced graft failure. Persistent ethical concerns include donor exploitation, lack of transparency, and the absence of standardized followup protocols.

Japan's reliance on overseas transplantation raises significant ethical and regulatory challenges. Strengthening domestic transplant capacity, improving oversight of intermediaries, and establishing national followup guidelines are essential to align Japan with global ethical standards and reduce dependence on transplant tourism.

Keywords: Transplant Tourism; Japan; Organ Trafficking; Ethics; International Transplantation; Donor Exploitation

Abbreviations

MHLW: Ministry of Health, Labour and Welfare; CLDs: Commercial Living Donors.

Introduction

Transplant tourism remains a global challenge despite decades of international efforts to regulate crossborder organ transplantation. The World Health Organization

estimates that 5-10% of all kidney transplants worldwide may involve organ trafficking or commercial transactions [1]. This phenomenon is driven by global inequities in organ availability, socioeconomic vulnerability, and the activities of unregulated intermediaries [2-5].

Reports from South Asia, the Middle East, and Southeast Asia document the exploitation of impoverished individuals who become commercial living donors (CLDs) under conditions lacking transparency, medical safeguards, or longterm followup [3,4,6,7].

Japan is not isolated from these dynamics. Historically, low deceaseddonor rates, long waiting times, and restrictive transplantation laws have contributed to outbound transplant travel. Although international frameworks such as the 2008 Istanbul Declaration condemn transplant tourism, their lack of legal enforceability has allowed crossborder transplantation to persist [1,8-10]. Understanding Japan's contemporary situation is essential for developing ethical and sustainable transplant policy.

Methods

This study synthesizes:

1. The 2006 MHLW national survey of Japanese patients who underwent transplantation abroad (1984-2005) [11].
2. The 2023 emergency nationwide survey conducted after the arrest of an intermediary arranging unauthorized overseas organ provision[12].
3. Global literature on transplant tourism, donor exploitation, and international regulatory frameworks [13].

Data were extracted from official MHLW reports, academic society surveys, and peerreviewed publications. No individual patient data were accessed.

Ethical Considerations

This study is based solely on publicly available governmental reports and previously published literature. No individual patient data were accessed, and ethical approval was not required.

Results

Historical Patterns (1984-2005)

The 2006 MHLW survey identified 522 Japanese patients who underwent transplantation abroad [11]

- Heart: 103
- Liver: 221
- Kidney: 198

Patients traveled to more than 16 countries, with the United States, China, and the Philippines being major destinations. Costs averaged approximately USD 200,000 per transplant. The survey could not clarify the involvement of brokers, longterm outcomes, or deaths abroad or after return.

Findings from the 2023 Emergency Nationwide Survey

Scope of Overseas Transplantation

As of March 31, 2023, 543 transplant tourists were receiving outpatient care in Japan [12] (Table 1).

- Kidney: 250
- Heart: 148
- Liver: 143
- Lung: 2

Overseas Transplant Recipients in Japan (2023 MHLW Emergency Survey)

Organ Type	Number of Patients
Kidney	250
Heart	148
Liver	143
Lung	2
Total	543

Table 1: Number of Japanese patients who underwent organ transplantation abroad and were receiving outpatient followup in Japan as of March 31, 2023.

Destination Countries

Transplantation occurred in 25 countries, most commonly

- United States: 227
- China: 175
- Australia: 41
- Philippines: 27
- Germany: 13
- Colombia: 11
- Others: Belarus, India, Pakistan, Sweden, Canada, Vietnam, Korea, Bulgaria, Thailand, UK, Turkey, Kazakhstan, Mexico, Brazil, Cambodia, Taiwan, Argentina, Egypt, Italy, and 7 unknown cases (Table 2).

Destination Countries for Overseas Transplantation (n = 543).

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Country	Cases	Country	Cases
United States	227	Sweden	4
China	175	Canada	4
Australia	41	Vietnam	3
Philippines	27	Korea	3
Germany	13	Bulgaria	2
Colombia	11	Thailand	2
Belarus	5	United Kingdom	2
India	4	Turkey	1
Pakistan	4	Kazakhstan	1
		Mexico	1
		Brazil	1
		Cambodia	1
		Taiwan	1
		Argentina	1
		Egypt	1
		Italy	1
Others/Unknown	7		

Table 2: Countries where Japanese patients underwent organ transplantation, based on the 2023 MHLW emergency nationwide survey.

Intermediaries

Only 25 cases involved identifiable intermediary organizations. Their operational structures and regulatory status remain unclear.

Outcomes

Over the Past Five Years:

- 38 patients died
- 25 experienced graft failure

No comparative analysis with domestic transplant outcomes was performed [14-16] (Table 3).

Outcomes of Overseas Transplant Recipients (Past 5 Years)

Outcome Category	Number of Patients	Time Range After Transplantation
Graft Failure	25	0–22 years
Death	38	0–25 years

Table 3: Graft failure and mortality among Japanese transplant tourists during domestic followup over the past five years.

Discussion

Ethical and Regulatory Concerns

1. Persistent Reliance on Overseas Transplantation

Japan's dependence on foreign transplant systems raises concerns about fairness, sustainability, and the burden placed on donor populations in destination countries [3-5].

2. Lack of Transparency Regarding Intermediaries

The limited identification of brokers mirrors global patterns in which intermediaries operate in legal grey zones, complicating oversight and accountability [6,7,17].

3. Exploitation of Vulnerable Donors

Evidence from Pakistan, India, Iran, and Egypt shows that kidney vendors often experience severe socioeconomic vulnerability, longterm financial deterioration, and poor health outcomes [3-5].

4. Limited Domestic Organ Availability

Japan's low deceaseddonor rates continue to drive outbound transplant travel, similar to patterns observed in Yemen, the Philippines, and other regions with constrained domestic transplant capacity [18-20].

5. Absence of Standardized Followup Protocols

Returning transplant tourists often lack coordinated longterm care, increasing medical risk and complicating outcome assessment [16,21,22].

Global Frameworks and Japan's Position

International frameworks including the WHO Guiding Principles, the Istanbul Declaration, and the OECD AntiBribery Convention provide ethical guidance but lack binding enforcement mechanisms [1,8,9]. Japan's situation illustrates the gap between ethical norms and realworld practice. Strengthening domestic transplant capacity, improving transparency, and establishing regulatory oversight of intermediaries are essential steps toward alignment with global standards [23-25].

Policy Implications

- The MHLW has outlined several priorities
- Expand deceaseddonor programs
- Improve transparency and regulation of intermediaries
- Establish national followup guidelines
- Promote ethical international collaboration
- Ensure accountability and systematic data collection

These measures aim to reduce Japan's dependence on overseas transplantation and promote ethically grounded care.

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Conclusion

Japan's nationwide surveys reveal the ongoing scale of transplant tourism and highlight significant ethical and regulatory challenges. Strengthening domestic transplant infrastructure, improving oversight of intermediaries, and aligning national practice with global ethical frameworks are essential to reduce reliance on overseas transplantation and protect both Japanese patients and vulnerable donor populations abroad.

Conflict of Interest

The author declares no conflicts of interest.

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Author Contributions

Conceptualization: Y.O.
Data Curation: Y.O.
Writing Original Draft: Y.O.
Writing Review & Editing: Y.K.
Supervision: K.K.

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