Improving UK legislation on forced organ harvesting

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Forced organ harvesting, the killing of people for their organs, happens on an industrial scale in China. The victims are primarily prisoners of conscience. The victims have been practitioners of the spiritually based set of exercises Falun Gong since the early 2000s. Uyghurs since 2015 have also been victims in large numbers. Tibetans and House Christians, in smaller numbers, have as well succumbed to this abuse.

The United Kingdom has extraterritorial legislation directed against forced organ harvesting. The legislation, in the areas where it does exist, can be improved. There are several areas where the UK has no legislation and where, in principle, there should be.

The presentation goes through a list of areas where there could be improvement in the UK law or where gaps in the law could be filled. The presentation refers to examples in other jurisdictions where the improvements or gap filling suggested have occurred.

1984 Chinese law

When David Kilgour and I produced our report in 2006 on the mass killing throughout China of practitioners of the spiritually based set of exercises Falun Gong for their organs, one reason, though far from the only, for our coming to that conclusion was that there were no laws either in China or abroad to prevent or remedy that abuse. There were laws against murder everywhere. However, countries with nationality jurisdiction could prosecute for complicity in forced organ harvesting only if the offence

occurred in the territory of the state.

Countries with nationality jurisdiction could in theory prosecute crimes of their nationals committed abroad. However, without specific legislation, these countries were neither prepared nor inclined to prosecute for complicity in this specific crime.

As for China, the country actually has a law permitting the abuse. In 1984, a Chinese Government Regulation allowed sourcing organs from prisoners without their consent or the consent of their families as long as the bodies were unclaimed.[1] In reality, families of prisoners of conscience are in no position to claim bodies of their arbitrarily detained relatives, either because the families did not know the locations of detention or because the families fear putting themselves at risk from the authorities by claiming the bodies.

In December 2014, the Government spokesperson Huang Jiefu stated that the Government would stop sourcing organs from prisoners sentenced to death for private trade, but not for registration in their computerized organ supply system.[2] The Government did not claim that they would stop sourcing organs from prisoners of conscience. The Government spokesperson also said, despite indicating a continuing acceptance of donations from prisoners for registration in their computerized organ supply system, that "it is questionable whether the prisoners are making the agreement [to donate their organs] out of their own will".

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[1] Human Rights Watch, "Organ Procurement and Judicial Execution: China", Second appendix, https://www.hrw.org/report/1994/08/01/organ-procurement-and-judicial-execution-china#_1_21

[2] https://usa.chinadaily.com.cn/china/2014-12/04/content_19025755.htm

The Government spokesperson further noted that the 1984 law "has become an unspoken rule" that "using their organs" (the organs of prisoners) without their consent or the consent of their family is acceptable "to ease the demand in the market". These Government statements were published in a Chinese Communist Party publication, the China Daily.

As of the date of this presentation, in July 2026, the 1984 law remains unrepealed. So, today in China there is an unspoken rule that using the organs of prisoners without their consent or the consent of their families is acceptable. That is not a conclusion I have drawn. That is what the Government of China has said.

UK Legislation

Extra-territorial legislation

The United Kingdom has enacted legislation, the Health and Care Act of 2022, which provides that a person who commits an act outside the country that, if committed in the country, would be a violation of the offence of commercial dealings in organs for transplantation is deemed to commit that act in the country if the person is a citizen or a permanent resident of the country.[3]

Reporting to authorities

A United Kingdom Regulation provides, in one section, that where a specialist nurse or physician involved in recipient or donor care or a transplant surgeon (a relevant clinician) has reasonable suspicion that one or more of the legislated transplant

[3] United Kingdom Health and Care Act 2022 section 170

offences may have been committed, the relevant clinician must supply to the relevant authority, as soon as reasonably practicable, such specified information as is known.[4] The Regulation provides in another section that relevant clinicians must also must also supply to the relevant authority as soon as reasonably practicable such specified information as is known about any organ transplant having taken place outside the country.[5]

Suggested additions to the law

1) Deemed consent

The law of England, the Organ Donation (Deemed Consent) Act 2019,[6] deems consent to organ donations. The law allows anyone to opt out of this deemed consent.

Consent is not deemed if a person who stood in a qualifying relationship to the person concerned immediately before death of the person concerned provides information that would lead a reasonable person to conclude that the person concerned would not have consented. According to the Human Tissue Act of 2004, the qualifying relationships are spouse, partner, parent or child, brother or sister, grandparent or grandchild, nephew or niece, stepfather or stepmother, half-brother or half-sister and friend of longstanding.[7]

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[4] The Human Tissue Act 2004 (Supply of Information about Transplants) Regulations 2024, Section 3, https://www.legislation.gov.uk/uksi/2024/262/made/data.pdf

[5] Section 4

[6] https://www.legislation.gov.uk/ukpga/2019/7/enacted/data.pdf

[7] https://www.legislation.gov.uk/ukpga/2004/30/data.pdf

The two laws, the Organ Donation (Deemed Consent) Act 2019 and the Health and Care Act of 2022, don't mesh. If someone is killed in China for their organs, but there is no commercial dealing for the organs, then the extraterritorial offence has not been committed.

In reality, those who get access to organs from forced organ harvesting are not just those who pay. The organ beneficiaries are also those well connected to the Chinese Communist Party, who may pay little or nothing.

The UK extraterritorial law accordingly has a gap which needs to be filled. One should not deem that prisoners of conscience killed for their organs in China where the beneficiary is someone who did not pay for the organs have consented to their own murder.

Yet, in such a situation, there is unlikely to be anyone in a qualifying relationship who is able to say otherwise. The law needs to provide that deemed consent does not apply to transplants abroad. Instead, there needs to be actual, verifiable consent.

The Organ Donation (Deemed Consent) Act 2019 refers to organ extraction in England and exempts from deemed consent any adult who had not been ordinarily resident in England for a period of at least 12 months immediately before dying. One might argue that the concern expressed here is misplaced because of these provisions.

Yet, the Health and Care Act of 2022 creates extra-territorial offences by stating that "the act, if done in England…, would constitute an offence", then the person committing the act is guilty of an offence." So, the notion that the location of the organ extraction and the deemed consenting individual have, according to the 2019

law, to be in England does not obviate the problem raised here, since the 2022 law deems the location of the offence to be England. At the very least, the present law creates an ambiguity and a defence to the prosecution of the offence. The possibility of raising that defence should be removed.

2) Coverage of the legislation

One way in which the Human Tissue act of 2004 as amended by the Health and Care Act of 2022 could be improved is to expand its reach to temporary residents. Italy has that sort of legislation.[8] Realistically, it is going to be easier to prosecute an offence in the location where the offender resides than in the country of nationality, where the offender is not present. As well, most countries of nationality of temporary residents in the UK do not have the requisite legislation to allow for prosecution. If the temporary resident in the UK is a national of China, reliance on prosecution there is a recipe for immunity,

3) Public reporting of reasonable suspicion cases

The UK makes public on an aggregate basis the reports it receives from transplant clinicians. The first official data were published in November 2025, covering the period April 2024 to March 2025. In that year there were 39 reports. 23 reports had been assessed at the time of reporting. 11 of those assessed reports were referred to police for investigation. By year end, 15 reports remained under assessment.[9]

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[8] Italy Code of Criminal Procedure Article 10

[9] https://endtransplantabuse.org/uk-releases-first-operational-data-under-new-mandatory-overseas-transplant-reporting-laws/

This reporting, though useful, omits relevant information. The report should include the foreign country related to each report. Aggregate country data would not compromise patient confidentiality. The prospect that this data could be put together with other data to compromise confidentiality is theoretical and remote. That data would provide useful information about which foreign countries present the most serious problems.

4) Patient reporting

Patient reporting alone will not amount to much. South Korea has patient reporting, without any health professional or hospital reporting.[10] Their experience is that patients do not report. Inquiries to the reporting authority show that there are no patient reports, despite the legal obligation to report. Moreover, without health professional or hospital reporting and with patient health professional confidentiality, it is impossible to determine which patients should have reported but did not.

In contrast, patient reporting combined with health professional or hospital reporting is workable. Right now in the UK, the reporting obligation falls on transplant clinicians only. It would assist transplant clinicians in eliciting the relevant information if there were a regulatory obligation on patients to report to transplant clinicians the relevant information which transplant clinicians are expected to report to the Human Tissue Authority.

An example of combined reporting is Taiwan. The law of Taiwan requires patients to report to hospitals and hospitals to report to the government. The law provides that, after receiving organ transplants outside the territory of the country, patients

[10] Organs Transplant Act Republic of Korea

undergoing transplant follow up in a domestic hospital should provide written information on the transplanted organ category, country, hospital and physician to the hospital. The legislation provides that the hospital should notify the central competent authority of this information.[11]

Required patient reporting to a health professional or institution which in turn has an obligation to report to authorities is likely to be more effective than required reporting by patients directly to government authorities or even required reporting by transplant clinicians without required reporting by patients to those clinicians. Required reporting by patients to clinicians could be part of the initial consultation of patients with clinicians.

5) Comprehensive reporting

Right now transplant clinicians are expected to report situations where they have reasonable suspicion that something has gone wrong related to transplant offences as well as all transplants abroad. In light of the fact that all transplants abroad have to be reported, there may be tendency to short cut and not report, for a transplant abroad, that something has gone wrong related to transplant offences. Indeed, the legislation may be read that way, as requesting only one report relative to any transplant recipient, dealing with only one matter.

Transplant clinicians are admittedly not police, nor criminal investigators, nor prosecutors. Imposing on transplant clinicians the burden of determining whether there is reasonable suspicion of the commission of an offence takes them outside the sphere of their professional competence. All the same, transplant clinicians may well notice something awry about a transplant that police, or criminal investigators, or

[11] Taiwan Human Organ Transplant Regulations

prosecutors may not notice without the help of transplant expertise.

In theory the obligation of transplant clinicians to report situations where they have reasonable suspicion that something has gone wrong related to transplant offences applies to offence committed either inland or abroad. Yet, the legislation does not say that explicitly. It would be useful if it did. That explicit assertion would make it clear that the obligation to report transplant abroad is not the only reporting requirement where there is reasonable suspicion that something has gone wrong related to transplant offences.

6) Immigration

In principle, those foreigners complicit in organ transplant abuse abroad should be denied entry to the UK. Yet, there is no such specific entry prohibition right now in the law.

A Canadian law provides that a permanent resident or a foreign national is inadmissible on grounds of violating human or international rights for having engaged in conduct that would, in the opinion of the Minister, constitute an organ transplant offence.[12] Legislation adopted by the United States House of Representatives and pending in the Senate provides that a foreign person whom the Government determines to have knowingly and directly engaged in or facilitated the involuntary harvesting of organs is inadmissible to the country, unless admitting the foreign person is necessary to permit the country to comply with its international obligations.[13] The UK should follow these

[12] Canada amendment to the Immigration and Refugee Protection Act

[13] Falun Gong and Victims of Forced Organ Harvesting Protection Act

examples.

7) Insurance

Those complicit in organ transplant abuse abroad should not be denied health care on return. Yet, they could and should be denied health care insurance coverage, whether public or private. It would be anomalous to give insurance coverage to a patient who has paid a large sum for a transplanted organ abroad.

The UK has no legislation on health care insurance coverage claimed by those complicit in organ transplant abuse abroad. Other jurisdictions do have such legislation and provide examples which the UK could follow.

Five states in the US - Texas, Idaho, Utah, Tennessee, and Arizona - have insurance bans on aftercare following a transplantation from China. The law of the State of Texas, for example, provides that a health benefit plan issuer may not cover a human organ transplant or post-transplant care if:
i) the transplant operation is performed in any country known to have participated in forced organ harvesting, as designated by the Minister of Health; or
ii) the human organ to be transplanted was procured by sale or donation originating in any country known to have participated in forced organ harvesting, as designated by the Minister of Health.[14]

Israeli law provides that a national entity shall not contribute to funding organ

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US proposed Stop Forced Organ Harvesting Act

[14] Texas amendment to Insurance Code

transplantation conducted outside the country, unless both of the following conditions are met:

(1) The organ removal and transplant are carried out under the laws of the foreign country;

(2) The provisions of the national Law on Organ Transplantation with regard to the trade in organs are met.[15]

8) Presentation and publication of research

The International Society for Heart and Lung Transplantation (ISHLT) has this policy:

> "Given the body of evidence that the government of the People's Republic of China stands alone in continuing to systematically support the procurement of organs or tissue from executed prisoners, submissions related to transplantation and involving either organs or tissue from human donors in the People's Republic of China will not be accepted by ISHLT for presentation or publication." [16]

The Journal of Heart and Lung Transplantation, the official publication of ISHLT, follows this policy. However, no other publication has a similar policy.

Researchers called in 2019 for the retraction from publications of 445 papers about organ transplantation in China because the sources of organs to which the papers referred did not exclude organs sourced from forced organ harvesting. Six years later only 44 papers had been retracted. There has been a mass failure of medical journals

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[15] Israel Organ Transplantation Law

[16] Are Martin Holm and others, "International Society for Heart and Lung Transplantation Statement on Transplant Ethics" (2022) 41(10) The Journal of Heart and Lung Transplantation 1307 https://doi.org/10.1016/j.healun.2022.05.012

to comply with international ethical standards in place to ensure organ donors provide consent for transplantation remains valid.[17]

In light of the failure of publications to take precautions voluntarily, legislation would be in order. The UK should consider such legislation, based on the ISHLT policy, with one change.

The ISHLT policy refers only to the sourcing in China of organs from the bodies of condemned and then executed prisoners. Yet, in China organs are not sourced from prisoners only after execution. Organ sourcing is used as a means of execution.

As well, in China organs are not sourced only from condemned prisoners. They are sourced primarily from prisoners of conscience who have been detained arbitrarily and indefinitely, without being convicted of any offence or, if convicted, found guilty of only minor offences with relatively light sentences. UK legislation should be broad enough to cover forced organ harvesting of those victims who are prisoners of conscience and not just be limited to convicted criminal offenders sentenced to death.

9) Training and collaboration

Training tells a similar story. There have been some ethical efforts which have not got very far. And there is no legislation in place.

A couple of examples are these. Hospitals can refuse to accept requests for training in transplantation made by students who intend to use that training to practice transplant

17 https://retractionwatch.com/2025/10/24/despite-new-retractions-suspect-organ-transplant-papers-remain-in-the-literature/

medicine China. Stephen Robertson, then Minister of Health for the Queensland Government in Australia, on December 1, 2006, wrote, that the Prince Charles Hospital and Princess Alexandra Hospital in Queensland have "a policy of not training any Chinese surgeon in any transplant surgical technique".[18]

Similarly, foreign hospitals can maintain collaborative arrangements with Chinese hospitals, all the while excluding from those arrangements any collaboration in transplantation. The University of Alberta since 2016 has offered a Young Physician Training Program in partnership with the Chinese Zhejiang University School of Medicine Fourth Hospital. The University Clinical Islet Transplant Program, under the leadership of Dr. James Shapiro, refused to participate because he could not see his way through to a regulatory watertight oversight that would protect him and his Edmonton Protocol team from inadvertent unethical conduct.[19]

Yet, these examples are exceptions. In order for an effective training and collaborative policy to be in place which prevents training for transplantation in China and collaboration with transplantation in China, legislation is necessary.

10) A due diligence requirement

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[18] https://apps.parliament.qld.gov.au/E-Petitions/Home/DownloadResponse/d94feedf-04de-4768-9581-64c8978a84bf

[19] China Tribunal Final Judgment pages 502 to 507 https://chinatribunal.com/wp-content/uploads/2020/03/ChinaTribunal_JUDGMENT_1stMarch_2020.pdf

The NGO Global Rights Compliance in July 2022 published a legal advisory report and policy guidance, both under the title "Do No Harm: Mitigating Human Rights Risks When Interacting with International Medical Institutions & Professionals in Transplantation Medicine".[20] The report provided guidance on mitigating human rights risks when interacting with international medical institutions and professionals in transplantation medicine.

Their report asserted that all relevant medical institutions, transplant associated entities and professionals need clear human rights policies and procedures. The policies and procedures must address any activities done or provided overseas to mitigate or eliminate any activities which entail a risk of organ trafficking or forced organ harvesting.

This policy requires due diligence in its application. If human rights risks can not be prevented, mitigated or remediated, institutions and professionals should disengage from the transplantation relationship. Following their advice would lead to isolation of the Chinese transplant sector, creating significant pressure for change.

The policy of due diligence could be legislated as a requirement. Such a legislative requirement would, in principle, lead to the same result as specific prohibitions related to China.

11) Sanctions

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20 https://globalrightscompliance.org/project/do-no-harm-legal-advisory-policy-guidance/

The United States Congress sets out a sanctions precedent. Legislation adopted by the United States House of Representatives and pending in the Senate provides that the US government shall submit to the appropriate legislative committees annually an updated list of foreign persons whom the Government determines to have knowingly and directly engaged in or facilitated forced organ harvesting or trafficking in persons for purposes of the removal of organs.[21]

The legislation provides that the Government shall impose sanctions with respect to each foreign person included in the most recent list submitted. A variation of that legislation could and should be adopted in the UK.

12) Supply chains

The United Kingdom House of Lords provides a legislative precedent for addressing supply chains. The proposal provided that a national Government contracting authority may award a public contract to the supplier who submits the most advantageous tender in a competitive tendering procedure. Before assessing which tender best satisfies the award criteria, a contracting authority
(a) must consider whether a supplier is an excludable supplier, and
(b) may disregard any tender from an excludable supplier.

A supplier is an excludable supplier if the contracting authority considers that
(i) a discretionary exclusion ground applies to the supplier or an associated person, and

[21] Falun Gong and Victims of Forced Organ Harvesting Protection Act

US proposed Stop Forced Organ Harvesting Act

(ii) the circumstances giving rise to the application of the exclusion ground are continuing or likely to occur again,

A discretionary exclusion ground applies to a supplier if a decision maker determines that the supplier or a connected person has been, or is, involved in
(a) forced organ harvesting, or
(b) dealing in any device or equipment or services relating to forced organ harvesting.[22]
This proposed legislation is worth pursuing.

13) Passports

The United States provides an example of passport control.[23] Legislation adopted by the United States House of Representatives and pending in the Senate provides that the Government may refuse to issue a passport to or revoke a passport of any individual who has been convicted of an offense for purchasing an organ and is subject to imprisonment or supervised release as the result of such conviction if the individual, in the commission of the offense, used a US passport or crossed an international border. The UK could easily adopt such legislation.

14) Professional licensing

Taiwanese and Italian law both address the issue of professional licensing.[24] Their

[22] UK Amendment 102B to the Procurement Act. The amendment was adopted in the House of Lords but rejected in the House of Commons. It is not to be found in the legislation as enacted.

[23] US proposed Stop Forced Organ Harvesting Act

[24] Taiwan Human Organ Transplant Act, Italy Trafficking in Organs law 2016

laws provide that for medical personnel found to be in serious violation of the prohibition against brokering transplants, whether inside or outside the country, their professional certificates may be revoked. There is no reason why the UK could not do the same.

15) Bodies exhibits

The final suggestion comes from the laws of the Czech Republic.[25] Their legislation provides that human remains must be treated with dignity and in such a way as not to endanger public health or public order; for these reasons, it is forbidden for legal or business natural persons to preserve, embalm or expose the body of a deceased, including preserved or embalmed, without the consent of the deceased.

Bodies exhibits do not involve transplantation. But they do potentially involve organ abuse. There is reason to conclude that plastinated bodies coming from China are sourced from prisoners of conscience killed for the purpose of plastination. Accordingly, legislation needs to be put in place to counter this phenomenon.

The UK Human Tissue Authority Codes of Practice provides: "For specimens that are imported, … the country of origin should have a legal and ethical framework which includes consent and protects the interests of the deceased and their families." [26]. That, of course, is better than nothing. But legislation specifically directed to bodies exhibits would be better still.

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[25] Czech Republic, Funerals Act

[26] Paragraph 7 https://www.hta.gov.uk/sites/default/files/2023-06/Code%20D%20-%20Public%20Display.pdf

16) WHO principles

In framing the necessary legislation, it is worthwhile keeping in mind the Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation. Those Guiding Principles include the principles of transparency, traceability and openness to scrutiny[27]. World

The onus is not on the United Kingdom or its prosecutors to show that there is organ transplant abuse in China. The onus is rather on China to show that there is not such abuse, both generally and in individual cases. As long as China does not respect principles of transparency, traceability and openness to scrutiny, and it does not do so now, the laws suggested here, if enacted, would be violated by transplantations in China.

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[27] Guiding principles 10 and 11,

https://apps.who.int/gb/ebwha/pdf_files/wha63/a63_24-en.pdf