

Thousands die waiting for organ transplants

By Jim Nowlan

More than 100,000 Americans are waiting for organ transplants. Thousands will die waiting. A proposal by the organization that oversees transplants would change the way in which some of the organs are distributed to recipients, in order to increase the total number of years recipients would live overall.

But the proposal would result in some transplant candidates waiting even longer. This proposed policy could be a harbinger of how general medical services will be rationed at some point in the future, when limited dollars rather than available kidneys become the rationed resource.

Many types of organs can be transplanted in addition to kidneys: liver, heart, lung and pancreas. Three quarters of those waiting, however, wait for a kidney. About 10 percent of the 93,000 persons waiting for a kidney will die waiting.

Several factors go into decisions to allocate kidneys for transplant but length of time on the waiting list is the primary determinant. The median time on the waiting list (half wait longer; half wait a shorter period) is five years.

The proposal by the U.S. Organ Procurement and Transplantation Network would basically allocate the 20 percent of the kidneys of highest quality (the longest expected functional life, as I understand it) to the 20 percent of candidates estimated to have the longest time to benefit from a transplant. In other words, to younger candidates.

(By the way, it should be noted that neither money nor celebrity of candidates plays any part in the national organ transplantation process.)

The proposal makes sense to me. If I needed a kidney at my age of 71, why give me a kidney from a 24-year-old, even if I had been on the waiting list for six years and was near death, when there are younger candidates who would benefit from the new kidney for many more years.

So, as in any rationing scheme, there will be winners and losers, just as there are in the somewhat strict waiting list policy of the present.

The ideal situation would be one where demand for kidneys is reduced by better health practices, and the number of donors is increased by better policies to the point there is no waiting list.

Unfortunately, the incidence of diabetes, which often contributes to kidney disease, is increasing sharply in America.

Policies that encourage organ donation vary, and here Illinois and Secretary of State Jesse White are leaders in the country.

In Illinois, at the time you renew your driver's license, you are specifically asked if you wish to be an organ donor, rather than simply making it an option the driver could choose without prompting.

As a result, Illinois has a positive donor registration rate of 60 percent compared to 38 percent nationally.

In 2006, Illinois joined several other states in making a person's wishes legally binding. Previously, even though a person expressed his or her wishes to donate organs, the person's family had to grant permission at the time the organs became available.

This created many problems related to finding family, which might oppose donation at a time of grief, and with the short window of time in which an organ can be transplanted.

I propose that Illinois and other states go a step further.

Instead of asking at the driver's license station if a person wished to "opt in" to donation, ask the person if he wished to "opt out" of organ donation.

That is, instead of asking if the person wished to become a donor, explain to the person that he is automatically enrolled as an organ donor at the time of renewing his driver's license, *unless* he wished not to be an organ donor.

The person is still given the opportunity to make a decision on organ donation, which all religious groups and society in general consider a good thing, yet he would be opting out of that policy if he rejected organ donation.

Richard Thaler, an author of the influential book "Nudge," believes that this psychological "nudge" would increase the rate of organ donation. He cites Austria, which has an opt out policy. Austrians have a registration rate eight times higher than neighboring Germany.

People live or die because of public policies. Kidney failure and live-giving organ donation provide an illustration of how we can tweak policies to increase the likelihood that someone will live rather than die.