

Case 10

Over 75,000 people are on waiting lists to receive organ transplants. Every day people die waiting. The list grows longer daily, as the number of people needing organs increases faster than the number of donors, and as advances in technology increase the number of viable recipients. Typically, patients who have been on the list the longest are the sickest, but occasionally a critically ill patient may "jump" to the head of the list if it is thought that her death is imminent unless she receives a transplant. "Jumping" is considered morally justified in virtue of the absence of any other available therapy for end-stage organ disease.

Patients needing kidney transplants are not allowed to jump the queue. Here transplant eligibility is determined by length of waiting time because an alternative therapy exists -- dialysis. Most patients (over 50,000) waiting for organs need a kidney. The average wait for a kidney transplant is five years. In the year 2000, 13,372 kidney transplant operations took place in which the kidney was the only organ transplanted (nearly 1,000 additional transplants involved a kidney plus another organ.) In the 13,372 kidney-alone transplants, 5293 of the kidneys were from live donors.

The Hope-Through-Sharing Program lets patients waiting for a kidney jump ahead of others on the list, if a friend or relative, who is not a suitable match for the patient, donates a kidney to another recipient with whom the donor is compatible. This gives the patient priority over those who have been waiting longer. While the above-described policy is designed to result in kidney donations from people who otherwise might not choose to do so, there is no guarantee that the donor's relative or friend will receive a kidney -- only that he or she moves closer to the top of the list. Although the program increases the likelihood that someone who might die before receiving a kidney will live, there remains the question of fairness in regard to a system that penalizes those who have no one willing, able, or available to donate a kidney on their behalf.

Kidney transplantation from a living person involves risks for the donor. There are concerns, therefore, that such risks might not be adequately considered or that the donor may be coerced. The transplant operation is not standardized, and its procedures are both complex and vary widely. Inadequate long-term data exists on outcomes for donors. Some hospitals that offer live-donor transplants do few of these operations and may lack adequate experience to ensure satisfactory outcomes.