

INCREASING KIDNEY DONATION

A Health and Fiscal Imperative for the Nation

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As of April 2011, there were 93,874 Americans awaiting kidney transplantation. Transplantation has been shown to offer significant advantages compared to dialysis, including longer life, better quality of life, and significant cost savings. The harsh reality of our current system, however, is that most of those waiting will never have a transplant due to a lack of available organs.

In 1984 the National Organ Transplant Act established that it is illegal to provide valuable consideration for organs for transplant. Despite efforts to improve donation, the disparity between supply and demand worsens. The number of deceased donor kidney transplants in the United States in 2010 was 11,771 and has been relatively static. Meanwhile, that same year, 34,423 people were added to the already significant kidney waiting list. Survival for these people necessitates dialysis.

The societal impact of dialysis is not trivial. Dialysis is an important, life-saving therapy. More than 527,000 Americans were treated last year for end-stage renal disease (ESRD) at a cost of over \$40 billion in Medicare expenses alone. As the prevalence of ESRD continues to increase, this cost is rising at an alarming rate. In 2008, maintenance dialysis cost Medicare \$72,000 per patient annually. Transplantation has comparable Medicare costs the first year only; subsequent annual costs are approximately \$15,000 for immunosuppressive medications. It is estimated that transplant can have a lifetime benefit over dialysis of \$300,000 or more per patient.

Even if every potential brain-dead donor actually became one, only about 20 percent of those waiting would be accommodated. To make a meaningful increase, the U.S. needs more live donors. In addition,

a live-donor kidney on average lasts more than twice as long as a deceased-donor kidney. The question is, what can we as a society do to increase living donation without unduly or unethically incentivizing donors? The world's major religions support the incredible gift of life that organ donation affords.

The system cannot rely on pure altruism. It is well established that carefully selected healthy people require only one kidney. The long-term medical risks associated with donation are likewise well known. The risk of death is 0.03 percent, the same as the occupational risk of death for those who choose to be truck drivers, and less than that for a fisherman or logger (0.1 percent). In the U.S. maternal mortality is 0.02 percent yet surrogate motherhood is generally accepted by society.

The commoditization of organs for transplantation has ethical implications that must be carefully addressed. Government-sponsored pilot projects encouraging kidney donation should be feasible, and could include benefits such as lifetime health care or educational support. This should be a regulated system with strict oversight that allows for such incentives.

Our current approaches are grossly inadequate and, as a result, have tacitly allowed the proliferation of black markets for kidneys, here and abroad. As a nation, we should consider novel programs that, first and foremost, provide optimal donor evaluation and safety. The current status quo is not acceptable and the disparity between supply of transplantable kidneys and need continues to grow. Given the nation's ever-worsening health care crisis, we should embrace this opportunity to save lives and alleviate some financial burdens.

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