



Written by [Dave Bohon](#) on February 28, 2011

## Transplant Network Weighs Proposed Policy Change for Kidney Recipients

Under a proposed change being considered by the national network overseeing organ transplant policy in the U.S., younger and healthier kidney patients would be given priority consideration for donor organs. Currently, the United Network for Organ Sharing (UNOS), a non-profit organization that contracts with the federal government to coordinate organ placement, gives priority consideration to those who have been on a waiting list the longest, as well as to patients who are the sickest and most critically in need of a kidney.



According to the [Washington Post](#), "Instead of giving priority primarily to patients who have been on the waiting list longest, the new rules would match recipients and organs to a greater extent based on factors such as age and health to try to maximize the number of years provided by each kidney, the most sought-after organ for transplants."

Kenneth Andreoni, a professor of surgery at Ohio State University and chairman of the committee reviewing the UNOS system now in place, told the *Post* that the group is "trying to best utilize the gift of the donated organ. It's an effort to get the most out of a scarce resource."

The proposal, which would be the most comprehensive alteration to the system in the last 25 years, is raising some major ethical questions from individuals and groups concerned for the welfare of middle-aged and elderly individuals in an aging American demographic.

"The best kidneys are from young adults under age 35 years," Lainie Friedman Ross, a University of Chicago bioethicist, told the *Post*. "Nobody over the age of 50 will ever see one of those." The truth of the matter is, however, that there are a lot of people in that age group, who, "with a properly functioning kidney, could have 20 or more years of life," Ross said. "We're making it harder for them to get a kidney that will function for that length of time. It's age discrimination."

Currently some 110,000 ailing Americans are waiting for organ donations, approximately 87,000 of them needing new kidneys. Of those, only around 17,000 will get the needed organ, while more than 4,500 are expected to die before receiving a kidney transplant.

Arthur C. Caplan, a bioethicist at the University of Pennsylvania, said the proposed change in policy represents a major shift in how society views those who are critically ill. "For a long time, the whole program has been oriented toward waiting-list time," Caplan said. "This is moving it away from a save-the-sickest strategy to trying to get a greater yield in terms of years of life saved."

Under the changes being proposed by the UNOS Kidney Transplant Committee, reported the *Post*, "for 80 percent of kidneys, patients 15 years older or younger than the donor would get higher priority" for transplant surgeries. "The remaining 20 percent of organs — those deemed to have the best chance of



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lasting the longest based on the age and health of the donor and other factors — would be given to recipients with the best chances of living the longest based on criteria such as their age, how long they've been on dialysis, and whether they have diabetes.”

Some observers predict that the change could well indicate a shift in how a government-supervised health-care system mandates the dispensing of expensive and priority medical procedures. “This is a fascinating canary-in-a-cave kind of debate,” Caplan said. “We don't want to talk about rationing much in America. It's become taboo in any health-care discussion. But kidneys remind us that there are situations where you have to talk about rationing. You have no choice. This may shine a light on these other areas.”

Indeed, the subject of rationing has been much on the minds of many policy makers and implementers as ObamaCare has been racing toward the American people. Writing on [MedCityNews.com](#), Merrill Matthews of the Institute for Policy Innovation argued that the legal challenge raised by Ohio, Wisconsin, Iowa, Kansas, Wyoming, Maine, Florida, and nearly a score of other states to the impending ObamaCare law was predicated in part on their concern that the law will introduce widespread rationing of critical medical procedures such as transplants.

“Consider Arizona's recent decision to refuse seven kinds of transplant surgery under Medicaid, the state's health insurance program for the poor,” wrote Matthews in early February. “While this transition could have been more incremental — some patients thought they were getting transplants, but were then rejected — the state's decision wasn't haphazard. It was based on evidence, which has been questioned by some, that these transplants had little chance of long-term success. Since the state's decision, two patients have died and more may follow.”

The fact that this happened in a state with a conservative base and a GOP-leaning legislature demonstrates, Matthews argued, “what critics of ObamaCare have been saying all along: When the government gets involved in healthcare, it will ration care. It makes no difference whether Republicans or Democrats are in charge. ALL government-run healthcare is eventually rationed.”

As the proposed changes by the United Network for Organ Sharing clearly demonstrate, government involvement inevitably means government control. Make no mistake about it: the UNOS policy proposal has the fingerprints of President Obama's healthcare architects all over it.

Matthews noted that the great evil of ObamaCare is not that it is a liberal Democrat blueprint for socialized healthcare (although it is definitely that), but because, once implemented, it will give “vast new control over the delivery and financing of healthcare, regardless of who is in charge” — Republicans or Democrats. “And when you do that you will get rationing, and you will, eventually, have ‘death panels’ telling patients what they can and can't have.”

Which is, in essence, what Americans will get with the new transplant policy.



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