

Transplant Professionals' Views on the Ethical Challenges Associated with Altruistic Unbalanced Paired Kidney Exchange

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BACKGROUND

- Altruistic unbalanced paired kidney exchange (AUPKE):
 - Compatible pair consisting of an O blood group donor and a non-O recipient is invited to participate in a KEP;
 - A way to remedy the unfair situation of O recipients in KEPs;
 - 32% of US transplant centres would encourage AUPKE, while 47% would not, because they consider it unethical or not medically necessary. (1)
- No published guidelines on AUPKE or established programs

Aim of this study

To gather empirical data about transplant professionals' views on the ethical challenges associated with AUPKE.

METHODS

- Qualitative research
- Semi-structured interviews with transplant professionals working in four Canadian transplant centres (three in Quebec, one in Ontario)
- Qualitative data analysis with the software QSR NVivo (version 9.0)

Table 1: Characteristics of Respondents

Characteristics	N = 19 (%)
Position	
• Transplant nephrologists	5 (26.3)
• Transplant surgeons	4 (21.1)
• Nurses	5 (26.3)
• Other	5 (26.3)
Gender	
• Male/Female	8 (42.1)/11 (57.9)
Age	48 (range: 31-65)
Years of practice	19 (range: 2-35)
Professionals in favour of AUPKE	16 (84.2)

RESULTS

Table 2: Ethical Issues Raised by Transplant Professionals

Societal <ul style="list-style-type: none"> Fairness <ul style="list-style-type: none"> - AUPKE is a way to make KEPs fairer, since it helps O recipients (5)* Benefits vs. not putting the compatible pair (CP) at a disadvantage: <ul style="list-style-type: none"> “Going into the exchange program isn't a direct benefit to that pair. It helps the system and society, but I think we have to make sure that we're not further disadvantaging potential donors and their recipient because that would be a big thing.” (transplant coordinator) - Organ of better or equal quality for the recipient in the CP (age criteria) (5) - Reasonable time frame for finding a match for the CP (7) - Local organ retrieval for the CP (8) Promotion of KEPs and AUPKE should not have a negative impact on deceased organ donation (1)
Professional <ul style="list-style-type: none"> Potential conflict-of-interest situation for physicians (2) Communication <ul style="list-style-type: none"> - How to propose AUPKE? (7) - Complete and detailed information about AUPKE (7) - Risk of influencing or putting pressure on the CP and causing feelings of guilt (9) “In my view, the ethical risk ... lies in the way we might influence people's decisions.” (nephrologist) <ul style="list-style-type: none"> Anonymity - Challenge of confidentiality when communicating with patients, transplant team, centres, etc. (3)
Patient-related <ul style="list-style-type: none"> Informed consent: <ul style="list-style-type: none"> - Participation must be voluntary (19) “It has to be in a context where information is provided, and there is free and informed consent.” (nephrologist) - Concerns about free consent (3) Impact on donor/recipient relationship: <ul style="list-style-type: none"> - Change in the donation process (1) “By proposing an exchange program to them, it's as if we were insisting that the donation have a social impact.” (nephrologist) - Identity of donor and recipient (3) “Obviously, it will make some people stop and think about their values. When you give an organ to someone you know, there's an emotional connection, a bond of friendship. There's often an emotional connection.” (nurse) Meaning of the gift exchange for the CP: <ul style="list-style-type: none"> - Diminishes the meaning of gift and commodifies part of the body (1)

*The figures in parentheses indicate the number of study participants who raised the point in question.

DISCUSSION

- Transplant professionals viewed AUPKE as a way to make KEPs fairer for O recipients = egalitarian view (allowing the worst-off to benefit).
- General agreement with the idea that compatible pairs should not be disadvantaged by their participation in AUPKE. Opinions were divided as to whether or not they should receive a better organ.
 - By “better organ,” participants meant an organ from a younger donor.
 - Recent data show improved graft survival with organs from living donors aged 18 to 39, but only for recipients aged 18 to 39. Past this age range, it is the recipient's rather than the donor's age that predicts graft survival. (2)
- Important concerns for respondents were the information provided to compatible pairs and informed consent. The majority of respondents were in favour of an informative model where the clinician provides detailed information and the pair makes the final decision. Is this model appropriate in the context of living organ donation and, more specifically, AUPKE?

REFERENCES

1. Clark E, Hanto R, Rodrigue JR. Barriers to implementing protocols for kidney paired donation and desensitization: survey of US transplant programs. *Progress in Transplantation* 2010;20(4):357-65.
2. Chagnac P, Gill J, Dong J, Rose C, Yan H, Landsberg D, et al. Living Donor Age and Kidney Allograft Half-Life: Implications for Living Donor Paired Exchange Programs. *Clinical Journal of the American Society of Nephrology* 2012;7:835-41.

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