

DISCLOSURE INFORMATION NO CONFLICT OF INTEREST

Dado el carácter y la finalidad exclusivamente docente y eminentemente ilustrativa de las explicaciones en esta Sesión, el autor se acoge al artículo 32 de la Ley de Propiedad Intelectual vigente en España, respecto al uso parcial de obras ajenas como imágenes, gráficos u otro material contenidos en las diferentes diapositivas

Todas las imágenes presentadas se incluyen como citas necesarias para ilustrar las explicaciones de esta conferencia



LIVING DONATION AS FIRST CHOICE: BETWEEN JUSTICE AND EQUITY OF ACCESS TO TRANSPLANTATION

Dr. David Paredes, MD, CETC

**Senior Consultant. Donation and Transplant Coordination Section
Hospital Clínic de Barcelona
Associate Professor - Surgery Department
University of Barcelona**

dparedes@clinic.ub.es



**CONGRESO
BARCELONA**
18-20 MARZO 2015



**CLÍNIC
BARCELONA**
Hospital Universitari



**World Health
Organization**

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. May 2010

Guiding Principle 3

Donation from deceased persons should be developed to its maximum therapeutic potential, but adult living persons may donate organs as permitted by domestic regulations. In general living donors should be genetically, legally or emotionally related to their recipients.

Guiding Principle 9

The allocation of organs, cells and tissues should be guided by clinical criteria and ethical norms, not financial or other considerations. Allocation rules, defined by appropriately constituted committees, should be equitable, externally justified, and transparent.

Guiding Principle 5

Cells, tissues and organs should only be donated freely, without any monetary payment or other reward of monetary value. Purchasing, or offering to purchase, cells, tissues or organs for transplantation, or their sale by living persons or by the next of kin for deceased persons, should be banned.

The prohibition on sale or purchase of cells, tissues and organs does not preclude reimbursing reasonable and verifiable expenses incurred by the donor, including loss of income, or paying the costs of recovering, processing, preserving and supplying human cells, tissues or organs for transplantation.

DEFINITIONS

Justice: Is the lawful and moral maintenance of what is right for a person, or what is due to a person.

Distributive justice, distributing a resource fairly throughout a given population. Guides organ allocation and distribution.

Compensatory justice, is the belief that un injured person should receive a benefit proportional to a loss or for taking more of a risk.

King County serves all residents by promoting fairness and opportunity and eliminating inequities.

King County Strategic Plan-Fair And Just Guiding Principle



- Affordable, safe, quality housing
- Access to parks and natural resources
- Equity in county practices
- Access to affordable, healthy, local food
- Equitable law and justice system
- Community and public safety
- Access to safe and efficient transportation
- Quality education
- Access to health and human services
- Healthy built and natural environments
- Family wage jobs and job training
- Early childhood development
- Strong, vibrant neighborhoods
- Economic development

DETERMINANTS OF EQUITY

The conditions in which people live, work and play are determinants of equity. Equal opportunity in these areas is necessary for all people to thrive and achieve their full potential regardless of race, income or language spoken.

www.kingcounty.gov/Equity

Available in alternate formats upon request. 206-263-2700 TTY Relay: 711



Figure 3: Example of a TOC using the visual “stream” metaphor of ESJ¹⁰



One example of pro-equity policies might be:

- Percent of hiring managers that participate in anti-bias training

- Percent of cost burden home owners
- Medium household income
- Graduation rate
- Food security
- Incarceration rate
- Pollution by region
- Perceived neighborhood safety
- Home ownership rate
- Transportation cost burden
- Uninsured adults
- Park access

- Life expectancy
- Incarceration rate
- Obesity prevalence
- Homelessness
- Infant mortality
- Frequent mental distress

DEFINITIONS

Equity: In medical practice is achieved when patients with similar expected degrees of illness and similar expected outcomes have comparable access to treatment.

In organ allocation and distribution refers to same probabilities to be transplanted.

It requires WL criteria are developed, prioritization system be consistent and transparent, and that organs are broadly distributed in an attempt to equalize the probability of an organ offer.



DEFINITIONS

Utility: To achieve the maximal benefits from a limited resource for the population.

Often is defined as survival in transplantation. It only address the outcome of patients receiving the transplant and does not account for those candidates who remain on the list and who do not receive the transplant.

New approach to transplant benefit: incremental life expectancy of a patient with a Tx compared to who remain in the WL.



The Challenge of Doing What Is Right in Renal Transplantation: Balancing Equity and Utility

Aisling E. Courtney Alexander P. Maxwell
Regional Nephrology Unit, Belfast City Hospital, Belfast, UK

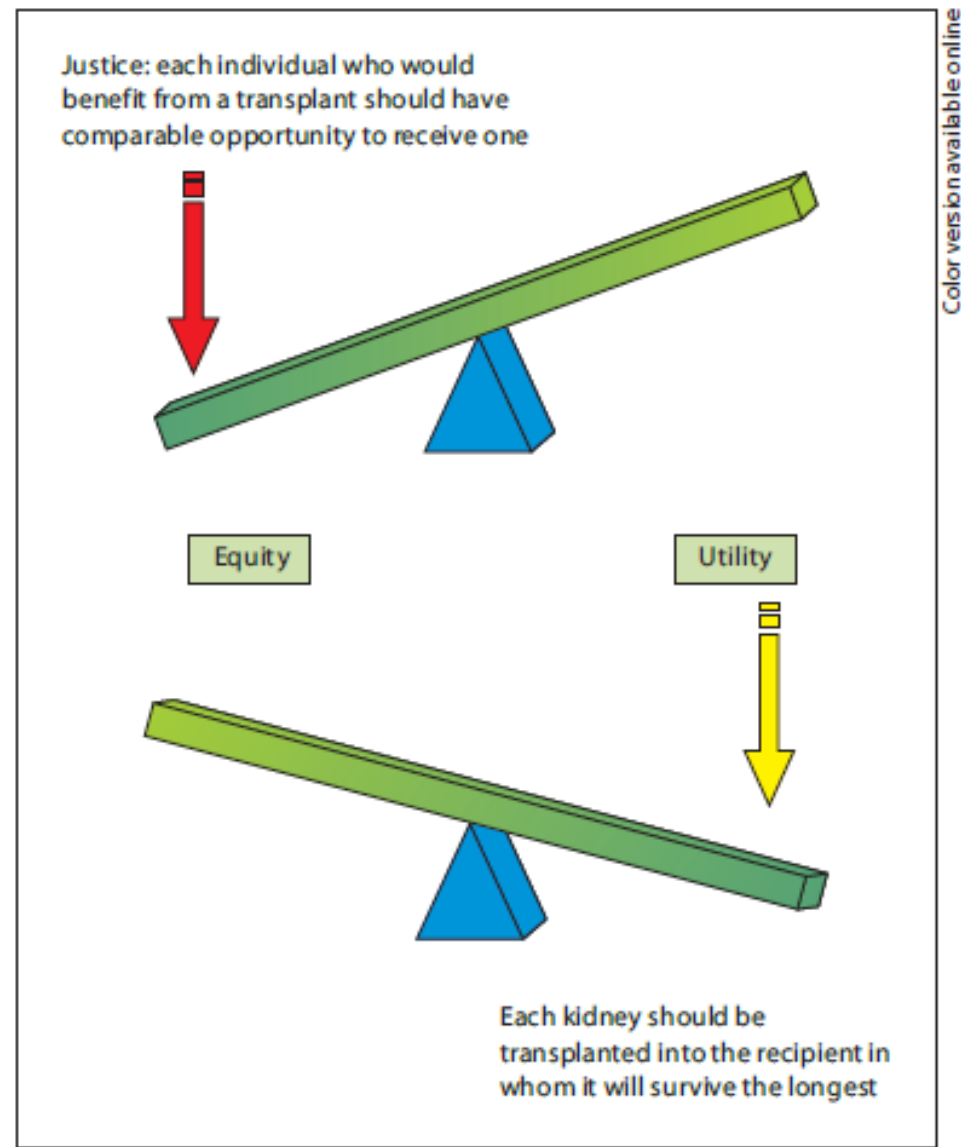


Fig. 1. Ethical equipoise in transplantation.

Europe Transplant Activity

14

GODT Global Observatory on
Donation & Transplantation

In collaboration with
World Health
Organization



EUROPEAN UNION DATA

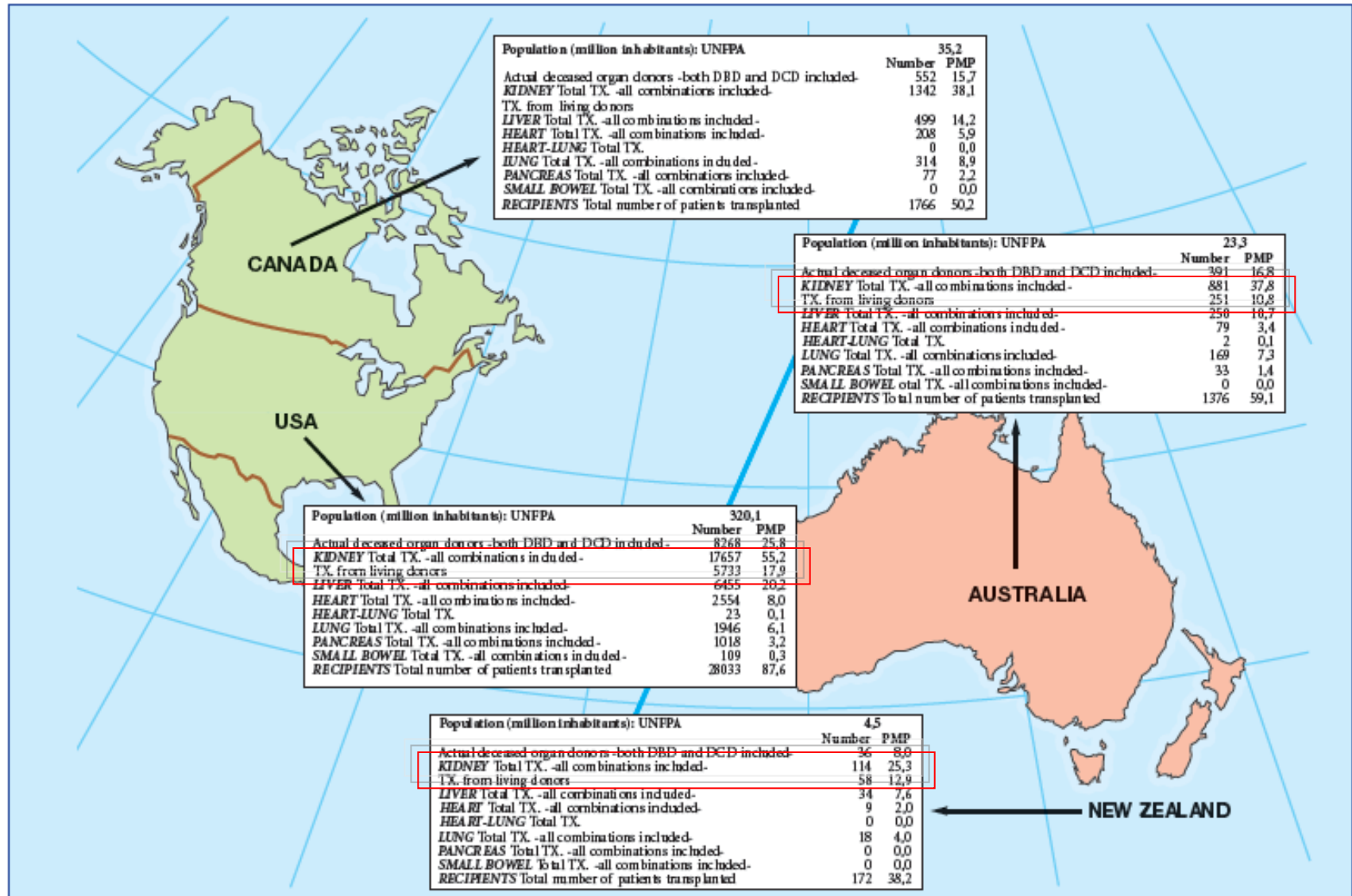
Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants	Small Bowel Transplants	Patients Transplanted
19227 (21,8% LD)	7173 (3,6% LD)	2037	1825	865	38	31165

9912 ACTUAL DECEASED ORGAN DONORS (*both DBD and DCD included*)

***2013 data**

N= 28 COUNTRIES (508,7 million inhabitants)

USA – Canada – Australia Transplant Activity



Latinoamerica Transplant Activity

26

GOOT Global Observatory on
Donation & Transplantation

In collaboration with
World Health
Organization



LATINAMERICAN COUNTRIES

Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants	Small Bowel Transplants	Patients Transplanted
11478 (34,8% LD)	2621 (7,7% LD)	550	213	249	9	17923

5536 ACTUAL DECEASED ORGAN DONORS (both DBD and DCD included)

***2013 data**

N= 15 COUNTRIES (562,7 million inhabitants)

Global Transplant Activity

GODT Global Observatory on
Donation & Transplantation

In collaboration with
World Health
Organization



GLOBAL ACTIVITY IN ORGAN TRANSPLANTATION 2012 ESTIMATES

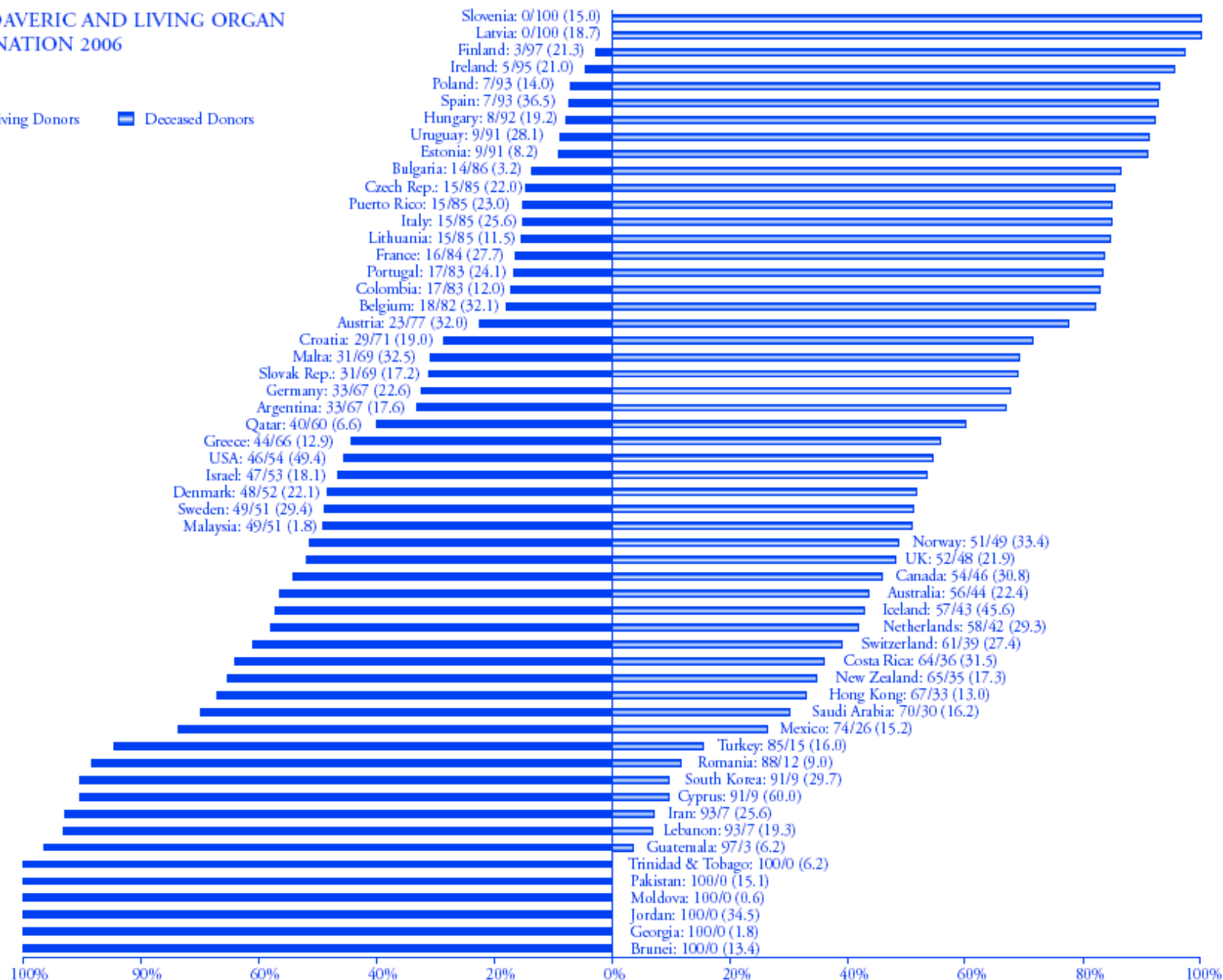
Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants	Small Bowel Transplants
77818 (42,3% LD)	23986 (18,2% LD)	5935	4359	2423	169

114690 SOLID ORGANS REPORTED TO BE TRANSPLANTED

- Information of 109 Member States on organ transplantation activities is included in the GODT: 91 of 2012, 9 of 2011, 3 of 2010, 2 of 2009, 4 of 2008.

CADAVERIC AND LIVING ORGAN DONATION 2006

■ Living Donors ■ Deceased Donors

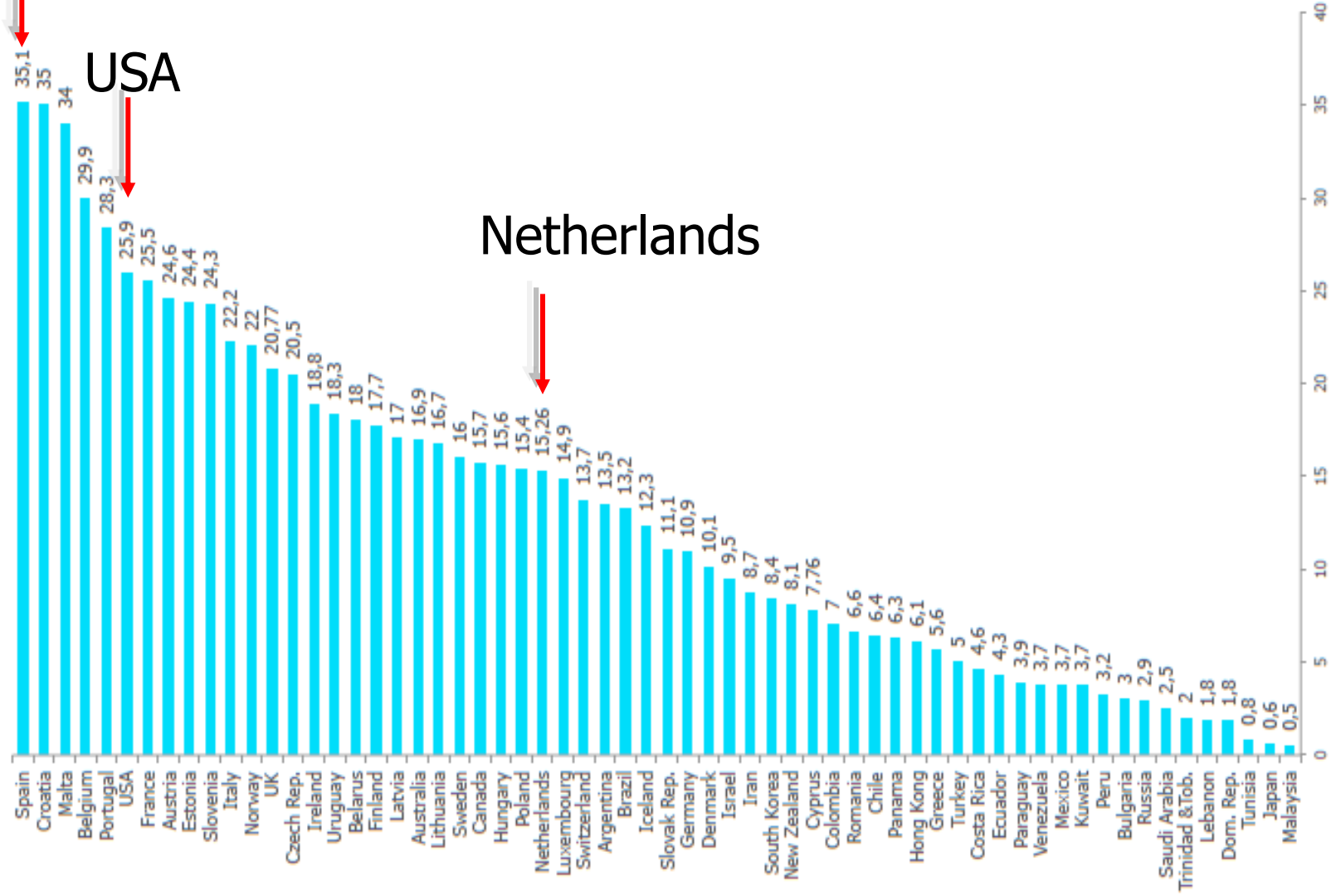


Spain

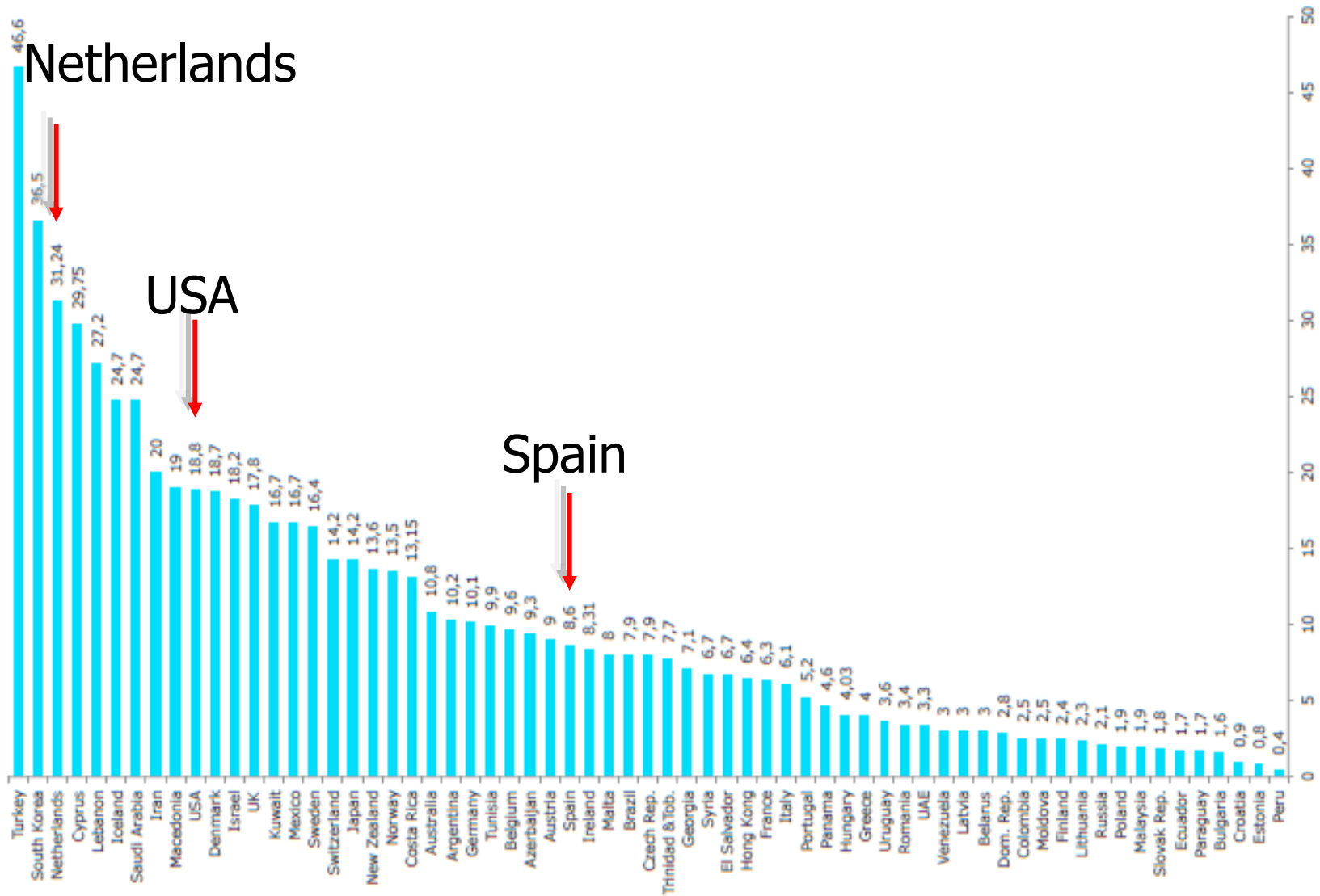
USA

Netherlands

WORLDWIDE ACTUAL DECEASED ORGAN DONORS 2013 (pmp)



WORLDWIDE LIVING ORGAN DONORS 2013 (pmp)

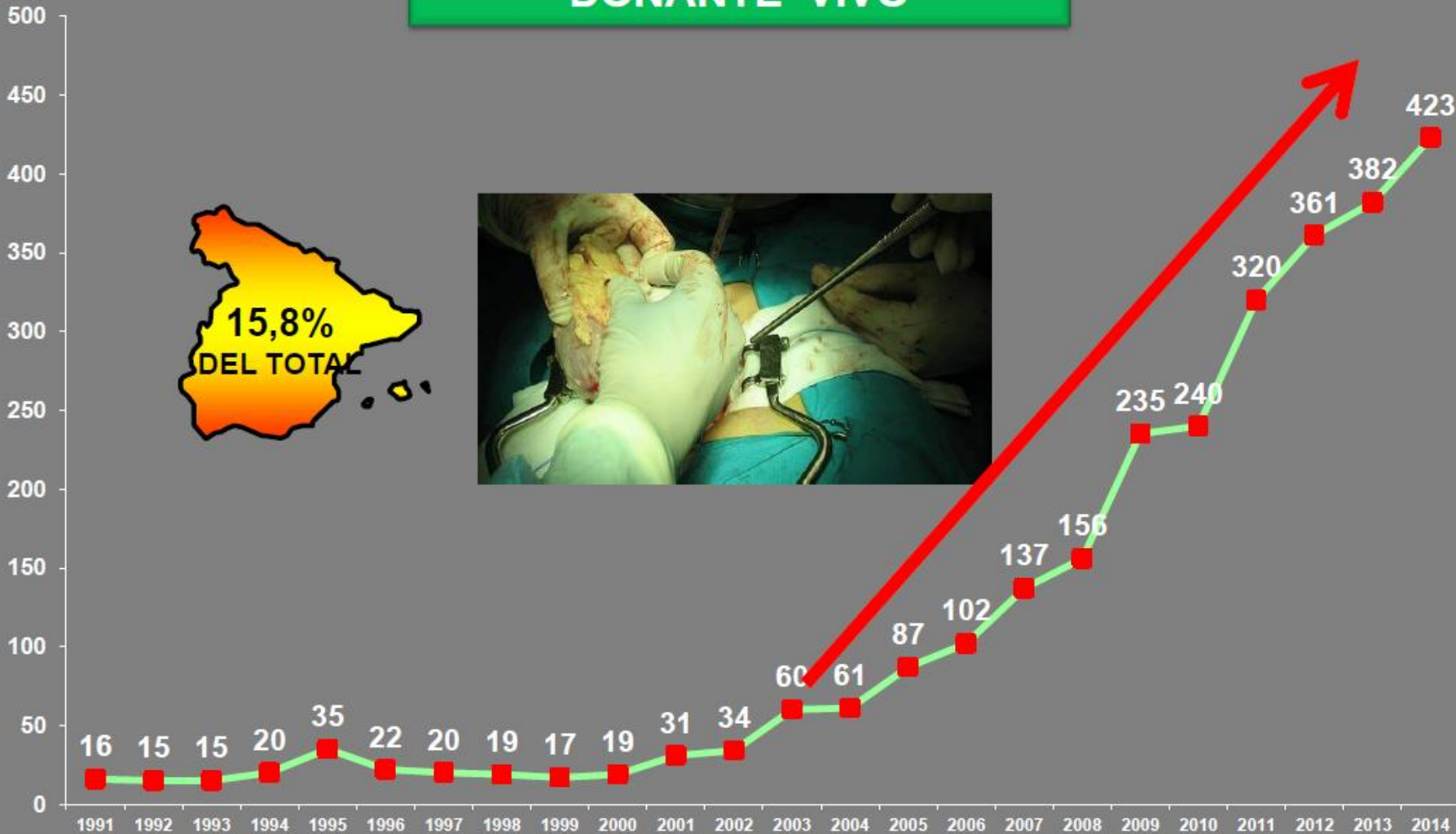


Netherlands

USA

Spain

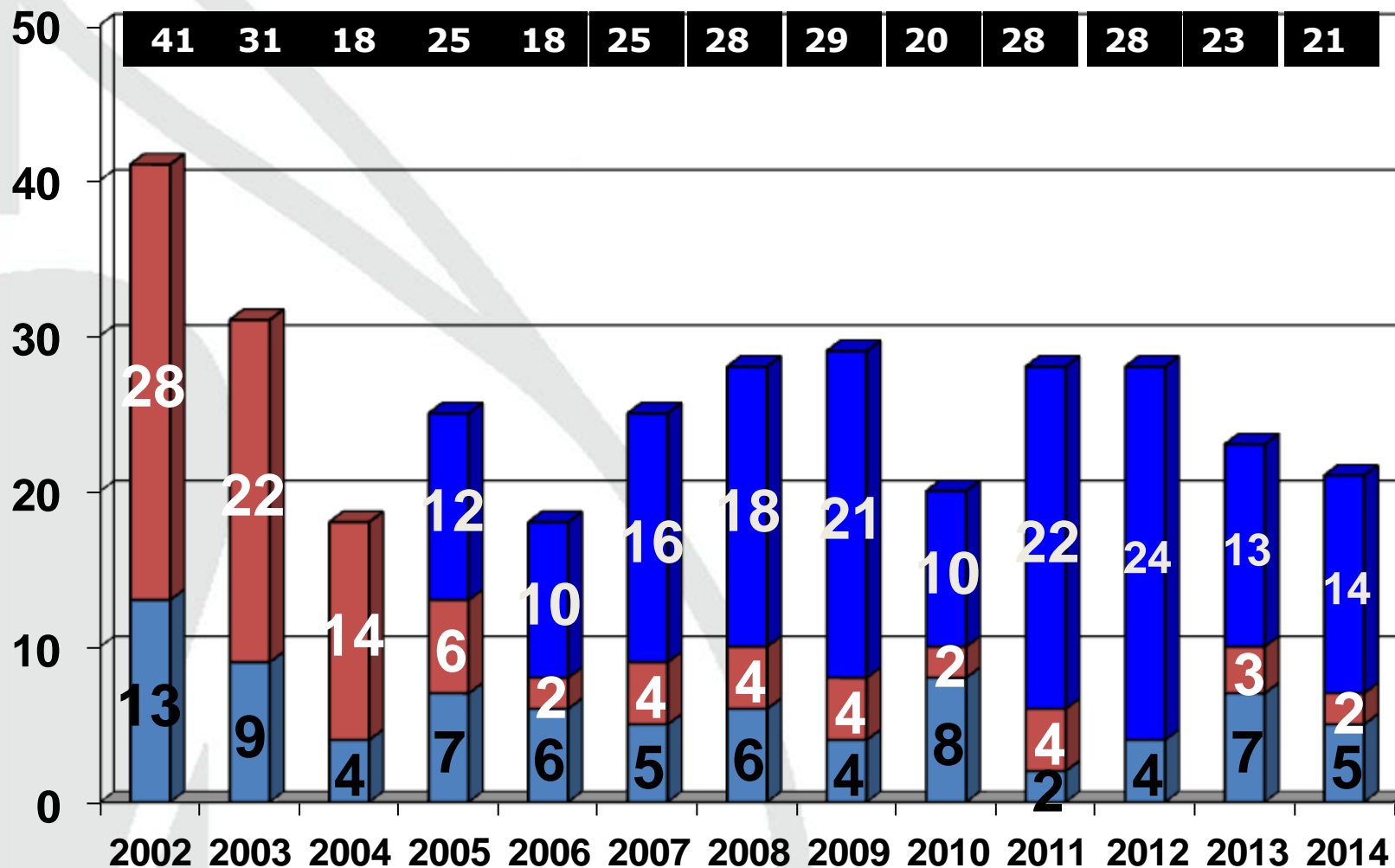
TRASPLANTES RENALES DE DONANTE VIVO



15,8%
DEL TOTAL



Living liver Transplant Spain 2002 – 2014



■ H. Clínic
 ■ Spain Adult
 ■ Spain Children

Deceased donors in Spain (DBD + DCD)

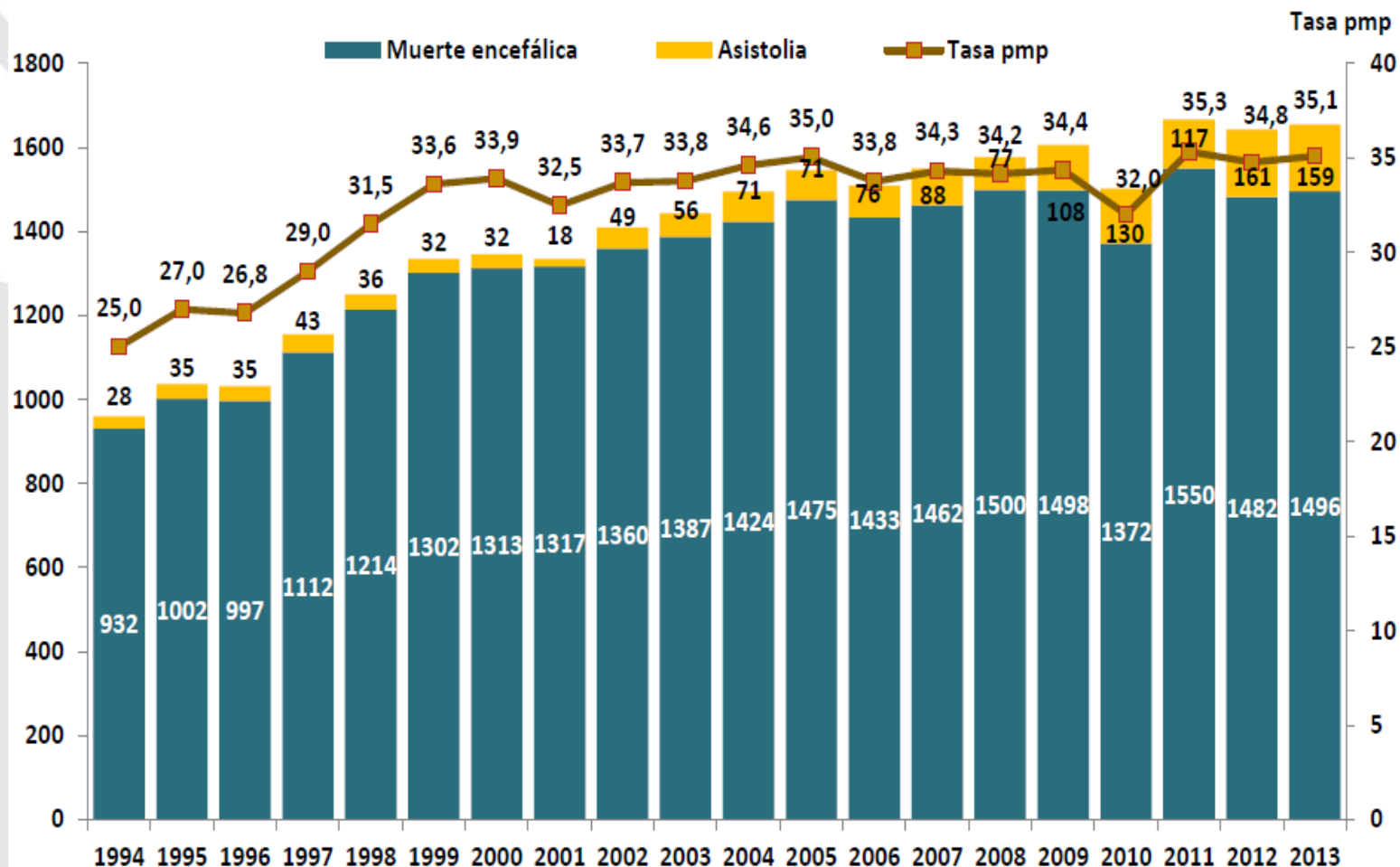
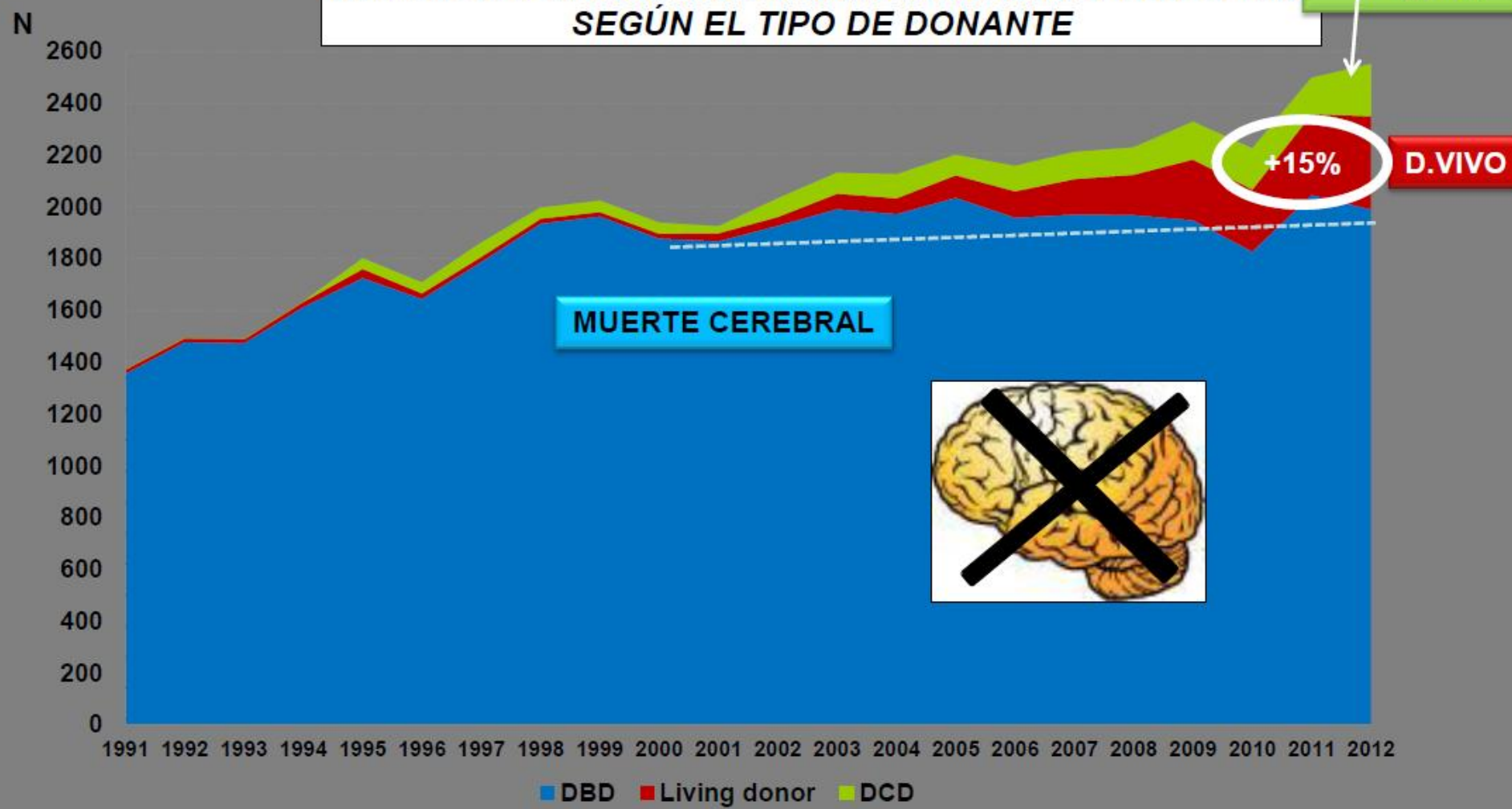


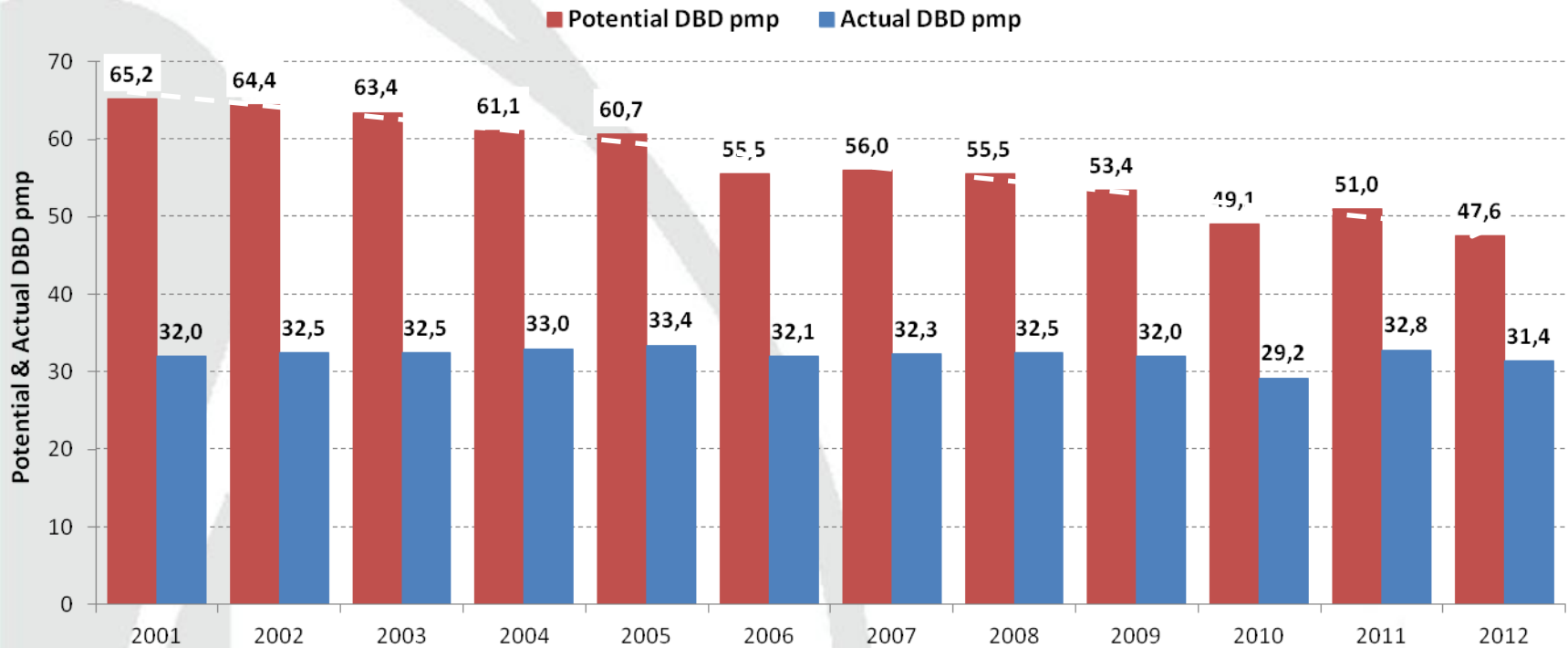
Figura 2.11. Porcentaje de donantes en asistolia sobre el total de donantes. España 1994-2013.



EVOLUCIÓN DE LOS TRASPLANTES RENALES EN ESPAÑA SEGÚN EL TIPO DE DONANTE

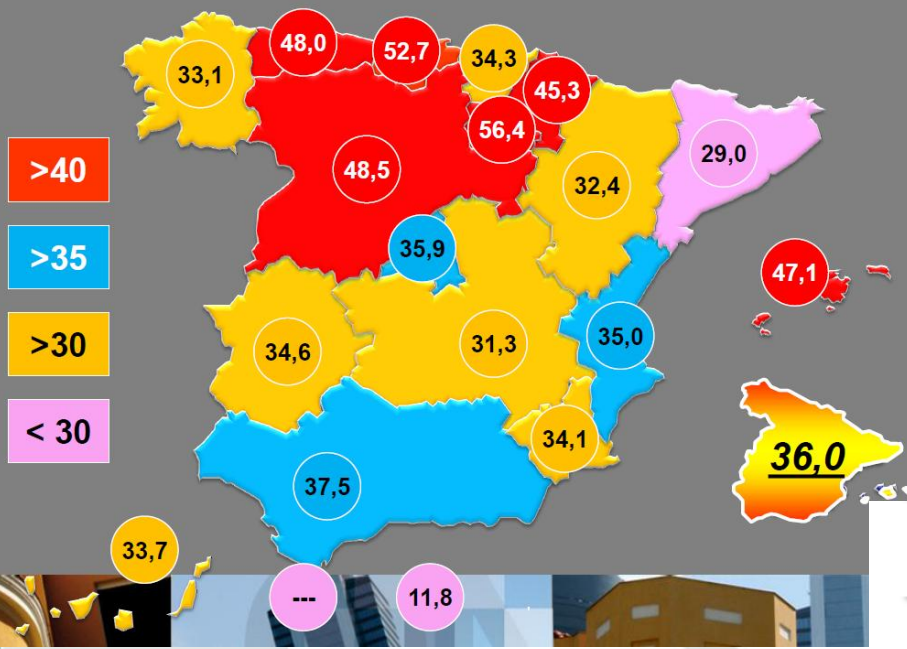


Progressive decline in the potential of Donation after Brain Death Spanish data

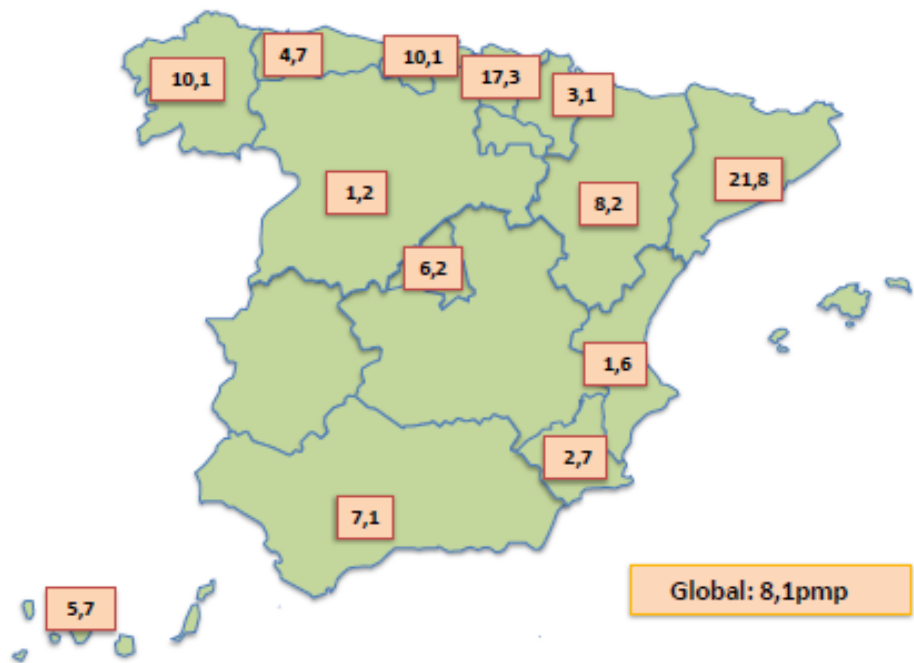


De la Rosa G. Am J Transplant 2012; 12:2507

DONANTES DE ÓRGANOS PMP 2014 - CCAA – ESPAÑA



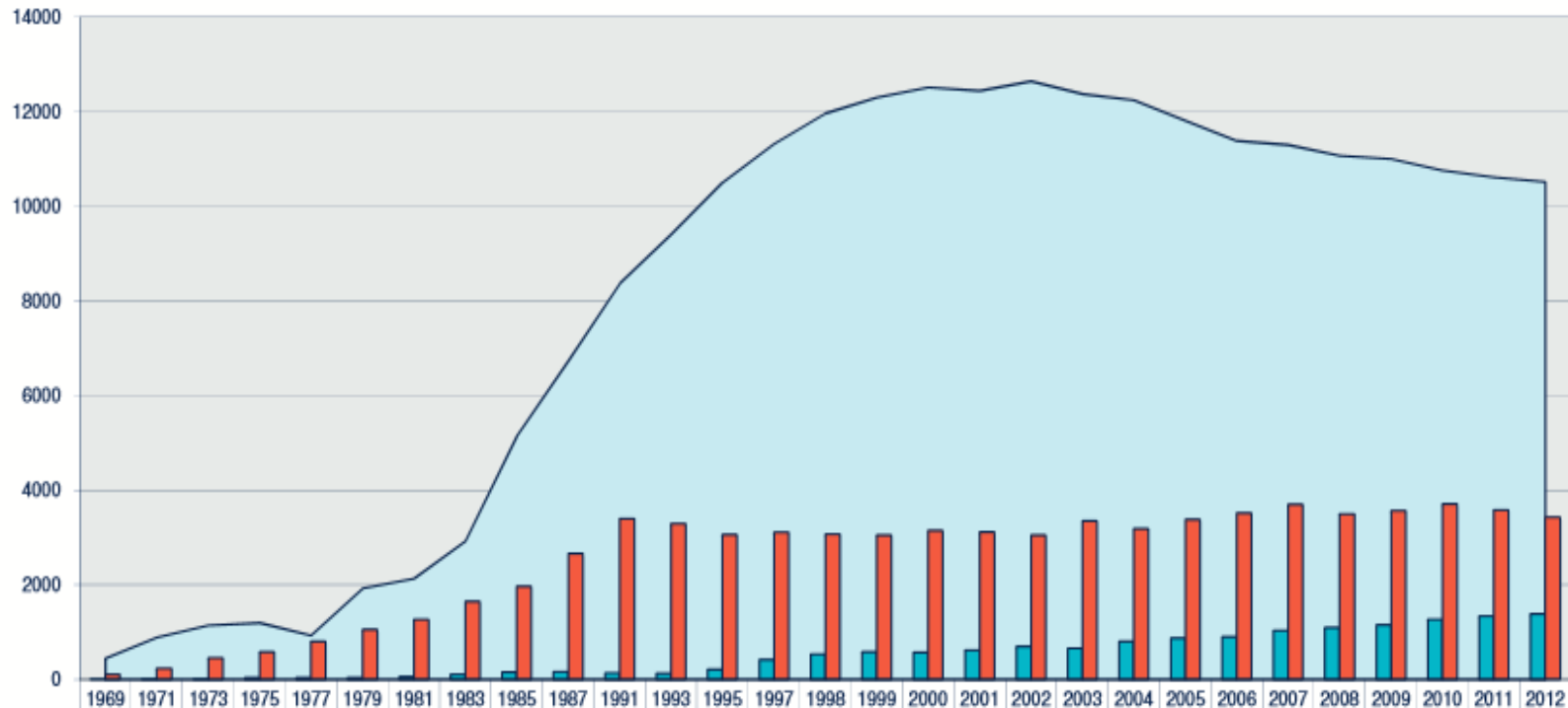
Trasplante renal de donante vivo. Distribución de actividad por comunidad autónoma de trasplante pmp. España 2013





Kidney waiting list & transplantation

Eurotransplant 1991 - 2012



	1969	1971	1973	1975	1977	1979	1981	1983	1985	1987	1991	1993	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
□ Kidney waiting list	450	892	1147	1200	934	1929	2135	2928	5150	6740	8376	9418	10510	11324	11975	12313	12524	12450	12653	12382	12251	11814	11393	11308	11082	11010	10768	10622	10525
■ Living donor transplants	9	5	11	33	33	33	53	108	150	161	129	127	212	411	526	579	569	617	697	655	803	867	901	1032	1091	1150	1266	1339	1380
■ Deceased donor transplants	102	228	454	583	800	1050	1263	1645	1965	2665	3395	3293	3064	3110	3068	3050	3145	3121	3047	3352	3183	3383	3518	3703	3492	3561	3705	3585	3432

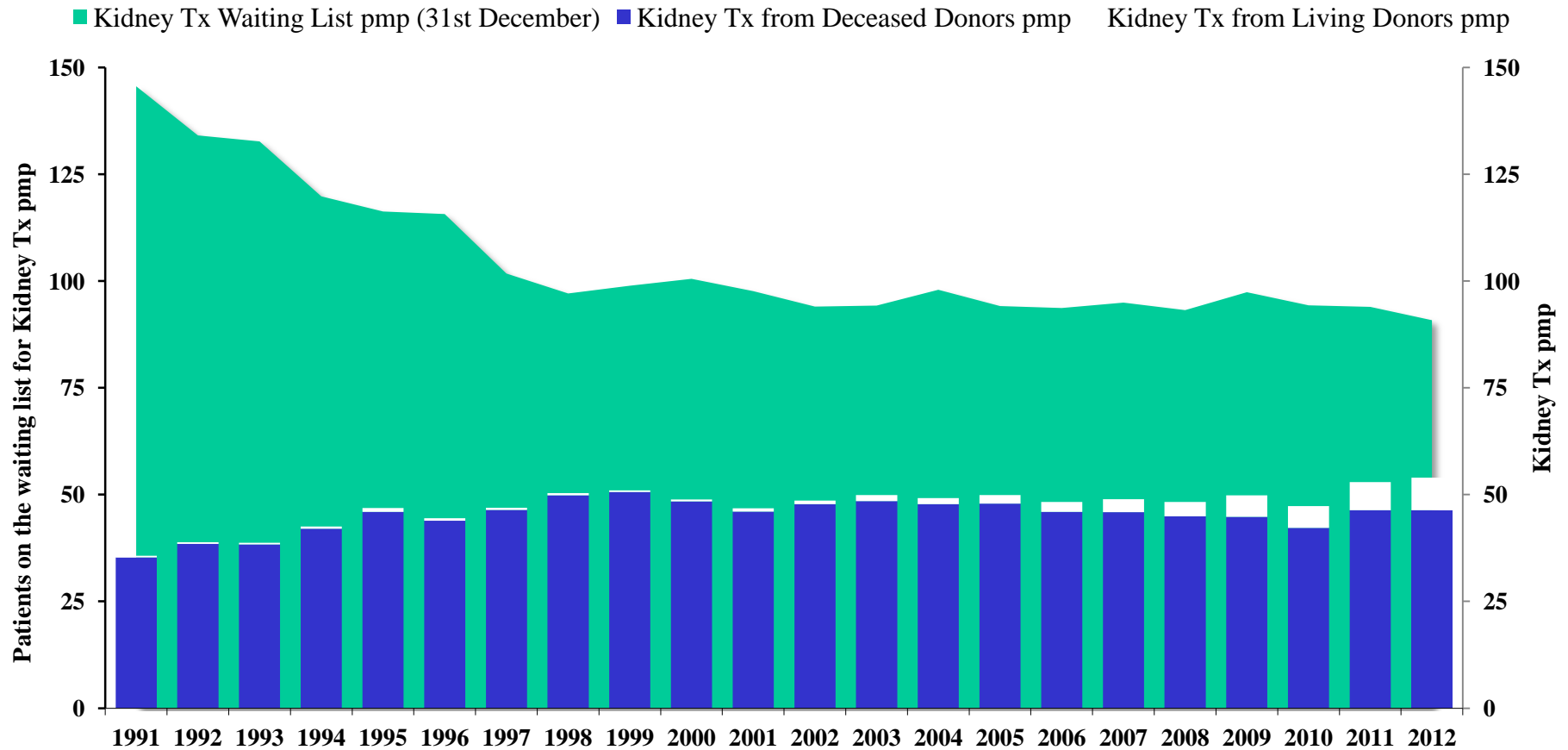
National Experience ~ Donation & Transplantation 1995 – 2011*



*Source: Based on OPTN data as of February 20, 2012 with donor/transplant data available through November 30, 2011. Count based upon candidates. Candidates - A patient who is waiting at more than one center, or for multiple organs, is counted as only one candidate. Totals may be less than the sums due to patients included in multiple categories. Tx and donor data based upon deceased donors.



Kidney transplants and kidney waiting list in Spain



Preemptive Kidney Tx is exceptional



The Need for Kidney Transplantation in Low- and Middle-Income Countries in 2012
An Epidemiological Perspective

Aditya Muralidharan,¹ and Sarah White,^{2,3}

Transplantation. 99(3):476-481, March 2015.

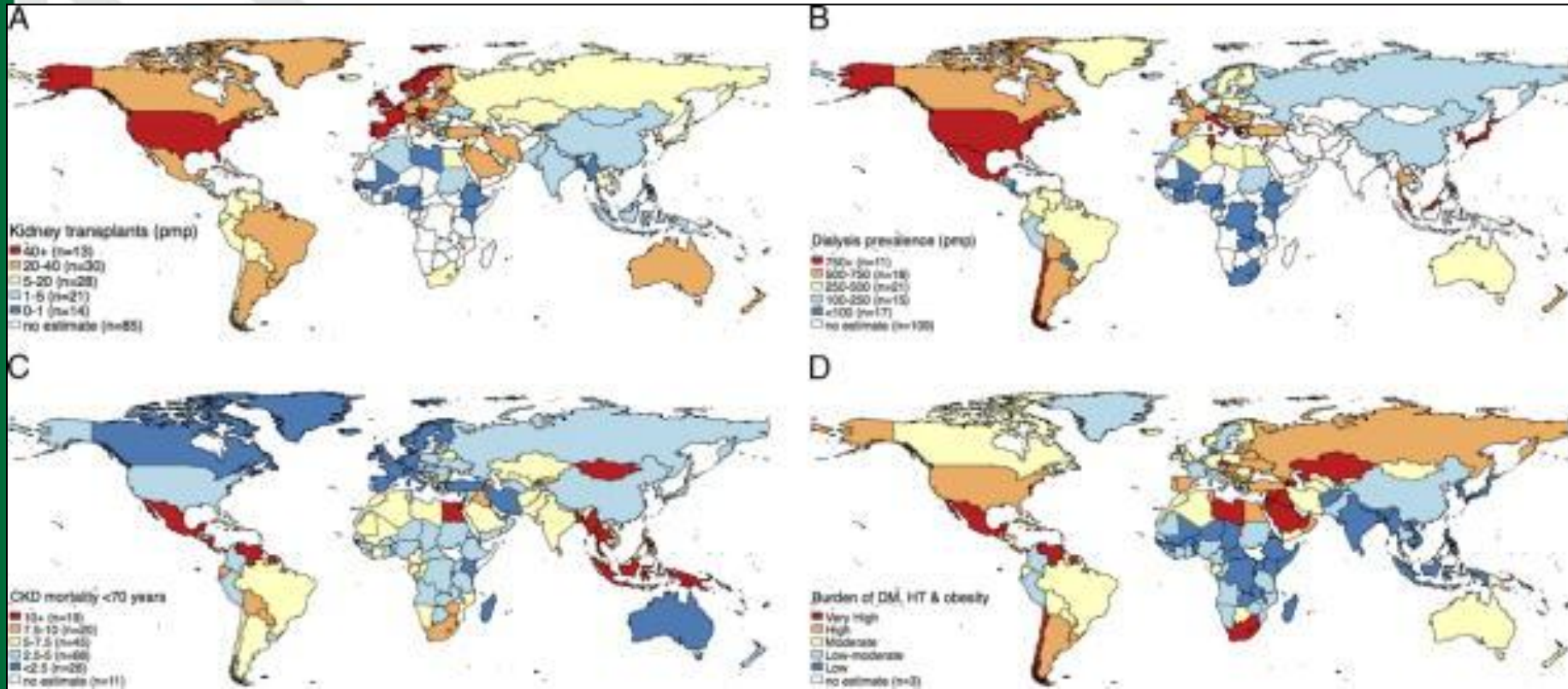
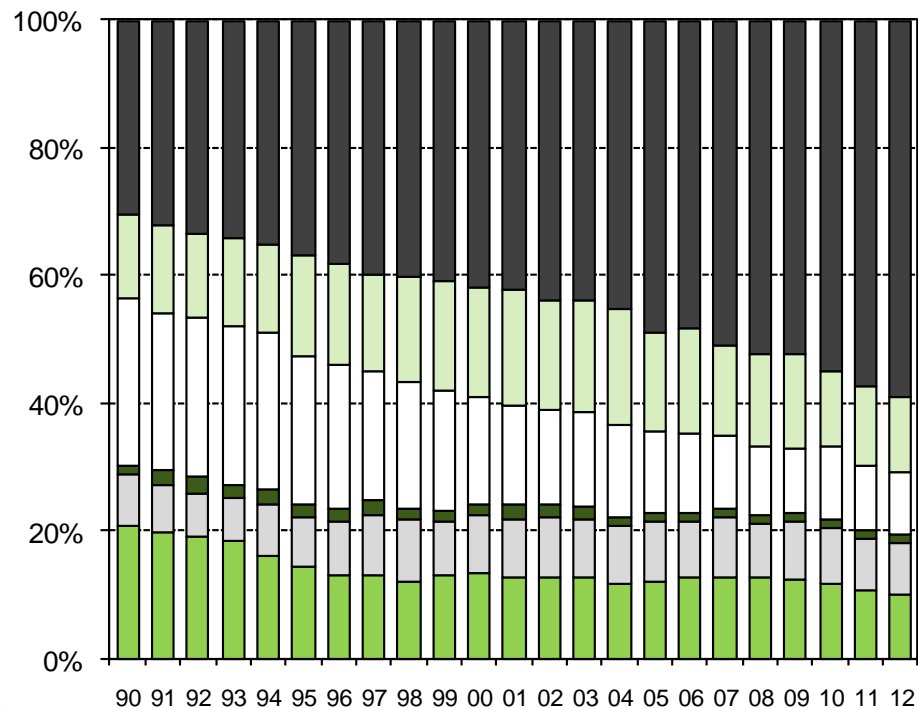
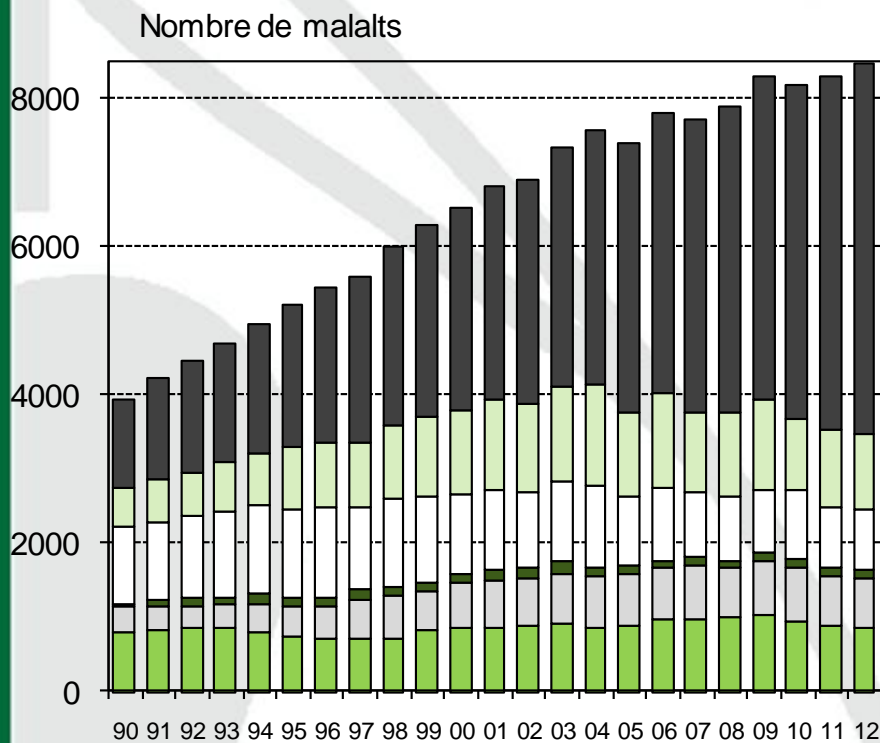


FIGURE 4 . Global distribution of (A) kidney transplantation rates, per million population, in 2012, (B) dialysis prevalence, per million population, in 2010 or nearest year for which data were available, (C) mortality attributable to CKD in the population aged less than 70 years, crude rate per 100,000, in 2010, and (D) age-standardized burden of diabetes mellitus, hypertension, and obesity in the adult population, 2008.

Figure 54. Situation of RRT patients residing in Catalonia with regard to transplantation, 1990-2012



- En llista d'espera
- Exclusió per edat

- Pendent d'estudis
- Exclusió per causes clíniques

- Exclusió voluntària
- Trasplantament

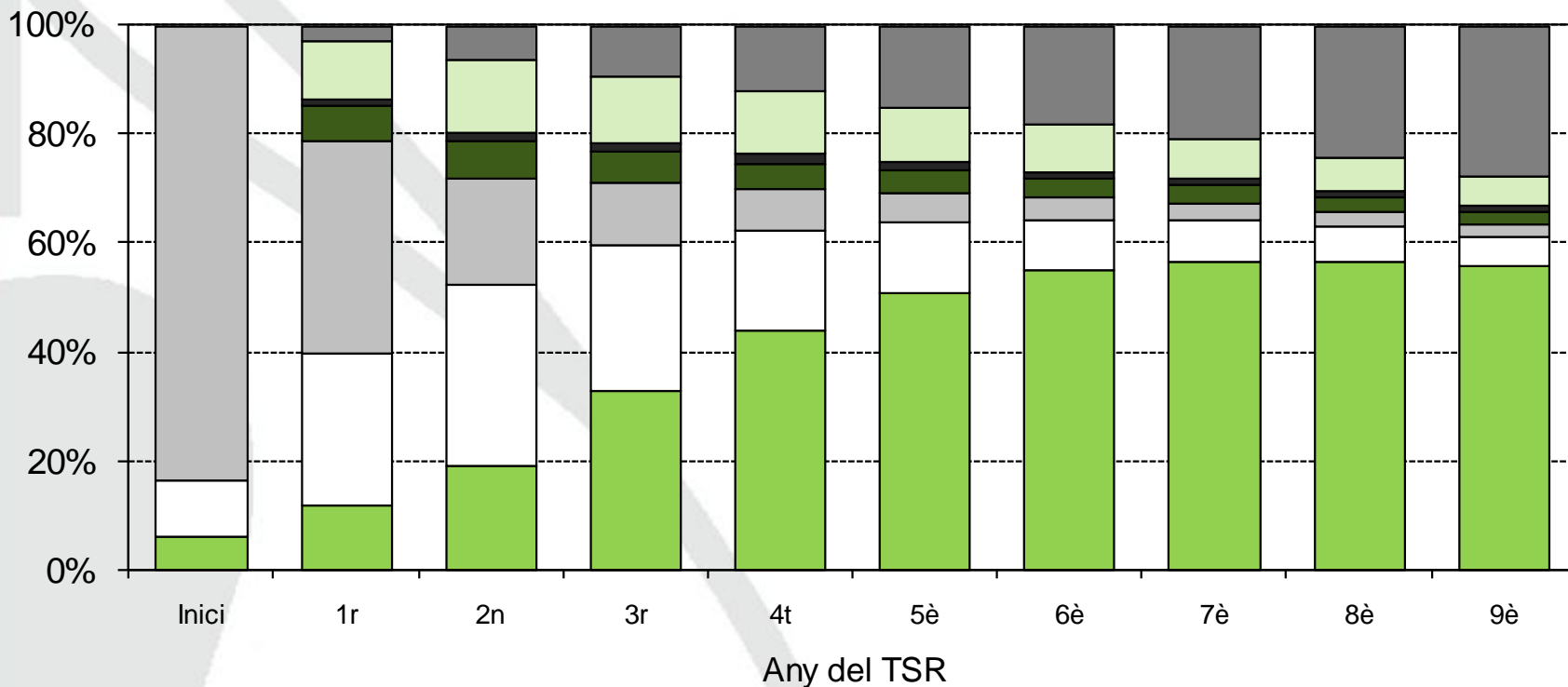
28

Registre de malalts renals de Catalunya

Informe estadístic 2012
Informe estadístico 2012
Statistical report 2012

Figure 55. Situation of the waiting list and mortality.

New cases in 1990-2012 that were not excluded from the waiting list at the start of RRT



■ Trasplantament

□ En llista d'espera

□ Pendent d'estudis

■ Exclució per edat

■ Exclució voluntària

□ Exclució per causes clíniques

■ Èxitus

28

Registre de malalts renals de Catalunya

Informe estadístic 2012
Informe estadístico 2012
Statistical report 2012

Ethical reasons to increase Living Donation

1. Can be offered to all recipients in EERD **WHEN?**
2. Is an stimulus for those without living donors for WL
3. Can offer more options to complex cases
4. In situations where cadaveric donation is reduced or is a tendency to decrease, LD can be justified
 - a. Special situations: Legal problems, religion and definition of death
 - b. Organizational problems, lack of capacitation, health system, allocation of resources

Ethical reasons for caution in Living Donation

1. **Not legal regulation about relationship between D-R**
2. **Allocation and distribution criteria transparent and fairly**
3. **Are common criteria for enter in the WL? Same opportunity according to geographical distribution?**
4. **Is the donor totally free? Moral conviction, familiar pressure, economical reasons...**
5. **LD can solve some problems but can let appear some familiar difficulties: divorce, previous couples, young siblings ...**
6. **Economical problems and disadvantages: future insurances, Laboral leave, lost of job...**
7. **Foreign donors: health protection and follow-up**
8. **Family and social networks, external support...**

Live Organ Donor Consensus Group: Consensus statement: JAMA 2000



The Consensus Statement of the Amsterdam Forum on the Care of the Live Kidney Donor

The Ethics Committee of the Transplantation Society

Transplantation • Volume 78, Number 4, August 27, 2004

EDTCO Living Donor Committee: 2004 ELPAT ESOT: 2007



May 2006

NATCO, THE ORGANIZATION FOR TRANSPLANT PROFESSIONALS

*Living Donor Health Care Coverage, Insurability and Follow-up
Position Statement*

The Vancouver Forum

The care of the live organ donor: liver, lung, pancreas and
intestine, data and medical guidelines. May 2006,
Vancouver Canada. *Transplantation* 81 (10), May 2006

The Madrid Resolution on Organ Donation and Transplantation National Responsibility in Meeting the Needs of Patients, Guided by the WHO Principles



FIGURE 1. Schematic representation of the concept of national accountability in meeting the donation and transplantation needs of the population. CKD-chronic kidney disease; CVD-cardiovascular disease; COPD-chronic obstructive pulmonary disease.

Transplantation • Volume 91, Number 11S, June 15, 2011

WHO Guiding Principles for Human Cell, Tissue and organ Transplantation and the Declaration of Istanbul on Organ Trafficking and Transplant Tourism

Organ trafficking and transplant tourism and commercialism: the Declaration of Istanbul

Panel: Definitions from the Declaration of Istanbul on Organ Trafficking and Transplant Tourism

Organ trafficking is the recruitment, transport, transfer, harbouring, or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation.

Transplant commercialism is a policy or practice in which an organ is treated as a commodity, including by being bought or sold or used for material gain.

Travel for transplantation is the movement of organs, donors, recipients, or transplant professionals across jurisdictional borders for transplantation purposes. Travel for transplantation becomes **transplant tourism** if it involves organ trafficking and/or transplant commercialism or if the resources (organs, professionals, and transplant centres) devoted to providing transplants to patients from outside a country undermine the country's ability to provide transplant services for its own population.



Trafficking in organs, tissues and cells and trafficking in human beings for the purpose of the removal of organs

Joint Council of Europe/
United Nations Study

Arthur Caplan, PhD, Chair of the Department of Medical Ethics and Director of the Center for Bioethics, University of Pennsylvania (United States of America)

Beatriz Domínguez-Gil, MD, PhD, Medical Adviser, National Transplant Organisation (Spain)

Rafael Matesanz, MD, PhD, Director of the National Transplant Organisation (Spain), President of the Iberoamerican Network/Council of Donation and Transplantation and former Chair of the European Committee on Organ Transplantation of the Council of Europe

Carmen Prior, Mag. Jur., Public Prosecutor (Austria)

Directorate General
of Human Rights and Legal Affairs
Council of Europe
2009



17/02/2015

HIGH-LEVEL INTERNATIONAL CONFERENCE ON THE FIGHT
AGAINST TRAFFICKING IN HUMAN ORGANS

25-26 March 2015
Santiago de Compostela, Spain
Palacio de Congresos

Comment

www.thelancet.com Vol 383 June 28, 2014

A needed Convention against trafficking in human organs





Euro Living Donor EULID

Euro Living Donor ELIPSY

Psychosocial Follow-Up



This project is receiving co-funding from the European Union in the framework of the EU Health Programme 2009-2012





Review

[International Journal of Surgery 12 \(2014\) 1363–1368](#)

Current progress in public health models addressing the critical organ shortage

Kumaran Shanmugarajah ^{a,d,*}, Vincenzo Villani ^a, Maria Lucia L. Madariaga ^{a,c}, Joseph Shalhoub ^d, Sebastian G. Michel ^{a,b}

Iran Experience

Consensus physicians and religious leaders

1988 started controlled kidney LURD

Governmental award: Rewarded gifting: Law 1997

Only public hospitals (mainly male donors)

Only for iranian donors & recipients

No kidney waiting list

Inmunosuppression through a charity foundation

Israel 2008: Incentivized organ donation, removing disincentives for living donation

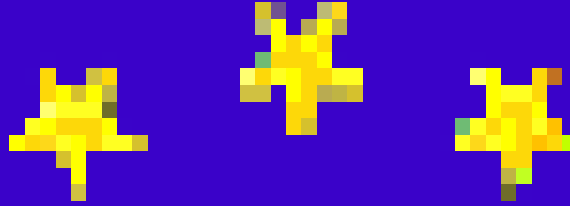
Pakistan New Law THOTO 2010; China, India

Payment only for living unrelated donors

RESEARCH AND DEVELOPMENT

QUALITY

Safety, quality control, efficacy



SOCIAL ATTITUDE

PAYMENT

Professionals, transplant center



EDUCATION

Public - Health professionals

TRANSPLANT

Follow-up, immunosuppression



HEALTH SYSTEM

SHARING

Transplant office, EFG, ET,
ONT, SKT, Regional office



NATIONAL

ECONOMY

PROCUREMENT

OPO, centers, others



NEW VITAL CYCLE

TPM : Transplant Procurement Management