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Article Document 1

Xia, D; Zuo, H-Q; Quan, Y; Dong, H-L; Xu, L

**Ethical selection on liver transplantation and abandoning treatment for hepatocellular carcinoma in China.**

Transplantation proceedings 2011 Sep; 43(7): 2656-9

**Abstract:** Orthotopic liver transplantation (OLT) has evolved in China over three decades, emerging as the mainstay treatment for hepatocellular carcinoma (HCC). Some Chinese transplantation centers have begun offering OLT for selected patients with HCC exceeding Milan criteria. However, this still remains a controversial subject. In this article, we have weighed arguments for and against OLT for advanced HCC. Meanwhile, the development of OLT for HCC in China has raised problems, mainly focused on ethical and moral concerns. Postmodern philosophy and ethics, particularly the life value theory, shall be the theoretical support to the concept of abandoning treatment. In China, ethical selection for OLT and abandoning treatment for HCC must be made justly and prudently.



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Article Document 2

Cholongitas, Evangelos; Thomas, Michael; Senzolo, Marco; Burroughs, Andrew K

**Gender disparity and MELD in liver transplantation.**

Journal of hepatology 2011 Aug; 55(2): 500-1



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Article Document 3

Yost, S E; Srinivas, T; Kaplan, B

**Ethical considerations regarding disparities pertaining to kidney transplant patients.**

Clinical pharmacology and therapeutics 2011 Aug; 90(2): 212-4

**Abstract:** Racial and ethnic disparities exist throughout the US health-care system, including in the field of solid-organ transplant. There are disparities in access to health care, health outcomes, and access to transplant centers. Addressing this issue requires equity in pretransplant care, increased education and referral throughout the transplant process, and research funds targeted to the study of problems pertinent to transplantation in certain patient populations.



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Article Document 4

Cherkassky, Lisa

**Does the United States do it better? A comparative analysis of liver allocation protocols in the United Kingdom and the United States.**

Cambridge quarterly of healthcare ethics : CQ : the international journal of healthcare ethics committees 2011 Jul; 20(3): 418-33

**Abstract:** NHS Blood and Transplant (NHSBT) is responsible for the procurement and allocation of human organs in the United Kingdom. Its main role is to "ensure that organs donated for transplant are matched and allocated to patients in a fair and unbiased way." NHSBT's liver allocation policies are underpinned by the National Liver Transplant Standards, a document published by the Department of Health in 2005 to oversee patient care, patient assessment, liver allocation and transplantation, education and training, and research and development. NHSBT has developed its own liver allocation protocols under the powers assigned to it by the Department of Health, which include a "super-urgent" liver allocation policy, a Liver Allocation Sequence, and pediatric candidate liver allocation protocols.



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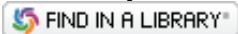


**Article** Document 5

Liebman, Scott E

**Transplanting Sam.**

American journal of kidney diseases : the official journal of the National Kidney Foundation 2011 Apr; 57(4): A20-2



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**Article** Document 6

den Hartogh, Govert

**Priority to registered donors on the waiting list for postmortal organs? A critical look at the objections.**

Journal of medical ethics 2011 Mar; 37(3): 149-52

**Abstract:** It has often been proposed to restrict access to postmortal organs to registered donors, or at least to give them priority on the waiting list. Such proposals are motivated by considerations of fairness: everyone benefits from the existence of a pool of available organs and of an organised system of distributing them and it is unfair that people who are prepared to contribute to this public good are duped by people who are not. This paper spells out this rationale and goes on to discuss the main principled objections that have been brought forward to such proposals. The most fundamental objection is that healthcare resources should be allocated in accordance with need, not with merit. The reply to this objection is that the principle of allocation according to need only holds in cases in which the provision of such resources and the fair distribution of the burdens of contribution are independently secured, as they are in an obligatory insurance system.



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**Article** Document 7

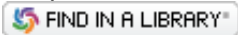
Petrini, C

**Ethical models in bioethics: theory and application in organ allocation policies.**

Minerva medica 2010 Dec; 101(6): 445-56

**Abstract:** Policies for allocating organs to people awaiting a transplant constitute a major ethical challenge. First and foremost, they demand balance between the principles of beneficence and justice, but many other ethically relevant principles are also involved: autonomy, responsibility, equity, efficiency, utility, therapeutic outcome, medical urgency, and so forth. Various organ allocation models can be developed based on the hierarchical importance assigned to a given principle over the others, but none of the principles should be completely disregarded. An ethically acceptable organ allocation policy must therefore be in conformity, to a certain extent, with the requirements of all the principles. Many models for organ allocation can be derived. The utilitarian model aims to maximize benefits, which can be of various types on a social or individual level, such as the number of lives saved, prognosis, and so forth. The prioritarian model favours the neediest or those who suffer most. The egalitarian model privileges equity and justice, suggesting that all people should have an equal opportunity (casual allocation) or priority should be given to those who have been waiting longer. The personalist model focuses on each individual patient, attempting to mesh together all the various aspects affecting the person: therapeutic needs (urgency), fairness, clinical outcomes, respect for persons. In the individualistic model the main element is free choice and the system of opting-in is privileged. Contrary to the individualistic model, the communitarian model identifies in the community the fundamental elements for the legitimacy of choices: therefore, the system of opting-out is privileged.

This article does not aim at suggesting practical solutions. Rather, it furnishes to decision makers an overview on the possible ethical approach to this matter.



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**Article** Document 8

Scarantino, Andrea

**Inductive risk and justice in kidney allocation**

Bioethics 2010 October; 24(8): 421-430



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**Article** Document 9

Udhiri, Navalkishor; Oberoi, Amanpreet; Kashyap, Randeep; Raghavan, Karthik; Kella, Venkata

**A new law for allocation of donor organs in Israel.**

Lancet 2010 Jul 24; 376(9737): 231; author reply 231-2



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**Article** Document 10

Douglas, J F; Cronin, A J

**Requested allocation of a deceased donor organ: laws and misconceptions.**

Journal of medical ethics 2010 Jun; 36(6): 321



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**Article** Document 11

Cattorini, P

**[Organ allocation. Ethical issues] = L'assegnazione degli organi. Aspetti etici.**

Annali di igiene : medicina preventiva e di comunità 2010 2010 May-Jun; 22(3): 253-61

**Abstract:** The criteria for allocating organs are one of the most debated ethical issue in the transplantation programs. The article examines some rules and principles followed by "Nord Italia Transplant program", summarized in its Principles' Charter and explained in a recent interdisciplinary book. General theories of justice and their application to individual clinical cases are commented and evaluated, in order to foster a public, democratic, transparent debate among professionals and citizens, scientific associations and customers' organizations. Some specific moral dilemmas are focused regarding the concepts of proportionate treatment, unselfish donation by living persons, promotion of local institutions efficiency.



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**Article** Document 12

Andreoni, K A

**Educating kidney transplant professionals and candidates may improve utilization, allocation efficiency and lifetime survival.**

American journal of transplantation : official journal of the American Society of Transplantation and the American Society of Transplant Surgeons 2010 Apr; 10(4): 711-2



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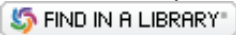
Article Document 13

Panocchia, N; Bossola, M; Vivanti, G

**Transplantation and mental retardation: what is the meaning of a discrimination?**

American journal of transplantation : official journal of the American Society of Transplantation and the American Society of Transplant Surgeons 2010 Apr; 10(4): 727-30

**Abstract:** The issue of transplantation for patients affected by mental retardation (MR) has been and continues to be a matter of discussion. The recent policy of the Veneto region, a highly populated area in northern Italy, indicates that patients with MR are not eligible for any transplant of solid organs, indicating intelligence quotient (IQ) <50 as absolute and IQ <70 as a relative exclusion criteria. In the present study, we review current conceptualizations of MR, along with the current knowledge on transplantation in this population. Finally, we will review the international guidelines on this matter and discuss the social, ethical and political significance of such policy, arguing that it discriminates persons affected by MR.



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Article Document 14

Bright, Robert P

**Denial of hepatic transplantation on the basis of smoking: is it ethical?**

Current opinion in organ transplantation 2010 Apr ; 15(2): 249-53

**Abstract:** PURPOSE OF REVIEW: There is disagreement and inconsistency between liver transplant programs regarding the acceptance or rejection of smokers as candidates for transplantation. This article reviews the outcome data for transplanted smokers, the rate of maintained abstinence from cigarettes by smokers who have quit and the ethics of using tobacco use as a transplant selection criterion. RECENT FINDINGS: Consistent with earlier studies, recently published articles continue to demonstrate an increased risk of noncutaneous malignancies, higher rates of graft arterial thrombosis and a higher mortality rate in liver transplant patients who smoke as compared with nonsmokers. There is a significant rate of relapse to smoking after transplantation, and the rates are higher among patients with alcoholic liver disease. Recent studies have shown that 10-16% of patients with biochemical verification of active smoking deny their tobacco use when interviewed for transplant consideration. Although extensively, if not universally, used to exclude transplant candidates, a recent study of marijuana use showed no difference in mortality outcomes as compared with nonusers. SUMMARY: With the exception of one recent study, there is substantial literature to support increased morbidity and mortality among posthepatic transplant smokers.



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Article Document 15

Biggins, Scott W.

**Supply and demand in transplant tourism: disclosure duties of the transplant physician and our global transplant community.**

Liver Transplantation 2010 February; 16(2): 246-247



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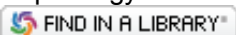


Article Document 16

Navasa, Miquel; Bruix, Jordi

**Multifaceted perspective of the waiting list for liver transplantation: the value of pharmacokinetic models.**

Hepatology 2010 January; 51(1): 12-15



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Article Document 17

Than, Peter; Morrissey, Paul

**America's multi-tiered healthcare system: is organ transplantation fair?**

Medicine and health, Rhode Island 2009 Dec; 92(12): 422-3



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\*  Article Document 18

Thornton, V.

**Who gets the liver transplant? The use of responsibility as the tie breaker.**

Journal of Medical Ethics 2009 December; 35(12): 739-42

**Abstract:** Is it possible to invoke the use of moral responsibility as part of the selection criteria in the allocation of livers for transplant? Criticism has been applied to the difficulties inherent in including such a criterion and also the effect that employing such a judgement might have upon the relationship between the physician and patient. However, these criticisms rely on speculation and conjecture and do not relate to all the arguments put forward in favour of applying moral responsibility. None of the present arguments against using moral responsibility in the allocation of livers for transplant are good enough to warrant its dismissal.



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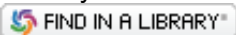


\*  Article Document 19

Morris, Brian

**You've got to be kidneying me! The fatal problem of severing rights and remedies from the body of organ donation law**

Brooklyn Law Review 2009 Winter; 74(2): 543-580



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\*  Article Document 20

Newson, Ainsley J.

**Clinical ethics committee case 7: our young patient is in heart failure but has multiple co-morbidities. How can we best care for him and his family?**

Clinical Ethics 2009 September; 4(3): 111-115



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<http://ce.rsmjournals.com/content/vol4/issue3/> (link may be outdated)

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\*  News Document 21

Rose, Daniel Asa

**A better way to get a kidney [op-ed]**

New York Times 2009 July 11; p.A19



<http://www.nytimes.com> (link may be outdated)

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\*  News Document 22

Lauerman, John; Guglieimo, Connie

**Jobs travel to transplant mecca shows system flaws (update 1)**

Bloomberg.com 2009 June 29; 2p.



<http://www.bloomberg.com> (link may be outdated)

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\*  News Document 23

Grady, Denise; Meier, Barry

**A transplant that is raising many questions**

New York Times 2009 June 23; p. B1, B5



<http://www.nytimes.com> (link may be outdated)

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\*  News Document 24

McDonald, Mark

**Beijing investigates transplants for tourists**

New York Times 2009 February 18; p. A13



<http://www.nytimes.com> (link may be outdated)

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\*  Article Document 25

Abraham, E.C.; Wilson, A.C.; Goebel, J.

**Current kidney allocation rules and their impact on a pediatric transplant center.**

American Journal of Transplantation 2009 February; 9(2): 404-408



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\*  Article Document 26

Tanne, Janice Hopkins

**Older US women are less likely than men to get kidney transplants [news]**

BMJ: British Medical Journal 2009 January 17; 338(7687): 128



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Matas, A.J.

**Allocation or rationing--word choice is crucial.**

American Journal of Transplantation 2009 January; 9(1): 9-10



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\*  **Article** Document 28

Glannon, Walter

**Responsibility and priority in liver transplantation**

CQ: Cambridge Quarterly of Healthcare Ethics 2009 January; 18(1): 23-35



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<http://journals.cambridge.org/action/displayJournal?jid=CQH> (link may be outdated)

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\*  **Chapter** Document 29

Caplan, Arthur L.

**Organ transplantation: the challenge of scarcity**

In: Ravitsky, Vardit; Fiester, Autumn; Caplan, Arthur L., eds. The Penn Center Guide to Bioethics. New York: Springer Publishing Co., 2009: 679-687

Call number: [QH332 .P46 2009](#)

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\*  **Article** Document 30

Huang, Jiefu; Mao, Yilei; Millis, J. Micahel

**Government policy and organ transplantation in China [comment]**

Lancet 2008 December 6-12; 372(9654): 1937-1938



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<http://www.thelancet.com/journals/lancet> (link may be outdated)

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**Article** Document 31

McMaster, M. Jill

**Allocating organs: an opportunity to make a difference on policy in the United States.**

Nephrology News and Issues 2008 December; 22(13): 10, 12



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\*  **Article** Document 32

Axelrod, David A.; Pomfret, Elizabeth A.

**Race and sex disparities in liver transplantation: progress toward achieving equal access? [editorial]**

JAMA: The Journal of the American Medical Association 2008 November 26; 300(20): 2425-2426



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<http://jama.ama-assn.org> (link may be outdated)

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\*  **Article** Document 33

Moylan, Cynthia A.; Brady, Carla W.; Johnson, Jeffrey L.; Smith, Alastair D.; Tuttle-Newhall, Janet E.; Muir, Andrew J.

**Disparities in liver transplantation before and after introduction of the MELD score**

JAMA: The Journal of the American Medical Association 2008 November 26; 300(20): 2371-2378



**Abstract:** Context: In February 2002, the allocation system for liver transplantation became based on the Model for End-Stage Liver Disease (MELD) score. Before MELD, black patients were more likely to die or become too sick to undergo liver transplantation compared with white patients. Little information exists regarding sex and access to liver transplantation. Objective; To determine the association between race, sex, and liver transplantation following introduction of the MELD system. Design, Setting, and Patients: A retrospective cohort of black and white patients (?18 years) registered on the United Network for Organ Sharing liver transplantation waiting list between January 1, 1996, and December 31, 2000 (pre-MELD cohort, n = 21 895) and between February 28, 2002, and March 31, 2006 (post-MELD cohort, n = 23 793). Main Outcome Measures: Association between race, sex, and receipt of a liver transplant. Separate multivariable analyses evaluated cohorts within each period to identify predictors of time to death and the odds of dying or receiving liver transplantation within 3 years of listing. Patients with hepatocellular carcinoma were analyzed separately. Results: Black patients were younger (mean [SD], 49.2 [10.7] vs 52.4 [9.2] years; P < .001) and sicker (MELD score at listing: median [interquartile range], 16 [12-22] vs 14 [11-19]; P < .001) than white patients on the waiting list for both periods. In the pre-MELD cohort, black patients were more likely to die or become too sick for liver transplantation than white patients (27.0% vs 21.7%) within 3 years of registering on the waiting list (odds ratio [OR], 1.51; 95% confidence interval (CI), 1.15-1.98; P = .003). In the post-MELD cohort, black race was no longer associated with increased likelihood of death or becoming too sick for liver transplantation (26.5% vs 22.0%, respectively; OR, 0.96; 95% CI, 0.74-1.26; P = .76). Black patients were also less likely to receive a liver transplant than white patients within 3 years of registering on the waiting list pre-MELD (61.6% vs 66.9%; OR, 0.75; 95% CI, 0.59-0.97; P = .03), whereas post-MELD, race was no longer significantly associated with receipt of a liver transplant (47.5% vs 45.5%, respectively; OR, 1.04; 95% CI, 0.84-1.28; P = .75). Women were more likely than men to die or become too sick for liver transplantation post-MELD (23.7% vs 21.4%; OR, 1.30; 95% CI, 1.08-1.47; P = .003) vs pre-MELD (22.4% vs 21.9%; OR, 1.08; 95% CI, 0.91-1.26; P = .37). Similarly, women were less likely than men to receive a liver transplant within 3 years both pre-MELD (64.8% vs 67.6%; OR, 0.80; 95% CI, 0.70-0.92; P = .002) and post-MELD (39.9% vs 48.7%; OR, 0.70; 95% CI, 0.62-0.79; P < .001). Conclusion: Following introduction of the MELD score to the liver transplantation allocation system, race was no longer associated with receipt of a liver transplant or death on the waiting list, but disparities based on sex remain.



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\*  Article Document 34

**Debating the ethics of transplanting bad guys.**

American Journal of Transplantation 2008 October; 8(10): 1968



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\*  Article Document 35

Volk, Michael L.; Lok, Anna S.F.; Ubel, Peter A.; Vijan, Sandeep

**Beyond utilitarianism: a method for analyzing competing ethical principles in a decision analysis of liver transplantation.**

Medical Decision Making 2008 September-October; 28(5): 763-772



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<http://mdm.sagepub.com/cgi/reprint/28/5/763> (link may be outdated)



\*  Article Document 36

Cronin, Antonia J.; Price, David

**Directed organ donation: is the donor the owner?**

Clinical Ethics 2008 September; 3(3): 127-131

**Abstract:** The issue of directed donation of organs from deceased donors for transplantation has recently risen to the fore, given greater significance by the relatively stagnant rate of deceased donor donation in the UK. Although its



status and legitimacy is explicitly recognized across the USA, elsewhere a more cautious, if not entirely negative, stance has been taken. In England, Wales and Northern Ireland, the Human Tissue Act 2004, and in Scotland the Human Tissue (Scotland) Act 2006, are both silent in this regard. Although so-called conditional donation, donation to (or perhaps withheld from) a specific class, has been outlawed as a product of guidance issued by the Secretary of State for Health issued in the wake of the controversial incident occurring in the North of England in 1998, its intended application to 'directed' donation is less certain. Directed and conditional donations challenge the traditional construct of altruistic donation and impartial (equitable) allocation in a very immediate and striking fashion. They implicitly raise important questions as to whether the body or parts of the body are capable of being owned, and by whom. This paper attempts to explore the notion of donor ownership of body parts and its implications for both directed and conditional donation.



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\*  **Article** Document 37

Trotter, Griffin

**Preferred allocation for registered organ donors.**

Transplantation Reviews 2008 July; 22(3): 158-162



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<http://www.sciencedirect.com/science/journal/0955470X> (link may be outdated)

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**Article** Document 38

Baskin-Bey, Edwina S.; Nyberg, Scott L.

**Matching graft to recipient by predicted survival: can this be an acceptable strategy to improve utilization of deceased donor kidneys?**

Transplantation Reviews 2008 July; 22(3): 167-170



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<http://www.sciencedirect.com/science/journal/0955470X> (link may be outdated)

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\*  **Article** Document 39

Ehlers, Shawna L.

**Ethical analysis and consideration of health behaviors in organ allocation: focus on tobacco use.**

Transplantation Reviews 2008 July; 22(3): 171-177



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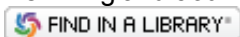


\*  **Article** Document 40

Halpern, Scott D.; Shaked, Abraham; Hasz, Richard D.; Caplan, Arthur L.

**Informing candidates for solid-organ transplantation about donor risk factors**

New England Journal of Medicine 2008 June 26; 358(26): 2832-2837



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News Document 41

**Senator seeks answers on gangsters' surgery**

New York Times 2008 June 8; p. A24



<http://www.nytimes.com> (link may be outdated)

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Drazner, Mark H.; King, Louise P.

**Economic barriers in organ transplantation [letter]**

JAMA: The Journal of the American Medical Association 2008 June 4; 299(21): 2512



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\*  Article Document 43

Nwabueze, Remigius N.

**Donated organs, property rights and the remedial quagmire**

Medical Law Review 2008 Summer; 16(2): 201-204



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Conde, Carlos H.

**Asia: The Philippines: No more kidneys for foreigners, government decrees**

New York Times 2008 April 30; p. A11



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Venter, W.D. Francois; Naicker, Sarala; Dhali, Ames; Fabian, June; Wadee, Shoyab; Britz, Russel; Paget, Graham; Meintjes, Graeme

**Uniquely South African: time to consider offering HIV-positive donor kidneys to HIV-infected renal failure patients?**

South African Medical Journal = Suid-Afrikaanse Tydskrif vir Geneeskunde 2008 March; 98(3): 182-183



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\*  Article Document 46

Neuberger, J.; Gimson, A.; Davies, M.; Akyol, M.; O'Grady, J.; Burroughs, A.; Hudson, M.

**Selection of patients for liver transplantation and allocation of donated livers in the UK**

Gut 2008 February; 57(2): 252-257



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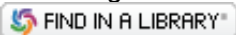
\*  Article Document 47

Ho, Dien

**When good organs go to bad people**

Bioethics 2008 February; 22(2): 77-83

**Abstract:** A number of philosophers have argued that alcoholics should receive lower priority for liver transplantations because they are morally responsible for their medical conditions. In this paper, I argue that this conclusion is false. Moral responsibility should not be used as a criterion for the allocation of medical resources. The reason I advance goes further than the technical problem of assessing moral responsibility. The deeper problem is that using moral responsibility as an allocation criterion undermines the functioning of medicine.



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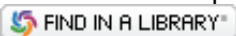
\*  Article Document 48

Stahl, James E.; Tramontano, A.C.; Swan, J.S.; Cohen, B.J.

**Balancing urgency, age and quality of life in organ allocation decisions -- what would you do?: a survey**

Journal of Medical Ethics 2008 February; 34(2): 109-115

**Abstract:** PURPOSE: Explore public attitudes towards the trade-offs between justice and medical outcome inherent in organ allocation decisions. BACKGROUND: The US Task Force on Organ Transplantation recommended that considerations of justice, autonomy and medical outcome be part of all organ allocation decisions. Justice in this context may be modeled as a function of three types of need, related to age, clinical urgency, and quality of life. METHODS: A web-based survey was conducted in which respondents were asked to choose between two hypothetical patients who differed in clinical urgency (time to death <1 year), age, pretransplant and post-transplant quality of life, and life expectancy. RESULTS: A pool of 1600 people were notified via email about the survey; 623 (39%) responded. Respondents preferred giving organs to younger people up to an age difference of <15.4 years (SD 18) and more clinically urgent people up to a difference in urgency of <2.54 months (SD 3). Priority varied with the quality of life of the worst-off patient and the relative status of the patients. If both had worse than average quality of life, respondents preferred the better-off patient. When both had better than average quality of life, they preferred the worse-off patient. In analysis according to age versus clinical urgency, the older the patient, the more urgency needed to receive priority. In quality of life versus clinical urgency, the better the control's quality of life, the more urgency the competing patient required. The worse the patient's post-transplant outcome, the more urgency needed to receive priority. CONCLUSIONS: It appears that clinical urgency is only one of many factors influencing attitudes about allocation decisions and that respondents may invoke different principles of fairness depending the relative clinical status of patients.



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<http://www.jmedethics.com> (link may be outdated)

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\*  Chapter Document 49

Rhodes, Rosamond

**Justice in the distribution of transplant organs**

In: Weisstub, David N.; Pinto, Guillermo Díaz, eds. Autonomy and Human Rights in Health Care: An International Perspective. Dordrecht: Springer, 2008: 257-269

Call number: [RA427.25 .A98 2008](#)

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\*  Chapter Document 50

Schaller, Barry R.

**Body parts: allocating organs**

In his: Understanding Bioethics and the Law: The Promises and Perils of the Brave New World of Biotechnology.  
Westport, CT: Praeger, 2008: 105-132  
Call number: [KF3821 .S33 2008](#)

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  **Article** Document 51

Martin, A.P.; Bartels, M.; Hauss, J.; Fangmann, J.  
**Overview of the MELD score and the UNOS adult liver allocation system.**  
Transplantation Proceedings 2007 December; 39(10): 3169-3174


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Clinical Ethics 2007 December; 2(4): 166-172

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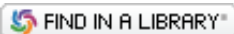


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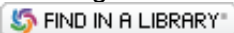


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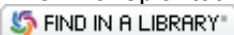


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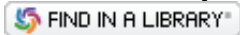
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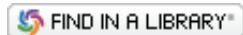


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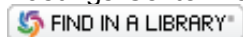


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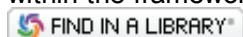
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Journal of Health Politics, Policy and Law 2007 February; 32(1): 9-49

**Abstract:** The allocation of cadaveric organs for transplantation in the United States is governed by a process of private regulation. Through the Organ Procurement and Transplantation Network (OPTN), stakeholders and public representatives determine the substantive content of allocation rules. Between 1994 and 2000 the U.S. Department of Health and Human Services conducted a rule making to define more clearly the public and private roles in the determination of organ allocation policy. Several prominent liver transplant centers that were losing market share as a result of the proliferation of transplant centers used the rule making as a vehicle for challenging the local priority for organ allocation inherent in the OPTN rules. The process leading to the final rule provides a window on the politics of organ allocation. It also facilitates an assessment of the strengths and weaknesses of private rule making. Overall, private rule making appears to be relatively effective in tapping the technical expertise and tacit knowledge of stakeholders to allow for the adaptation of rules in the face of changing technology and information. However, the particular system of representation employed may give less influence to some stakeholders than they would have in public regulatory arenas, giving them an incentive to seek public rule making as a remedy for their persistent losses within the framework of private rule making.



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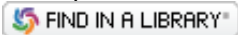


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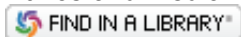


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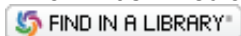


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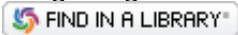


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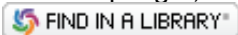


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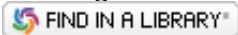


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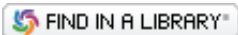


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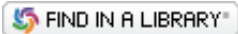


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**Response to commentators on "Examining the potential exploitation of UNOS policies" [letter]**

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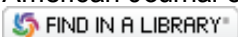


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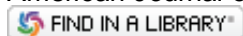


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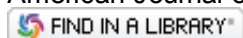


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**Examining the potential exploitation of UNOS policies**

American Journal of Bioethics 2005 July-August; 5(4): 6-10

**Abstract:** The United Network for Organ Sharing (UNOS) waiting list was designed as a just and equitable system through which the limited number of organs is allocated to the millions of Americans in need of a transplant. People have trusted the system because of the belief that everyone on the list has an equal opportunity to receive an organ and also that allocation is blind to matters of financial standing, celebrity or political power. Recent events have revealed that certain practices and policies have the potential to be exploited. The policies addressed in this paper enable those on the list with the proper resources to gain an advantage over other less fortunate members, creating a system that benefits not the individual most in medical need, but the one with the best resources. These policies are not only unethical but threaten the balance and success of the entire UNOS system. This paper proposes one possible solution, which seeks to balance the concepts of justice and utility.



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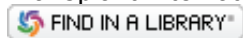


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Berney, Thierry; Bühler, Leo H.; Morel, Philippe

**Pancreas allocation in the era of islet transplantation [editorial]**

Transplant International 2005 July; 18(7): 763-767



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Meier-Kriesche, Herwig-Ulf; Schold, Jesse D.; Gaston, Robert S.; Wadstrom, Jonas; Kaplan, Bruce

**Kidneys from deceased donors: maximizing the value of a scarce resource**

American Journal of Transplantation 2005 July; 5(7): 1725-1730



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Hackler, Chris; Hester, D. Micah

**Age and the allocation of organs for transplantation: a case study**

Health Care Analysis: An International Journal of Health Care Philosophy and Policy 2005 June; 13(2): 129-136

**Abstract:** What role should age play in the allocation of organs for transplantation? Historically, older patients have not been listed as candidates for transplantation on the assumption that greater benefit could be obtained by favoring younger candidates, raising questions of equity and age discrimination. At the same time, organs offered for donation by the very old are frequently rejected because of concerns about length of viability. We examine a local case that challenges these practices: the liver from an elderly donor was successfully transplanted into an older patient. After exploring some of the potential problems with such a solution, we propose creating a second pool of organs from the very old for transplantation into older candidates, thus expanding the number of organs available, saving additional lives, and including the elderly more visibly in our transplant system.



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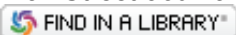


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Johannes, Laura

**Double standard: for some transplant patients, diseased hearts are lifesavers. Surgeons enlist elderly, sick to receive inferior organs; the new ethical issues; facing a risk of hepatitis C**

Wall Street Journal 2005 April 14; p. A1,A8



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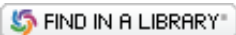


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Ravelingien, An; Krom, Andre

**Earning points for moral behavior: organ allocation based on reciprocity**

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Churak, Joanne M.

**Racial and ethnic disparities in renal transplantation**

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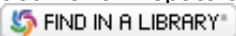


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Freeman, Richard B.

**MELD: the holy grail of organ allocation?**

Journal of Hepatology 2005 January; 42(1): 16-40



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Chandler, Jennifer A.

**Priority systems in the allocation of organs for transplant: should we reward those who have previously agreed to donate?**

Health Law Journal 2005; 13: 99-138



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**Substance abuse addendum to patient selection criteria**

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Bollinger, R. Randal; Cho, Won-Hyun

**Organ allocation for transplantation in the USA and Korea: the changing roles of equity and utility**

Yonsei Medical Journal 2004 December 31; 45(6): 1035-1042



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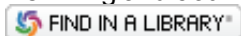


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Boltwood, Chester M., Jr.; Copeland, Jack G.; Renlund, Dale G.; Kfoury, Abdallah G.; Renlund, Ashley R.

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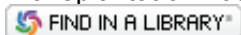


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Siegler, Jessica; Siegler, Mark; Cronin, David C., II

**Recipient death during a live donor liver transplantation: who gets the "orphan" graft?**

Transplantation 2004 November 15; 78(9): 1241-1244



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Sehgal, Ashwini R.

**The net transfer of transplant organs across race, sex, age, and income**

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Schmidt, Volker H.; Lim, Chee Han

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Vulchev, Anntim; Roberts, John P.; Stock, Peter G.

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New York Times 2004 October 21; p. A21



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Dew, Mary Amanda; Switzer, Galen E.; DiMartini, Andrea F.; Bunzel, Brigitta

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Olthoff, Kim M.; Brown, Robert S., Jr.; Delmonico, Francis L.; Freeman, Richard B.; McDiarmid, Sue V.; Merion, Robert M.; Millis, J. Michael; Roberts, John P.; Shaked, Abraham; Wiesner, Russell H.; Lucey, Michael R.

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Liver Transplantation 2004 October; 10(Supplement 2): A6-A22



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Robertson, Christopher

**Framing the organ system: altruism or cooperation? [comment]**

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Viens, Adrian M.

**Prudential motives and reciprocal altruism [comment]**

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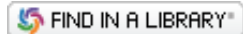


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Menikoff, Jerry

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List, Justin M.

**"Opting-in" and unnecessary penalties for non kidney donors [comment]**

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Goering, Sara; Dula, Annette

**Reasonable people, double jeopardy, and justice [comment]**

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Allhoff, Fritz

**Discriminating against "organ takers" [comment]**

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Zink, Sheldon; Wertlieb, Stacey L.

**Forced altruism is not altruism [comment]**

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Nelson, James Lindemann

**Utility, fairness, and what really matters in organ provision [comment]**

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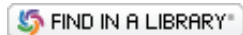


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Koppelman-White, Elysa R.

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Hackler, Chris

**Conscientious objection to an opt-in system [comment]**

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Gordon, Elisa J.

**Haunted by the "God committee": reciprocity does no justice to eliminating social disparities [comment]**

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Simmerling, Mary; Angelos, Peter; Goldberg, Aviva; Frader, Joel

**Do gifts create moral obligations for recipients? [comment]**

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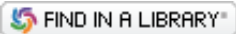


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Billar-Andorno, Nikola

**Between solidarity and self-interest: how fair is the "club model" for organ donation? [comment]**

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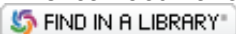


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Calandrillo, Steve P.; Cohen, Lloyd R.; Undis, David J.

**LifeSharers: an "opting in" paradigm already in operation [comment]**

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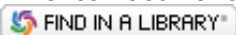


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Jacoby, Liva

**Solidarity: an important aspect of the "opting in" paradigm [comment]**

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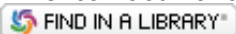


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Fox, Mark D.; Allee, Margaret R.; Taylor, Gloria J.

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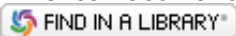


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Steinberg, David

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Veatch, Robert M.

**Bonus allocation points for those willing to donate organs [editorial] [comment]**

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Sequist, Thomas D.; Narva, Andrew S.; Stiles, Sharon K.; Karp, Shelley K.; Cass, Alan; Ayanian, John Z.

**Access to renal transplantation among American Indians and Hispanics**

American Journal of Kidney Diseases 2004 August; 44(2): 344-352



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Neuberger, James

**Allocation of donor livers -- is MELD enough?**

Liver Transplantation 2004 July; 10(7): 908-910



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Valapour, Maryam

**Ethics of organ distribution in lung transplantation**

Minnesota Medicine 2004 June; 87(6): 36-37



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El Sayegh, Suzanne; Keller, Marla J.; Huprikar, Shirish; Murphy, Barbara

**Solid organ transplantation in HIV-infected recipients**

Pediatric Transplantation 2004 June; 8(3): 214-221



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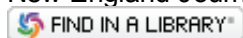


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Kamoun, Malek; Sellers, Marty T.; Roberts, John P.; Wolfe, Robert A.; Port, Friedrich K.

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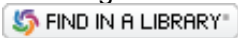
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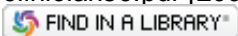
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London: ULTRA, 2004 May; 43 p. [Online]. Available: <http://www.advisorybodies.doh.gov.uk/ultra/ultraguidetoclinicians6.pdf> [2004 December 30]



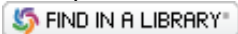
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Nashan, Bjorn  
**Renal allograft allocation for children: are we penalizing children to not penalize adults?**  
Transplantation 2004 April 27; 77(8): 1145-1146



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Trotter, James F.; Osgood, Michael J.  
**MELD scores of liver transplant recipients according to size of waiting list**  
JAMA: The Journal of the American Medical Association 2004 April 21; 291(15): 1871-1874  
**Abstract:** CONTEXT: The Model for Endstage Liver Disease (MELD) score serves as the basis for the distribution of deceased-donor (DD) livers and was developed in response to "the final rule" mandate, whose stated principle is to allocate livers according to a patient's medical need, with less emphasis on keeping organs in the local procurement area. However, in selected areas of the United States, organs are kept in organ procurement organizations (OPOs) with small waiting lists and transplanted into less-sick patients instead of being allocated to sicker patients in nearby transplant centers in OPOs with large waiting lists. OBJECTIVE: To determine whether there is a difference in MELD scores for liver transplant recipients receiving transplants in small vs large OPOs. DESIGN AND SETTING: Retrospective review of the US Scientific Registry of Transplant Recipients between February 28, 2002, and March 31, 2003. Transplant recipients (N = 4798) had end-stage liver disease and received DD livers. MAIN OUTCOME

MEASURES: MELD score distribution (range, 6-40), graft survival, and patient survival for liver transplant recipients in small (<100) and large (> or =100 on the waiting list) OPOs. RESULTS: The distribution of MELD scores was the same in large and small OPOs; 92% had a MELD score of 18 or less, 7% had a MELD score between 19 and 24, and only 2% of listed patients had a MELD score higher than 24 (P =.85). The proportion of patients receiving transplants in small OPOs and with a MELD score higher than 24 was significantly lower than that in large OPOs (19% vs 49%; P<.001). Patient survival rates at 1 year after transplantation for small OPOs (86.4%) and large OPOs (86.6%) were not statistically different (P =.59), and neither were graft survival rates in small OPOs (80.1%) and large OPOs (81.3%) (P =.80). CONCLUSIONS: There is a significant disparity in MELD scores in liver transplant recipients in small vs large OPOs; fewer transplant recipients in small OPOs have severe liver disease (MELD score >24). This disparity does not reflect the stated goals of the current allocation policy, which is to distribute livers according to a patient's medical need, with less emphasis on keeping organs in the local procurement area.



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Piccoli, G.B.; Soragna, G.; Putaggio, S.; Burdese, M.; Longo, P.; Rinaldi, D.; Bergamo, D.; Mezza, E.; Consiglio, V.; Novaresio, C.; Gai, M.; Motta, D.; Malfi, B.; Giacchino, F.; Jeantet, A.; Segoloni, G.P.

**How many organs should one patient receive? The ethics of transplantation in the medical school**

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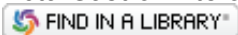


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Houssin, D.

**Ethical perspectives about organ allocation for transplantation**

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Sharma, Pratima; Balan, Vijayan; Hernandez, Jose L.; Harper, Ann M.; Edwards, Erick B.; Rodriguez-Luna, Hector; Byrne, Thomas; Vargas, Hugo E.; Mulligan, David; Rakela, Jorge; Wiesner, Russell H.

**Liver transplantation for hepatocellular carcinoma: the MELD impact**

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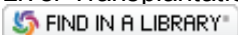


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Waring, Duff R.

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**Improving liver allocation: MELD and PELD**

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Prottas, Jeffrey

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Aggarwal, A.; Ong, J.P.; Goormastic, M.; Nelson, D.R.; Arroliga, A.C.; Farquhar, L.; Mayes, J.; Younossi, Z.M.

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Schaffer, Randolph L., III; Kulkarni, Sanjay; Harper, Ann; Millis, J. Michael; Cronin, David C., II

**The sickest first? Disparities with model for end-stage liver disease-based organ allocation: one region's experience**

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Freeman, R.B., Jr.

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Richenbacher, Wayne

**Cardiac transplantation in prisoners [letter]**

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de Avila, Gustavo Noronha; de Avila, Gerson Antonio; Gauer, Gabriel Jose Chitto

**Is the unified list system for organ transplants fair? Analysis of opinions from different groups in Brazil**

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**Abstract:** In the 1960s, when Dr. Belding Scribner discovered how to accomplish the process of dialysis in a repeated way, he could not imagine that in solving such a problem others as or more difficult would appear. Given the technological progress and the impossibility of assisting all patients through the most modern methods, the medical doctor often finds himself faced with the moral dilemma of choosing which patient in the waiting list will receive the treatment. This same dilemma is amplified in the case of organ transplants. Professionals, students, professors of the juridical and health fields, and the population in general, were interviewed as a means of documenting the moral concepts and opinions surrounding this problem. In the reality in which we find ourselves, it seems to us that deciding who lives, and the responsibility for all the events that culminate in such decisions, is still a subject left open to discussion.



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Grady, Denise

**Blackout shifts transplant and 2 lives change course**

New York Times 2003 September 21; p. A1, A33



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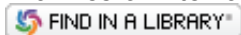


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Douglas, David D.

**Rebuttal by Dr Douglas**

Archives of Internal Medicine 2003 September 8; 163(16): 1885- 1886



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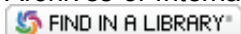


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Kahn, Jeffrey

**The ethics of organ transplantation for prisoners**

Seminars in Dialysis 2003 September-October; 16(5): 365-366



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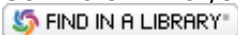


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West, John C.; Chao, Stan; Kelley, Stephen E.; Schwartz, Jan A.; Bertsch, David J.; Marsh, James F.

**Organ allocation: a case for not transplanting the violent criminal**

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Santiago-Delpin, E.A.

**Ethical dilemmas: transplantation in prisoners and the mentally disabled**

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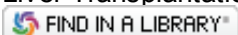


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Liver Transplantation 2003 August; 9(8): 878-880



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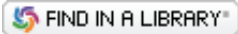


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Moss, Alvin H.

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American Journal of Kidney Diseases 2003 April; 41(4): 723-727



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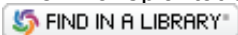


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McKneally, Martin F.; Sade, Robert M.

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**On the possibility of "progress" in managing biomedical technologies: markets, lotteries, and rational moral standards in organ transplantation**

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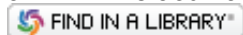


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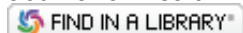


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**Why do transplant surgeons turn down organs? A model of the accept/ reject decision**

Journal of Health Economics 2002 November; 21(6): 957-969



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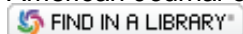


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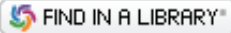


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Liver Transplantation 2002 September; 8(9): 851-858



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Llado, Laura; Figueras, Juan; Memba, Roberto; Xiol, Xavier; Baliellas, Carmen; Vazquez, Santiago; Ramos, Emilio; Torras, Jaume; Rafecas, Antoni; Fabregat, Juan; Lama, Carmen; Jaurieta, Eduardo

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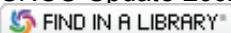
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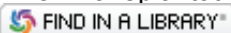


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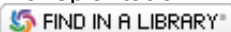


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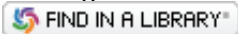


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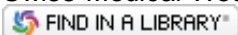


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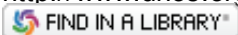
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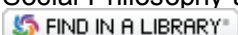


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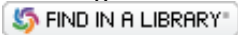


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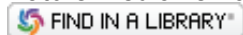


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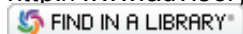
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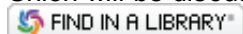
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Medicine and Law: World Association for Medical Law 2002; 21(4): 745-751

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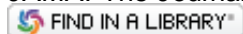


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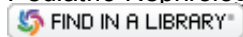


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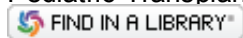


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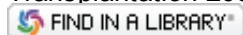


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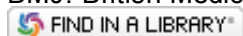


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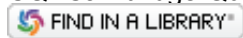


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Childress, James F.

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CQ: Cambridge Quarterly of Healthcare Ethics 2001 Fall; 10(4): 365-376



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**Primum non nocere: avoiding harm to vulnerable wait list candidates in an indirect kidney exchange**

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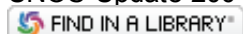
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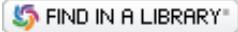


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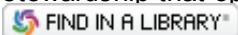
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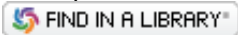
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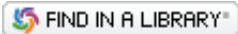


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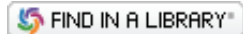


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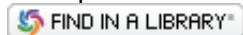


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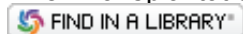


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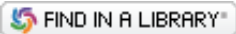


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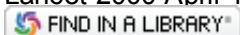
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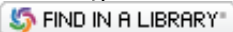


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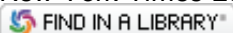


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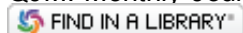


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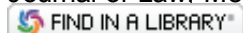


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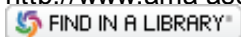
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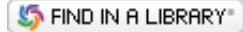


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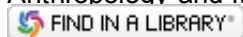


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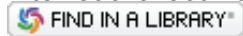


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