

**Report of the OPTN/UNOS Ad Hoc International Relations Committee Meeting  
Chicago, Illinois  
April 10-11, 2011**

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The following is a summary of the joint meeting of the Ethics Committee (EC) and the AHIRC, which occurred on April 10-11, 2011.

**1. Non-OPTN Contract Funded Discussion**

On April 10, 2011, the AHIRC-EC discussed whether laws, such as NOTA, should be changed to enable differential treatment of US citizens from non-citizens for the purposes of allocation. The attorneys for UNOS had provided a legal opinion that stated that current regulation prohibits the different allocation algorithms based on citizenship status. NOTA and the OPTN Final Rule require that allocation systems be based on objective medical criteria. After 23 minutes and 12 seconds of discussion, the AHIRC-EC decided that developing a tiered allocation system is not desirable. Transplantation remains a humanitarian act, and residents in the United States should be treated equally – they are all potential donors.

UNOS staff will determine the total time of the joint meeting, and determine the cost that will need to incur for this portion of the meeting.

**2. Addition of Items to the Citizenship Field in TCR, DDR, and LDR Forms**

The AHIRC-EC spent much time discussing the need to distinguish between the non-resident aliens living in the United States from those who came to the United States for the sole purpose of receiving a transplant. The latter group is not likely to contribute to the population of organ donors whereas the former group may. Thus, the AHIRC-EC considered citizens, resident aliens, documented non-resident aliens, and undocumented non-resident aliens to belong in the category of “residents.” The AHIRC-EC did not want to eliminate data collection fields that already exist, but rather, add to it. The AHIRC-EC did eliminate the term “alien” as it seemed a pejorative label for a person.

The AHIRC-EC proposed that the citizenship field ask whether the living donor or potential candidate is a:

- a) US Citizen/US Resident
- b) US Citizen/Non-US Resident
- c) Non-US Citizen/US Resident
- d) Non-US Citizen/ Non-US Resident, Traveled to US for Reason Other Than Transplant
- e) Non-US Citizen/Non-US Resident, Traveled to US for Transplant

The AHIRC-EC proposed that the citizenship field ask whether the deceased donor is a:

- a) US Citizen/US Resident
- b) Non-US Citizen/US Resident

The AHIRC-EC also requested the collection of “country of permanent residence” for non-resident/non-citizen in the TCR, DDR, and LDR forms. (The OPTN/UNOS Board of Directors

approved the collection of the country of permanent residence in 2010.) The intent of this data collection is also to delineate those who are traveling for transplant from those foreign nationals who reside here in the United States. The collection of this additional data element will require approval by the OPTN/UNOS Board of Directors, but will not need to be distributed for public comment as it will be a component of an existing field in the three forms.

The AHIRC will propose this data collection to the OPTN/UNOS Board of Directors in June, 2011.

### **3. Modifications to Policy 6.0 (Transplantation of Non-Resident Aliens)**

The AHIRC-EC jointly reviewed all policies in 6.0 with the exception of those pertaining to ethical practices, importation, and exportation. The latter concepts the AHIRC discussed on its own after the two Committees separated to conduct their respective meetings. The AHIRC requested UNOS staff to leave the export policy as is, but modify the exchange policy section to only include the importation of organs. The AHIRC will work with the Ad Hoc Disease Transmission Advisory Committee, the Organ Procurement Organization Committee, and the Transplant Administrators Committee to complete the revisions to the organ import policy section.

Modifications to Policy 6 include:

1. Change in the title;
2. Inclusion of a preamble that borrows language from the *Declaration of Istanbul on Organ Trafficking and Transplant Tourism*;
3. Revisions to the citizenship definitions;
4. Deletion of policies that cannot be measured or are antiquated – 6.2.2, 6.2.3, 6.2.5, 6.2.6;
5. Allow the AHIRC to audit any transplant program that lists or transplants candidates who are in the “non-US citizen/non-US resident, traveled to US for transplant” category;
6. Delete Policy 6.5 (Violation), as all policy violations are subject to review by the OPTN/UNOS Membership and Professional Standards Committee;
7. Refocus the current organ exchange section to only organ imports;
8. Retain the ability to import organs ad hoc and through a formal arrangement;
9. Retain the ability to export organs as stated currently; and,
10. Delete the policy on ethical practices (decision made in 2010), because defining “ethical practices” could be problematic, and the import of an organ for valuable consideration is a criminal offense, which is not under the purview of the OPTN.

The AHIRC-EC voted in favor of modifications 1 through 4: 27-supported; 0-opposed; and, 1-abstained. The AHIRC-EC voted in favor of modification #5: 27-supported; 0-opposed; and, 1-abstained.

The AHIRC alone discussed modifications 6-9, and had discussed #10 over the past two years. The AHIRC still needs to identify the time frame a member may import an organ six times – as an ad hoc exchange – before the member can only import through a memorandum of agreement. The following is a draft of the modified Policy 6.0; the AHIRC will meet on June 20 to continue its discussion of Policy 6. The AHIRC-EC allowed UNOS staff to make technical edits to the language edits made during the meeting on April 10-11. The AHIRC-EC anticipates distributing the policy modifications for public comment in September, 2011.

#### 4. Living Donation

The AHIRC considered the import of living donor organs for transplant in the United States. This concept speaks to the globalization of medicine but current policy does not allow for the transplant of living donor organs that were not recovered at an OPTN transplant Hospital.<sup>1</sup> However, the issue also of importance is the consent process used to identify a living donor. The OPTN/UNOS Living Donor Committee made significant efforts over the past several years to improve the living donor consent process in the United States; it is unlikely that this Committee would consider the transplantation of an organ whose donor's consent process would not be fully known. The AHIRC-EC abandoned the proposed recommendation to the Living Donor Committee to consider this topic.

What about the import of foreign nationals for living donation in the United States? The cost of bringing a person to the United States and creating a temporary residence for her or him would likely be less than the cost of importing an organ, in general. Further, the consent process would follow guidelines prepared by the OPTN. The AHIRC-EC suggested that UNOS staff suggest this concept to the Living Donor Committee.

The AHIRC-EC also considered whether only close, biological relatives should be donors. Members commented that biological relation does not equate social closeness nor does it prevent coercion to donate. Secondly, kinships and their observed closeness vary by culture, and to apply American, nuclear-family kinship system to a foreign national who seeks to donate to her his claimed relative would not be culturally competent. The AHIRC-EC determined that it is the responsibility of transplant programs to identify the suitability of a living donor – foreign or resident.

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<sup>1</sup> **12.6 Center Acceptance of Living Donor Organs.** Transplant Centers that perform living donor transplants must only accept and transplant living donor organs recovered at OPTN member transplant hospitals.