

## OPTN/UNOS Ethics Committee Meeting Report July 19, 2012

*This meeting was a full Committee conference call to discuss a draft response to the Policy Oversight Committee (POC) on the ethical considerations of multi-organ allocation.*

### **Attendees:**

Alexandra Glazier, JD, MPH, Chair, Peter Reese, MD, Vice Chair, Scott Biggins MD, Richard Demme MD, Ann Eshelman PhD, ABPP, Edward Garrity Jr., MD, MBA, Elisa Gordon, PhD, Lance Stell MD, PhD, Michael Shapiro MD, Donald Stouder M.Div., PCS, CFSC, Robert Veatch PhD, Benard Kozlovsky MD (HRSA), Robert Walsh (HRSA), Teresa Beigay DrPH (HRSA), Tabitha Leighton (SRTR), Jason Livingston, Leigh Kades, Gloria Taylor

### **Overview:**

Peter Reese, MD, Chair, Multi-organ Allocation Subcommittee, called the meeting to discuss the multi-organ allocation subcommittee's draft response to the POC's request to identify the key ethical principles to consider when allocating the second organ in multi-organ transplantation. Dr. Reese reminded the committee that the scope of the project was **not** to create new multi-organ allocation policy or to make substantive comments on the failings of existent policies.

Dr. Reese started the meeting with an overview of the POC request and the draft response. He then proceeded by presenting each of the major sections of the draft and asking for comments and questions. The main questions and comments expressed by Committee members include the following:

#### Section B) Summary Response:

- Need to acknowledge that no allocation policy will honor all the equity and utility issues involved.
- Another committee spent nearly five years on organ allocation ethical considerations, so it's not necessary to spend time defining equity and utility in organ allocation.
- More appropriate to use the terms "equity and utility" than "justice and utility" for historical reasons.
- There is general agreement over the concerns of pediatric patients and the fact that often multi-organ candidates may receive preference over pediatric patients in the current policies.
- One question about why utility is in contrast to equity and whether the two are indeed different issues.
- The response must be in agreement with the Final Rule.
- Refer to white paper and its use of "justice and utility" but explain that we use the terms "equity and utility" because this is specifically the language chosen by POC.
- Include reference to FR, NOTA, white paper.
- Wanted confirmation that this response does not talk at all about candidates who later receive a second organ when they've already received one.

#### Section B.III) Background:

- Move into summary and delete.

#### Section B.IV) Equity in Multi-organ Transplant Allocation:

- Note that the order of the recommendations is not weighted in any way (*not* in order of priority).

- Perhaps equality is part of equity? Social issues often results in inequality. However, this is more of an issue when getting on the waiting list, and we are only focused on allocation, not access to the waiting list in this response.
- Are there other ways to think about the “worse off?” Life stages, medically, socially...
- Does “role of rescue” also capture medically worse off?
- First come/first served: could add a line about shortcomings of first come/first served. Implication is that first come/first served is one of the considerations that can serve as a tie-breaker.

#### Section B.IV) Utility in Multi-organ Transplant Allocation:

- Utility is probably more intuitive than equity concepts.
- Replace “some” cases with “most” cases in sentence about maximizing utility and years of life by allocating organs to single organ transplants.
- Replace “other cases” with “some cases” in sentence discussing utility as measured by net years of patient or graft survival.

#### Section B.V) Pediatric Candidates:

- Note that POC did not ask specifically for comment on this and it was not addressed in the white paper.
- Use of “strongly encourages” is used to reflect that.

#### Citations:

- Will be an incomplete list as this is only a guidance document and not necessary to include an exhaustive list.

#### Other comments:

- Comment was made that in the end we focus on pediatric candidates and perhaps not clear that the document is really about everyone else.
- Perhaps note that AMA allocation recommendations basically say that if you can save two people rather than just one person then you should do that. But AMA used only the utility criteria.
- Add sentence that confirms that this is not an exhaustive list of references.

#### **Post-meeting Update:**

Dr. Reese incorporated the comments and distributed the resulting document to the entire Committee, which voted to present the document to the POC (15- Yes, 0-No, 0-Abstained) at its meeting on Monday, August 13, 2012.

#### **POC Meeting Update:**

Dr. Reese presented the Committee’s response to the POC on Monday, August 13, 2012. The POC was appreciative of the views expressed and seemed particularly interested in the concerns outlined regarding the needs of pediatric patients when considering the ethics of multi-organ allocation.