

**OPTN Ad Hoc International Relations Committee  
Management of International Living Donors in the U.S  
Meeting Summary  
July 24, 2023  
Conference Call**

**Pramod Bonde, MD, Chair  
Peter Stock, MD, Vice Chair**

## **Introduction**

The OPTN Ad Hoc International Relations – Management of International Living Donors in the U.S (the Subcommittee) met via Citrix GoToMeeting teleconference on 07/24/2023 to discuss the following agenda items:

1. Open Forum

The following is a summary of the Subcommittee’s discussions.

### **1. Open Forum**

The Subcommittee is divided into five groups: communications, logistics, donor follow-up, undocumented Non-U.S. Citizens/Non-U.S. Residents (NCNR), and risk of exploitation, inducement, and coercion. The risk of exploitation, inducement, and coercion group met and had an open forum about their section of the Subcommittees project.

#### Summary of discussion:

No decisions were captured during this meeting. The group will continue to discuss the content that should be included in the risk of exploitation, inducement, and coercion section of the project.

A member stated that the main purpose of the meeting is to continue to brainstorm about the group’s section. She suggested approaching their section of the project by brainstorming scenarios that have come up in the international living donor population before or will come up in the future that would pose ethical concerns related to exploitation, inducement, or coercion. She explained that incorporating scenarios of exploitation, inducement, and coercion could help explain these terms in a more practical sense compared to having broad labels and definitions. The group could then discuss how to address the possibilities of exploitation, inducement, or coercion and provide concrete recommendations to minimize these possibilities.

A member asked for clarification on coercion. Another member replied that coercion involves a threat to make someone worse off than they are unless they agree to do the desired action. An example of this would be if a Non-U. S Citizen/Non-U. S Resident (NCNR) started the process to obtain a visa to the U.S., and the threat was that a U.S. citizen threatened not to be the NCNR sponsor unless they agreed to the desired action.

A member pointed out that it’s important to distinguish between domestic and international coercion and noted that evaluating the risk of coercion of an NCNR donor may be more challenging than assessing the coercion of a potential domestic donor. She suggested screening for the risk of coercion of

an NCNR potential donor should occur when they come to the U.S. or before arriving in the U.S. over a video call. The intent would be to pre-screen potential donors before they engage in a more expensive, arduous process. She further commented that an objection to pre-screening an NCNR would be the lack of resources, such as access to the Internet.

Another member inquired about better understanding cultural competency around international medical practices. She explained that other countries may do things that may be considered standard in their culture, that may not be common in U.S. medical practices, that would make the individual ineligible for donation; therefore, having an idea of community partners who can help with gaining cultural competency. A member commented that tools and tool kits are available to help identify potential red flags if an individual is being coerced. He mentioned that these toolkits are intended to help assess the potential donors' relationship with the recipient and their rationale for organ donation.

A member asked if ethical concerns come up for potential international living donors in the pre-evaluation phase. A member responded, understanding if the potential donor's occupation and employment status would be impacted. She explained that it's essential to understand a potential donor's practical implication of being away from their home, job, and life. Another member commented that another issue that needs to be identified is what kind of follow-up care the international living donor will receive once they return to their country-of-origin post-donation. She explained that this has been an issue for many international living donors who do not receive follow-up care in their native country. Members agreed and shared concerns about ensuring that an individual has appropriate support while undergoing surgery and post-donation. She inquired about the mechanisms needed to ensure the donor has the appropriate support to focus on the donor's care and well-being. A member asked about the obligations of the transplant center to the donor who is experiencing significant complications post-donation.

A member shared concerns about the donor accessing care and ensuring appropriate follow-up. She asked if an NCNR donor can't access proper medical care post-donation in their country and if they can stay in the U.S. for appropriate care. She asked if this would depend on the visa's length or if the visa's timing is tied to whatever the donor center information is provided to ensure appropriate care. Another member agreed and inquired if this would depend on the country the donor is from. A member commented that the state department has a list of countries that are eligible to participate in the visa waiver program (VWM). The VWM enables most citizens or nationals of participating countries to travel to the United States for tourism or business for 90 days or less without obtaining a visa as long as specific requirements are met.

#### Next steps:

The risk of exploitation, inducement, and coercion group will continue to meet to discuss the groups' section of the project.

#### **Upcoming Meeting**

- July 25, 2023

## **Attendance**

- **Subcommittee Members**
  - Carrie Thiessen
  - Cynthia Forland
- **HRSA Representatives**
  - Marilyn Levi
  - Jim Bowman
- **SRTR Staff**
- **UNOS Staff**
  - Tamika Watkins
  - Susan Tlusty
- **Other Attendees**