

**OPTN Ethics Committee  
Considerations in Assessment for Transplant Candidacy (CAT) Rewrite Subcommittee  
Meeting Summary  
March 18, 2020  
Conference Call**

**Catherine Vascik, RN, BSN, Subcommittee Chair**

## **Introduction**

The Ethics Committee's CAT Rewrite Subcommittee met via Citrix GoToMeeting teleconference on 3/18/2020 to discuss the following agenda items:

1. Recap of 2/19 meeting
2. Current outline
3. Next steps

The following is a summary of the Workgroup's discussions.

### **1. Recap of 2/19 meeting**

The Subcommittee Chair provided a brief overview of the discussions from the previous conference call.

#### Summary of discussion:

- Project approved by the POC
- Initial list of topics

### **2. Current Outline**

The Committee reviewed the list of topics, including several additional criteria to add to the white paper.

#### Summary of discussion:

#### **Proposed topics:**

##### *Intellectual Disability*

The subcommittee members agreed that Intellectual disability should not be a contraindication to being evaluated for a transplant. One member noted that their center does not transplant candidates who are in a persistent vegetative state due to intellectual criteria. The subcommittee agreed to include a brief statement on this topic in the paper.

##### *Financial Challenges (Inability to Pay)*

The subcommittee members agreed that financial challenges could have an impact on paying for medical procedures and medication. A member noted that it is possible to have disparity in access to care, including transplant, if transplant center treat patients differently because of financial status or ability to pay. There was agreement that there should be consistency. One member commented that the committee could add language that transplant centers should support patients without insurance or without adequate insurance, including ancillary services such as counseling.

The subcommittee agreed to add language about medications to support the longevity of the transplanted organ.

#### *Incarceration Status (Current)*

The subcommittee members agreed it is important to make a statement that current incarceration alone is not a reason to deny an individual a transplant. A member noted that the Ethics Committee has already provided a statement on this issue in a previous document. The subcommittee members agreed that this document would act as a summary resource document that could reference the other documents so readers will know there is additional information provided elsewhere.

#### *Social Support*

The subcommittee members agreed that social support is integral to the success of a transplant. A member noted that transplant hospitals have different definitions and criteria when it comes to social support. There should also be an acknowledgement that some individuals do not have a social support system while others do but fail to use them. A member noted that the Committee Vice-Chair has published research on this topic and agreed to distribute the paper to the subcommittee members.

#### *Immigration Status*

Subcommittee members agreed that if the model for this document is a short statement referring to another sources of information, it would be beneficial to the community.

#### **Additional topics:**

##### *Review by Second Centers*

Subcommittee members discussed how a patient might be turned down for transplant listing at one center then seek care at another center. Some transplant centers might reach out to the first center although subcommittee member agreed that it should be an independent evaluation without input from the first center. A member noted that a statement could be added to the preamble such as “conducting an independent evaluation based on their own guidelines.”

##### *Transplant as a Bail-Out*

If a patient is not a transplant candidate, they should not use transplant as a bailout if their first plan does not work out. It would be important to know why the patient previously ruled out as a transplant candidate.

##### *Consistency in application of absolute and relative contraindications among different candidates*

The subcommittee discussed the need to have a consistent approach across transplant centers and not use these as a contraindication. There was general agreement to avoid unfair processes for evaluation and that the process should be clear, transparent, and consistent. One committee member wondered if a general statement work or do we need to get into the specifics of each of these?

#### Next Steps:

The committee will submit an outline of new criteria for internal feedback.

## Upcoming Meeting

- TBD