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Solidarity model: a way to cope with rationing problems in organ transplantation

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Abstract This short paper discusses the possibility of implementing a solidarity model as a way of improving organ allocation.

Key words Solidarity model · Organ donation · Organ allocation

Scarcity of organs

Around the world, transplantation is plagued by the twin problems of excess demand for and rationing of organs. Since the unwillingness to donate is co-responsible for organ scarcity, a potential recipient's prior willingness to donate should be co-decisive when granting access to organs and setting priorities in transplantation.

The solidarity model

Nobody is excluded from waiting lists, but those who are themselves willing to donate are granted relatively higher priority as organ recipients under certain conditions. Along with medical criteria, which should be decisive in favouring high urgency over elective patients, willingness to donate should discriminate between patients of comparable medical suitability for transplantation. For example, the so-called Wujciak algorithm by which Eurotransplant allocates kidneys could be easily amended by including prior willingness to donate as a sixth factor along with the five present ranking point scales. Without any doubt the highest point on that additional scale should be granted to those who have served as living donors and have lost their remaining kidney afterwards, while other point values on the scale should be determined as a function of the length of time that elapsed after a potential recipient declared his willingness to serve as a donor.

Thus, the medical criteria remain dominant in the allocation process and the solidarity model is merely an additional factor. It can be added to any kind of allocation system including the Eurotransplant region in which opting-in and opting-out systems co-exist. The solidarity model could be easily implemented and would increase the fairness of allocation along with providing a solution for the problem of national imbalances concerning the number of exchanged organs. Citizens of those countries which have adopted an opting-out rule and who have not explicitly rejected donations for themselves get the same priority as potential recipients as citizens in countries with opting-in systems who have actively expressed their willingness to donate. A central registry for documenting the potential donors' will to donate is almost all that is required for the implementation of the solidarity model.

Predicted results

More justice

Grave injustices, which emerge whenever individuals who themselves reject organ donation are treated at the expense of willing donors, are at least mitigated.

Enhanced involvement of individuals and hospitals

The non-monetary incentive provided by the solidarity model, will, in all likelihood, increase the rate of positive individual decision making. Having shown solidarity themselves, people can demand that nobody will hinder access to organs others are willingly donating for them. Also those hospitals which are still reluctant to support organ donation would have to participate more actively by realising donations from every potential donor.

Fair treatment of dissenting minorities, local residents and non-residents

Without discrimination against groups such as dissenting minorities who reject organ transplantation altogether or non-resident aliens, the population of willing donors can be fairly protected against exploitation by free-loaders.

Conclusions

Establishing the solidarity model is only a minor step for current allocation programms, however, it is a great step for both patients and medical professionals. Patients will benefit from better access to organs. Medical professionals will benefit, because society would reduce the burden of (non-medical) value decisions under conditions of rationing. Doctors can focus on medical decision-making concerning their *individual* patients and the doctor-patient trust relationship is preserved. For the future it will be increasingly important that doctors need to act to a lesser extent as latent rationing agents of society if the solidarity model is implemented.