Whereas, Kidney transplantation is the best and most cost-effective treatment for many patients with End Stage Renal Disease (ESRD); and

Whereas, The Executive Order on Advancing American Kidney Health\(^1\), issued on July 10, 2019, seeks to increase patient choice through affordable ESRD therapy by encouraging higher value care; and

Whereas, The Executive Order intent is to increase access to kidney transplants by modernizing the organ recovery and transplantation systems while updating outmoded and counterproductive regulations\(^2\); and

Whereas, Factors leading to deceased donor kidney discard in the US have been identified to include donors who are older and or have co-morbidities such as diabetes and hypertension\(^3\); and

Whereas, Recent studies have shown that more than 2500 kidneys (>17% of those recovered from deceased donors) were discarded in 2013 despite evidence that many of these kidneys would provide a survival benefit to certain wait-listed patients\(^4\); and

Whereas, Studies have documented that excessive regulation and oversight have led transplant centers to risk-aversion donor criteria which exclude kidneys which could benefit many patients\(^5,7\); therefore be it

RESOLVED, That our American Medical Association actively advocate for US organ transplant legislative and regulatory policies that would advance kidney transplantation by modifying or eliminating arbitrary transplant center outcomes measures that currently discourage sound clinical judgment by physicians and surgeons to accept and transplant kidneys suitable for many patients. (Directive to Take Action)

Fiscal Note: not yet determined.
References:
1. Executive Order on Advancing American Kidney Health, Issued on July 10, 2019
2. American Society of Transplant Surgeons: The ASTS Letter re: CMS-3346-P; Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (CoPs) (Proposed Rule); RIN 0938-

RELEVANT AMA POLICY

Equal Access to Organ Transplantation for Medicaid Beneficiaries H-370.962
Our AMA supports federal funding of organ transplants for Medicaid patients.
Citation: (BOT Rep. 15, A-13)

Ethical Procurement of Organs for Transplantation H-370.967
Our AMA will continue to monitor ethical issues related to organ transplantation and develop additional policy as necessary.
Citation: BOT Rep. 13, A-08; Reaffirmed: CEJA Rep. 06, A-18;

Removing Disincentives and Studying the Use of Incentives to Increase the National Organ Donor Pool H-370.958
1. Our AMA supports the efforts of the National Living Donor Assistance Center, Health Resources Services Administration, American Society of Transplantation, American Society of Transplant Surgeons, and other relevant organizations in their efforts to eliminate disincentives serving as barriers to living and deceased organ donation.
2. Our AMA supports well-designed studies investigating the use of incentives, including valuable considerations, to increase living and deceased organ donation rates.
3. Our AMA will seek legislation necessary to remove legal barriers to research investigating the use of incentives, including valuable considerations, to increase rates of living and deceased organ donation.
Citation: (Res. 7, I-15)

6.2.1 Guidelines for Organ Transplantation from Deceased Donors
Transplantation offers hope to patients with organ failure. As in all patient-physician relationships, the physicians primary concern must be the well-being of the patient. However, organ transplantation is also unique in that it involves two patients, donor and recipient, both of whose interests must be protected. Concern for the patient should always take precedence over advancing scientific knowledge.

Physicians who participate in transplantation of organs from deceased donors should:
(a) Avoid actual or perceived conflicts of interest by ensuring that:
(i) to the greatest extent possible that the health care professionals who provide care at the end of life are not directly involved in retrieving or transplanting organs from the deceased donor.
Physicians should encourage health care institutions to distinguish the roles of health care professionals who solicit or coordinate organ transplantation from those who provide care at the time of death;
(ii) no member of the transplant team has any role in the decision to withdraw treatment or the pronouncement of death.
(b) Ensure that death is determined by a physician not associated with the transplant team and in accordance with accepted clinical and ethical standards.
(c) Ensure that transplant procedures are undertaken only by physicians who have the requisite medical knowledge and expertise and are carried out in adequately equipped medical facilities.
(d) Ensure that the prospective recipient (or the recipients authorized surrogate if the individual lacks decision-making capacity) is fully informed about the procedure and has given voluntary consent in keeping with ethics guidance.
(e) Except in situations of directed donation, ensure that organs for transplantation are allocated to recipients on the basis of ethically sound criteria, including but not limited to likelihood of benefit, urgency of need, change in quality of life, duration of benefit, and, in certain cases, amount of resources required for successful treatment.
(f) Ensure that organs for transplantation are treated as a national, rather than a local or regional, resource.
(g) Refrain from placing transplant candidates on the waiting lists of multiple local transplant centers, but rather place candidates on a single waiting list for each type of organ.

*AMA Principles of Medical Ethics: I, III, V*

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.
Issued: 2016

**Methods to Increase the US Organ Donor Pool H-370.959**

In order to encourage increased levels of organ donation in the United States, our American Medical Association: (1) supports studies that evaluate the effectiveness of mandated choice and presumed consent models for increasing organ donation; (2) urges development of effective methods for meaningful exchange of information to educate the public and support well-informed consent about donating organs, including educational programs that address identified factors influencing attitudes toward organ donation and targeted to populations with historically low organ donation rates; and (3) encourages continued study of ways to enhance the allocation of donated organs and tissues.

Citation: BOT Rep. 13, A-15; Reaffirmed in lieu of: Res. 002, I-16; Modified: CSAPH Rep. 02, I-17;

**Organ Donation D-370.985**

Our AMA will study potential models for increasing the United States organ donor pool.
Citation: Res. 1, A-14; Reaffirmed in lieu of Res. 5, I-14; Reaffirmed in lieu of: Res. 002, I-16;