

Commercial Kidney Transplantation: Attitude, Knowledge, Perception, and Experience of Recipients

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Background and objectives: Kidney transplantation is the gold standard for patients with end-stage kidney disease. In view of shortages of available organs, long wait times for possible transplantation, and strict regulation, many patients opt for commercial transplantation. This study elicits the reasons and motivations for patients with end-stage kidney disease to elect for commercial transplant.

Design, setting, participants, and measurements: A questionnaire-based evaluation was conducted during the period from July 2015 until late December 2015. It consisted of 29 multiple choice questions and was distributed to all patients who underwent commercial kidney transplantation.

Results: One hundred and fifty patients were approached to participate and 106 agreed to participate. Of the participants, 60% were male with an average age of 41.5 (SD 14.8) years and ranged from 18 to 83 years. The majority (82%) of our participants were educated ranging from primary to college level. The major reason (71%) for these participants to obtain commercial transplants was stated as the unavailability of a live related donor. Thirteen percent stated that they objected to get a kidney donated from a family member, and 9% stated that they were worried to take a kidney from a family member. Finally, 3% of participants stated that they needed prompt transplant and could not wait for a long time for transplant investigations and the workup associated with this program.

Discussion: The study showed that the most common underlying cause for seeking commercial transplantation is the unavailability of a national transplant program, particularly transplantation from deceased sources. All western ethical arguments turn out to become of vital importance in developing countries, because transplantation is the cheapest renal replacement therapy. However, it must be emphasized that commercial transplants should not be an alternative to building a national transplant initiative. The national diseased program must be a priority with full financial and administrative support. All government agencies including religious affairs must work together to support the program to provide the citizens with a good transplantation service and ameliorate the impact of commercial transplantation.

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KEYWORDS: commercial transplantation; complications; end-stage kidney disease; ethical arguments; kidney transplant; living unrelated donors; medical tourism

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At the World Health Organization's (WHO) Second Global Consultation on Human Transplantation in March 2007, it was predicted that organ trafficking accounts for 5% to 10% of the kidney transplants achieved annually throughout the world.¹⁻³

The occurrence and dominance of chronic kidney disease and end-stage kidney disease (ESKD) have continued to increase exponentially all over the world in both developed and developing countries.⁴ The

majority of patients in developed countries benefit from choices of modalities of kidney replacement therapies; however, many from developing economies undergo unfortunate deaths from uremia and cardiovascular disease.^{5,6} The gold standard, nevertheless, is kidney transplantation (KT), which leads to enhancing both the quantity and quality of life of end-stage kidney failure patients.

Commercial transplantation was a growing problem worldwide almost a decade ago;⁷⁻¹⁰ however, the number of countries still utilize this means to increase its transplant pool and statistics despite no active diseased program and very limited live related transplant.¹¹ Medical tourists from developed countries travel far and wide for prompt organ transplant service.^{7,8,11} This

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trend, however, is far higher in countries where deceased transplant programs do not exist. Patients with adequate resources in need of organs may travel from one country to another to purchase organs mainly from a poor person without thinking about the serious complications either for themselves after operation or for the donor after nephrectomy.¹¹

Commercial transplantation is not only controversial from an ethical point of view, but it may result in serious complications in the postoperative period that cause high rates of morbidity and mortality.¹² This is definitely unacceptable both medically and ethically.^{13,14}

The primary aim of this study is to:

1. Elicit the reasons and motivations for patients with ESKD to go abroad for kidney transplantation.
2. Assess the impact of the process of living unrelated KT on the patients' well-being.

MATERIALS AND METHODS

Initially a literature review was made through PubMed, and upon which an open-ended interviews and a focus group, a transplant questionnaire was developed. Furthermore, a pilot study was conducted to validate the questionnaire. Ten patients were approached to give their feedback on the clarity of the questionnaire, and hence the questionnaire was modified to its final version (Supplementary Table S1). The 29 questions took approximately 45 to 60 minutes to complete while patients waited for their clinicians' review.

This questionnaire-based study took place at the Royal Hospital in Muscat, Oman, located in the center of the Sultanate of Oman (see Figure 1), where these patients were given the survey immediately after transplantation. The study was conducted from July 2015 until the end of December 2015. All patients with commercial kidney transplants attending the Royal Hospital were approached to participate in the study. Patients with commercial transplants from January 2012 until December 2015 were included. Non-Omani patients were excluded.

The study consisted of an in-depth questionnaire-based interview with recipients who traveled abroad for commercial KTs. It provided demographic data and assessed the reasons for traveling abroad to obtain KTs. Patients were asked to answer a variety of 29 multiple choice questions. The researchers distributed the questionnaires to the participants to answer and advised them to ask for any clarifications. After the collection of the answers, data were entered in an Excel spreadsheet, confirmed by the 2 researchers, and analyzed by utilizing STATA software packages (College Station, TX).

Ethical approval was obtained from the research committee at Royal Hospital Number MESRC# 18/2015.

RESULTS

A total of 150 patients were approached and 106 agreed to participate in the study. The overall mean (SD) age was 41.5 (SD 14.8) years and ranged from 18 to



Figure 1. Map of Oman. Copyright © 2017 Google Maps.

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