



United Kingdom and Republic of Ireland renal physicians' experiences of patients undergoing renal transplants abroad: A questionnaire-based cross-sectional survey

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Summary *Background:* Due to ongoing poor availability of organs, increasingly patients from developed countries are reported to be travelling abroad for renal transplants. We aimed to assess the extent and characteristics of this trend across the UK and Republic of Ireland.

Methods: A questionnaire-based cross-sectional survey; 397 renal consultants from 33 hospitals with renal units across the UK and the Republic of Ireland were contacted through email and 62 replied (16%).

Results: Fifty-seven out of 62 (93%) renal consultants managed transplant patients, and of these 36/57 (63%) had managed at least one patient who had undergone a transplant abroad. The most popular reason reported for doing this was being on the UK or Republic of Ireland transplant list but seeking a shorter wait. Respondents reported commencement by overseas doctors of appropriate routine post-transplant prophylaxis with the following medications in all cases they had encountered as follows: co-trimoxazole 12%, isoniazid 3%, anti-fungals 0%, and Cytomegalovirus prophylaxis or treatment 0%. Forty-four percent of renal consultants reported having some prior warning of a patient undergoing a renal transplant abroad.

Conclusions: Renal transplant tourism has become widely established in the UK and the Republic of Ireland, and care for these patients is often suboptimal. Furthermore, the opportunity exists for pre-transplant counselling.

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Introduction

Renal transplants have been shown to improve survival and quality of life in patients with end-stage renal disease [1]. Furthermore it is increasingly recognised that greater time spent on dialysis leads to poorer outcomes post-transplant [2]. The United Kingdom (UK) Renal Registry reported that 2523 patients received a renal transplant in the UK in 2011. However, it is estimated that during the same time period 6597 patients remained on the waiting list for a renal transplant [3]. This imbalance between supply and demand with regard to renal transplantation is a worldwide problem, and has encouraged the development of an international organ trade, with increasing numbers of patients seeking such treatment abroad [4]. This phenomenon of "medical tourism" has been promoted by the increasing commercialisation of this sector, and the growth of medical tourism websites specifically aimed at patients in developed countries considering seeking treatment abroad [5]. However, as these health care events do not currently fall under the jurisdiction of the UK National Health Service (NHS), it may be that the routine regulatory mechanisms that are in place with regard to pre- and post-transplant care are less likely to be adhered to, which could lead to negative consequences. Given the unregulated and sometimes illegal nature of at least a proportion of such renal transplants, data as to their frequency and outcomes have been challenging to come by. We sought to investigate the proliferation of medical tourism with specific regard to renal transplantation by conducting a questionnaire survey of UK renal consultants in order to assess their experience of this modern medical phenomenon.

Materials and methods

The study design was a questionnaire-based cross-sectional survey.

The study took place between 5th June 2011 and 10th August 2011. Using an internet questionnaire service provider 397 nephrology consultants providing services at UK NHS hospitals (as identified from NHS Trust websites) and several hospitals in the Republic of Ireland (identified by telephone call to hospitals with a renal unit) were invited, via email, to complete a questionnaire enquiring as to their experience of managing patients who had travelled abroad for self-funded renal transplantation. Consultants were not asked to provide any identifying information about patients or themselves.

Many of the questions related to standards of care identified as being important to good-quality care by the UK Renal Association in their published pre- and post-transplant guidelines [6,7]. These included questions assessing the commencement of post-transplant prophylactic medications that are considered routine in the UK and Ireland. Furthermore the questionnaire looked at aspects of routine pre-transplant counselling as well as the clinicians' own experiences and opinions regarding this phenomenon and its management in and impact on the NHS.

As this was a survey that simply canvassed the experiences and opinions of doctors, and did not involve

approaching patients directly or seeking any patient-specific data, it was not considered to be necessary to seek ethics approval. Furthermore this meant that although we would, ideally, have liked to establish the exact numbers of patients involved it seemed unreasonable to request such precise data at this stage as it would be difficult for respondents to acquire and would therefore be likely have an adverse effect on the questionnaire return rate. We accordingly opted not to oblige each consultant to answer every aspect of our data collecting questionnaire so as to encourage as complete a level of participation as possible. In fact, not every consultant chose to render a full answer to all of the questions.

Results

From a total of 397 email requests, 62/397 (16%) replies, from 33 different NHS and Republic of Ireland hospitals, were received. Fifty-seven of 62 renal consultants (92% of respondents) managed renal transplant patients, and of these 39/57 (68%) had managed at least one patient who had undergone a renal transplant abroad. Thirty-eight respondents reported countries to which their patients had travelled to receive their renal transplants – in descending order of popularity; Pakistan, India, China, Egypt, Philippines, Columbia, Iran, Nigeria, Sri Lanka, Cyprus, Iraq, Saudi Arabia, Sri Lanka, Turkey.

In response to the question, "What was the reason for seeking a kidney transplant abroad?", popular reasons given by patients included, in descending order, being on the UK transplant list but seeking a shorter wait, family links abroad, related donor abroad, awaiting assessment for renal transplant and being categorised as unsuitable for transplant in the UK.

Eight out of 34 (24%) consultants managing post-medical tourism transplant patients found that co-trimoxazole prophylaxis had been started in all (4/34 (12%)) or most cases (4/34 (12%)), as opposed to 4/34 (12%) consultants who reported that around half of their patients had been started on co-trimoxazole post-transplant abroad and 15/34 (44%) who commented that only a few of their patients were on co-trimoxazole post-transplant undertaken abroad. The remaining 7/34 (21%) consultants had never come across a patient on co-trimoxazole prophylaxis following a renal transplant overseas.

Thirteen out of 31 (42%) consultants questioned reported that none of their patients who received their renal transplants abroad were found to have been started on prophylaxis or treatment for cytomegalovirus (CMV) post-transplant. Fourteen of 31 (45%) consultants who replied believed that only a few of their transplant patients had returned from abroad on CMV treatment or prophylaxis. The remaining 4/31 (13%) consultants who answered this question said that CMV prophylaxis and treatment had been started in most patients returning from having renal transplants abroad.

Seventeen out of 33 (52%) consultants questioned had never encountered patients being started on anti-fungals post receiving a kidney transplant abroad, whereas 13/33 (39%) thought only a few of their patients had received anti-fungal prophylaxis as part of their post-transplant

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