In the commentary article “Shifting to Other Justice Issues: Examining Listing Practices”, Denise Dudzinski responds to a proposal written by David Steinberg, who has a unique idea as to how to increase the organ donation population. Although Steinberg has good intentions with his idea: healthy patients promising their organs for donations, in return they would be considered higher on the transplant list should they need an organ for transplant; Dudzinski’s opinion is one that, although the idea has merit, it is only pacifying one problem while creating others. Dudzinski offers some solutions for the problems that minorities face with the allocation process. One of the proposed ideas is a motivational approach, which recognizes transplant teams who can develop listing criteria and make it equally available to all people in their community who are considering organ transplantation. Dudzinski also asks that we take a look at the method for which transplant patients are assessed. There are only a small percentage of patients who do not actually make it on the transplant list after evaluation; however they may wait for long periods of time for an organ. Dudzinski feels that perhaps due to relationships formed between these patients and the center from which they seek care, they may be listed out of a sense of duty, even if transplantation is not the best option. Social assessment as well as psychological assessments can help determine the patient’s
eligibility as well. If patients were made to follow strict guidelines such as abstaining from smoking, drinking, and using drugs, then it would be in the hands of the patient to adhere to these guidelines and it would appear that it is not an institutional decision, but a personal one. Another form of “psychosocial assessment” is an increased treatment plan. For some patients with many medical problems, the need for a transplant being one, could have an option of getting an “extended criteria” organ. These organs are not ideal for extending someone’s life for long periods of time, but it can help those patients who want to hang on until some other illness hinders their ability to be as healthy as possible. This will also help, according to Dudzinski, with getting some of the names off the transplant waiting list. Minority patients rarely get listed on the transplant list due to insufficient healthcare guidance, but when they are entered on the list they are less likely to receive an organ. UNOS has employed a new policy that lowers the criteria as far as matching a recipient to an organ, which has improved the availability to minority patients. In closing, Dudzinski believes that it is up to the transplant teams to recognize and tackle the inequality that surrounds the current listing criteria. By doing so, it will lower personal judgment supported by an institution, and it will raise the confidence of the community, thereby, boosting the community’s awareness of the need for donations (Dudzinski 35-36).

Reactions

This commentary brought to light many things that I did not realize were issues. I never thought about the listing criteria as it pertained to the general public, much less the minority population. It seems that better healthcare does indeed help with the knowledge one needs at finding all available resources when one is terminally ill. Recognizing
facilities and groups for their level of commitment when it comes to showing how fair they are seems a bit redundant, but perhaps what people want is acknowledgement, and if that is what it takes to help people find the best care, then it would seem that it could be the least of what the medical community could do. With regards to the transplant criteria, I never knew that not having the transplant would be an option for some people. It would be in the patient’s best interest to invest time on this decision. Is it worth the wait, or should they consider other alternatives? I also did not know about extended criteria organ donation. This venue makes perfect sense for someone whose quality of life is in the balance now, but is not expected to live to the full potential even with a “perfect” donor organ. This would seem to alleviate a small percentage of the waiting list and give the healthiest organs to the ones who would benefit most, such as pediatric patients. Some patients feel like they are at a disadvantage, when truly they are not. With a criteria based program, patients will feel like they have a fair chance when they are being evaluated for the transplant waiting list, instead of feeling as if their chances with the evaluation process are based on social standing. Understanding that there are strict guidelines in place for everyone in need of a transplant may inspire some to lead healthier lives.

Quotes

“[Steinberg’s]...proposal trades one constellation of injustices for another and misses the inequities patients, especially minority patients, face during transplant evaluation” (Dudzinski 35).

“Psychosocial listing criteria ostensibly serve a “gatekeeping function” by screening patients who are likely to suffer poor transplant outcomes” (Dudzinski 35).

“One way to insure just allocation of deceased donor organs is to ensure that
psychosocial criteria are openly stated and consistently applied” (Dudzinski 35). “Public accountability is impossible without formal criteria and perceptions of injustice are likely to perpetuate” (Dudzinski 36).

“While programs will inevitably come under scrutiny for prioritizing one justice commitment (e.g., listing more minority patients) over another, they will also demonstrate their dedication to equitable access to transplant” (Dudzinski 36).

“Transplantation may not be the best option for some patients, but they often need the transplant team’s help to discover this. (Dudzinski 36).

“When black patients believe that organ transplantation is a service for them too, they may wish to participate in the reciprocal altruism of Steinberg’s opt-in system” (Dudzinski 36).