



July 17, 2009

LETTERS; A Long Line for Transplants: Is It Fair?

To the Editor:

Re "A Better Way to Get a Kidney," by Daniel Asa Rose (Op-Ed, July 11):

There is no silver-bullet solution for the tragedy of long waits and deaths on the waiting list for kidneys. Mr. Rose proposes that we immediately change the system so that people would have to opt out of donating organs rather than opt in.

In Spain, which Mr. Rose cites, and many of the "presumed consent" countries, families are still asked about organ recovery and must give their consent. These practices essentially mirror what happens in the United States. Also, the American rate of donors per million population is better than in the "presumed consent" countries, with the exception of Spain, largely due to its higher death rates.

The mythology of "presumed consent" is a distraction. We should be focusing on enabling individuals to register as donors at the Department of Motor Vehicles and ensuring that their choice to donate is honored by law and fulfilled. Most important, valuing each donor's gift of a kidney and maximizing the life of that kidney in the recipient need to be much higher priorities. If they were, our lists could be remarkably shorter and deaths far fewer.

Thomas Mone

Los Angeles, July 11, 2009

The writer is chief executive of One Legacy, a nonprofit donor network.

To the Editor:

What stands between patients on transplant waiting lists and the organs that could save their lives is not so much bad policy as it is insufficient public trust in the organ donation process.

To suggest that donor organs end up more quickly in the bodies of celebrities or in clawing combatants who manipulate the system is to create an inaccurate picture sure to move an already suspicious public one giant step away from a solution like presumed consent.

Perhaps the best way to get a kidney is to spread the simple truth: Those who seek organs are not body snatchers. They are numbers, drawn from a meticulously derived waiting list, who do not cheat or connive, but exist in daily hope that people will trust enough to give them life.

This fact is less juicy than the question of whether Steve Jobs jumped the line, but its accuracy will do a lot more to advance organ availability.

Amy Silverstein

Chappaqua, N.Y., July 12, 2009

The writer, who had a heart transplant, is on the board of directors of the United Network for Organ Sharing.

To the Editor:

Daniel Asa Rose says that with "a few changes in our attitudes and laws" -- like pursuing mechanical organs and stem cell research -- we "could open the floodgates for organs." That is misleading.

We are a very long way from growing implantable organs. Research money for this and for building implantable artificial lungs, hearts, livers and kidneys is not just there for the taking but must compete with major killers like cancer, H.I.V. and diabetes.

Changing the law in a multicultural society like ours to presumed consent would face huge obstacles and public distrust not encountered in culturally homogeneous societies like Spain and Norway.

Finally, "first come first served" is not, as Mr. Rose asserts, "the American fantasy." Although not perfect, organ allocation in the United States reaches a level of fairness based on need and time on the waiting list that is much more the rule rather than the exception.

Kenneth Prager

New York, July 12, 2009

The writer is a professor of clinical medicine and chairman of the Organ Donor Council and the Medical Ethics Committee at Columbia University Medical Center.

To the Editor:

Daniel Asa Rose says dialysis leaves patients "with an enervated excuse for a life." As one of the hundreds of thousands of Americans undergoing hemodialysis, I reject that categorization.

Dialysis isn't easy -- there is pain each session when a pair of 15-gauge needles are inserted in my arm and removed three hours later, but if a patient follows the appropriate diet and fluid restrictions, the remaining part of life is no different from anyone else's.

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