

The Opinion Pages

Editorial

Published February 27, 2011

Transplants and Rationing

The number of kidneys available for transplants falls far short of the need, so there is no choice but to ration them. An emotionally difficult proposal to change the first-come-first-served transplant system makes good sense.

There are nearly 90,000 people on waiting lists to receive kidney transplants, and in 2009 there were only some 10,400 kidneys from dead donors to give them. And about 6,300 kidneys were transplanted from living people who donated one of their two kidneys and usually specified the recipient.

Currently the kidneys from dead donors are provided, through an organ procurement and transplantation network, to people who have been waiting the longest. That may seem fair since many transplant candidates wait for years, and some die while waiting.

But the system has serious shortcomings. Some elderly recipients get kidneys that could function far longer than they will live and that could have done more good for a younger recipient. Some younger recipients get kidneys that will fail and will need to be replaced, using up another scarce kidney.

These problems could be eased through a proposal under consideration at the transplant network to better match the likely longevity of the patient with the likely functional life of the kidney.

The patients and kidneys would each be graded separately. About 20 percent of the kidneys predicted to have the longest functional lives would be provided to the youngest and healthiest patients. The other 80 percent of kidneys would go to patients who are no more than 15 years older or younger than the donor.

The approach seems likely to make it harder for elderly people to get a kidney. But when kidneys are already scarce — and apt to get scarcer as much of the population ages and sickens — it is a rational choice.