

Foreword

The procurement, allocation, and transplantation of human solid organs have undergone enormous change during the 15 years since enactment of the National Organ Transplant Act in 1984. The number and type of human organ transplants continue to increase rapidly. Although transplantation is increasingly effective and the quality of life of transplant recipients continues to improve, the total number of donor organs available falls significantly below the need for them. The resulting tension between supply and demand has raised many questions about organ procurement and transplantation policies.

In the fall of 1998, Congress requested that the Institute of Medicine (IOM) conduct a study to evaluate the potential impact of pending regulations developed by the Department of Health and Human Services on a set of important specific issues related to organ procurement and transplantation. The study was conducted by a committee of recognized experts who volunteered their time to provide an objective scientific analysis of the issues and the available relevant data. In assembling the Committee on Organ Procurement and Transplantation Policy, the Institute cast a broad net, asking for suggestions from all relevant parties. The committee that was appointed, and who authored this report, includes experts representing many areas of science, health, economics, ethics, and patient concerns. The committee does not include any currently practicing solid organ transplant surgeons. This was done to avoid direct conflicts of interest and out of a concern that the strong viewpoints publicly expressed by many transplant surgeons might adversely affect the objectivity of the committee's deliberations. The committee did, however, have access to and receive input and technical assistance from transplant surgeons, experts on organ procurement, donor's families, and transplant patients.

The committee conducted information-gathering sessions in two publicly announced open meetings. The organizations and individuals who made presentations are listed in Appendix A. In addition to these open meetings, the committee received a large amount of written material from a variety of sources,

and conducted original research and analyses on an extensive data base provided by the United Network for Organ Sharing. The committee carefully and thoroughly evaluated the information available in making its assessment, reaching conclusions, and developing recommendations. During the course of the study, one committee member elected to resign when he learned that the organization that employed him was considering a letter of intent for the Organ Procurement and Transplantation Network contract, thus creating the possibility of a perceived conflict of interest.

As part of the normal process of developing an IOM report, an additional group of independent peer reviewers—who were not known to the committee during the report review process—then reviewed the committee’s report to ensure that it met institutional standards for objectivity, evidence, and responsiveness to the study charge. This process involved review by individuals who had expressed strong opinions with regard to existing transplantation policies and procedures, as well as the pending Final Rule. The reviewers were selected to represent a broad range of quite different perspectives. The committee considered the reviewers’ criticisms and suggestions in the course of finalizing its report as required by National Research Council procedures, but the report’s conclusions and recommendations are solely those of the committee.

The committee worked under an extraordinarily tight deadline to provide its report to Congress during the current legislative session. Nonetheless, the report is thorough, comprehensive, and thoughtful, and reflects the unanimous view of the committee. We are deeply grateful to this hard-working group of volunteers who completed a difficult and challenging task in a timely and effective manner.

Kenneth I. Shine, M.D.
President, Institute of Medicine