Liver allocation in Switzerland

MOSIMANN, François, et al.


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LETTERS TO THE EDITORS

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To the Editors:

We wish to draw your readers’ attention to the article by Kadry et al entitled “Transplant Legislation: Ethical and Practical Issues in Liver Allocation—The Case of Switzerland” 1 because it expresses personal views, rather than those of the Swiss transplantation community. Several of the investigators’ opinions are not shared by the other three Swiss liver transplantation centers in Bern, Geneva, and Lausanne and do not fit in with the conclusions of a recent PubliForum organized by the Swiss Centre for Technology Assessment, the Federal Office of Public Health, and the Swiss National Science Foundation.2 Because this Swiss domestic issue is certainly of marginal interest to an international readership, only a few points raised by Kadry et al are addressed here.

It is expected that the future federal law will delegate many tasks, including the allocation of organs, to Swisstransplant. It is unlikely that such trust in this foundation would be envisaged if it was running transplantation activities as poorly as the investigators infer.

Kadry et al express ethical concerns about a liver allocation process that is not unique to Switzerland. France and Spain, to name just two examples, have a similar system, allowing them to serve more patients than countries working according to the investigators’ views.

Kadry et al claim transparency on the one hand and write that a public debate on organ donation is to be avoided on the other. Such a paradoxical statement is all the more difficult to understand because a thorough debate has taken place in the Italian-speaking part of Switzerland,3 where the donation rate is close to that of the world-record Spanish figures.

Fiddling with an allocation system that functions well to improve transplantation access equity is an energy-wasting illusion because this will not increase the donor pool. The real challenge in Switzerland is for the French-speaking and, even more, the German-speaking areas to catch up with the remarkable donation rate achieved in Italian-speaking Ticino. In addition, if “waiting lists reflect the population density within the given area around a specific center, as well as its referral area,”1 this should also hold true for the number of donors generated by this specific center. At present, this is not the case at every Swiss center.

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To the Editors:

The letter by Mosimann et al reflects a resistance to the reevaluation process generally viewed as necessary for the elaboration of any new transplant legislation. Mosimann et al state that the Swiss transplantation community does not share our opinion relating to a patient-based allocation system being potentially beneficial for Switzerland compared with the current center-based attribution of livers. However, they fail to mention that the Swiss Federal Government recently requested an external and independent evaluation of the current structure and performance of organ transplantation in Switzerland. Conclusions of this study corroborate our view that the present system of center-based liver allocation is not equitable and penalizes patients on larger waiting lists. A patient-based attribution system was recommended for liver allocation. Furthermore, the main criticism expressed during the legislative procedure was the lack of transparency in organ attribution in a center-based liver allocation system.1 The last press communication from the Swiss Department of Interior clearly states that organ attribution within the proposed new transplant law will be patient based through a National Allocation Service.2

The University of Zurich currently has the largest liver transplant waiting list and is a highly active liver transplant program. The deficit in liver attribution is being addressed through improvement in local public information on organ donation and the initiation of a successful living related liver transplant program. We also point out that although PubliForum,3 mentioned by Mosimann et al, is a useful measure of Swiss public opinion, it is only one measurement among a large number of studies and evaluations to be analyzed by the legislators.

With reference to other points raised by Mosimann et al, we emphasize that no criticism was ever implied relating to Swisstransplant, which is the forum through which a structure in transplantation was built in Switzerland. The University of Zurich also has a leadership position and forms an integral part of Swisstransplant. There presently is a unified consensus to have Swisstransplant, until now an independent foundation, act as the future National Transplant Organization, equivalent to its American counterpart, the United Network for Organ Sharing, with a rotating mandate and presidency of the various medical committees.

The question of public debate possibly having a negative impact on organ donation has been well documented in other countries and was quoted to emphasize the paradox faced by the transplantation community.4,5 Improvement in organ donation is a prime focus that needs to be continually addressed, but we should not ignore discrepancies in organ attribution in a country such as Switzerland, which has a population of 7.3 million, because this would only accentuate the organ donor penury. Contrary to Mosimann et al, we do not view improvement in transplantation access equity as an “energy-wasting illusion.”

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References