Patient preference and racial differences in access to renal transplantation

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Summary: A stratified sample of patients aged 18 to 54 (n = 1,392) with end stage renal disease were interviewed with regard to their views on transplantation and experiences with medical care 10 months after beginning maintenance treatment with dialysis. Follow-up continued for up to 4 years. Fewer black than white patients wanted to receive a transplant; for women, 76.3 vs 79.3% respectively; for men 80.7 vs 85.5 respectively. Black patients were also less certain about their preference. Rates of referral to a transplantation centre were significantly lower for black patients (50.4 vs. 70.5% for women, 53.9 vs 76.2% percent for men; both p < 0.001), as were rates of placement on a transplant waiting list (31.3 vs. 56.5% for women, and 35.3 vs. 60.6% for men; both p < 0.001). There was no effect of factors including preferences and expectations about transplantation, sociodemographic characteristics, the type of dialysis facility, perceptions of care, health status, the cause of renal failure, and the presence or absence of coexisting illnesses on the significance of these results.

Comment: The authors of this paper have examined possible reasons for the lower rates of renal transplantation in African American compared with White patients in the US. Fortunately the research looked at both patient preference AND provider factors and found that more of the ethnic disparity was explained at the ‘Provider level’. We hear the same claims from clinicians here in NZ that Māori prefer not to receive donated organs on the basis of our ‘culture’. Yet there is little evidence to confirm such claims. In fact, anecdotal stories from Māori suggest that clinicians play an important role in deciding whether or not a person goes onto transplant waiting lists. As the authors state, doctors should ensure that people who desire transplantation are fully informed and referred for evaluation.

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