

# Māori Health Review

Making Education Easy

From Issue 5:2 – 2007

## Patient preference and racial differences in access to renal transplantation

**Authors:** Ayanian JZ et al

**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.

**Reference:** *N Engl J Med* 1999. 25; 341(22):1661-9

<https://content.nejm.org/cgi/content/abstract/341/22/1661>

## Independent commentary by Dr Matire Harwood

*Dr Matire Harwood (Ngapuhi) has worked in Hauora Māori, primary health and rehabilitation settings as clinician and researcher since graduating from Auckland Medical School in 1994. She also holds positions on a number of boards, committees and advisory groups including the Health Research Council. Matire lives in Auckland with her whānau including partner Haunui and two young children Te Rangira and Waimarie.*

**Research Review publications are intended for New Zealand health professionals.**

**Disclaimer:** This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

## Subscribing to Māori Health Review

To subscribe or download previous editions of Māori Health Review publications go to:

[www.maorihealthreview.co.nz](http://www.maorihealthreview.co.nz)

