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Policy Forum
The Waiting List for Organs Is Not Necessary
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On average, 17 Americans die every day waiting for a life-saving organ [1]. Other Americans die of catastrophic injury or illness who would be good candidates for donation, but, often because of ignorance of the opportunity or poor systems of care, they take their organs with them to the grave. There are over 80,000 Americans now on the waiting list for organs, and they are hopeful that time will not run out on them.

Our federal government, through the auspices of the Division of Transplantation of the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services, has begun an initiative that can now offer these patients more hope. HRSA began a breakthrough collaborative in September of 2003 after then-Secretary of Health and Human Services Tommy Thompson believed that action was needed to save more of the lives on the list. Although the number of donors was growing at a rate of about 2-3 percent per year, the number of those waiting for a transplanted organ was growing at a faster rate.

Leaders at HRSA called on large hospitals (where most potential donors could be found) and organ procurement organizations (OPOs) to work together to improve the donation rate. The national average of donation by eligible donors in 2003 was about 48 percent, and Thompson issued a bold challenge to increase the rate of donation to 75 percent. To help reach this goal HRSA teamed up with the Institute for Healthcare Improvement (IHI), an organization known for its use of quality improvement techniques and rapid cycle change. HRSA staff went to the IHI’s Breakthrough College and learned their technique for change.

HRSA then convened a group of national experts in donation and quality improvement from hospitals and OPOs to implement the IHI techniques and recommendations. The results in the first year were so exciting that a second collaborative kicked off in September of 2004. A total of 200 teams worked for a 20-month period with the official collaboratives ending in May of 2005. The results have shown that in the first 12 months the national rate of donations was up 12 percent [1]. In the 20 months that the programs were running 1400 more lives were saved than would have been under traditional methods of procurement [1].

The collaboratives were successful because they took motivated people seeking a common goal, taught them proven ideas and practices, and allowed them to test these changes within their organizations. HRSA is now embarking on a transplant collaborative to increase the yield of organs per donor. In combination with the donation collaborative, workers in the field no longer believe that the waiting list
needs to exist in its current form and are looking forward to the day in the not too distant future when there will be an organ available for every American who needs it.

**Reference**


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