Transplantation for Undocumented Immigrants: Time to Change the Way the Story Ends

By Areeba Jawed

Transplantation outcomes have also been explored in other solid organ transplantation settings; for example, in one study the liver and graft survival among unauthorized immigrants was comparable to that in citizens/residents (8).

Inherent limitations of all these studies include that the classification of non–US citizens and non–US residents is based on self-reporting and thus they are at risk for misclassification; furthermore, owing to the tenuous path to organ transplantation, there may be a selection bias to include recipients with better financial and social support, which would explain the optimal transplantation outcomes. Nonetheless, undocumented residents appear to protect their transplanted organs just as well as citizens, resulting in better outcomes.

Patient perspectives
Even though a greater percentage of Hispanics have kidney failure, disproportionately fewer Hispanics than whites receive a living donor kidney transplant (9). In addition to system-level barriers mentioned previously, studies have explored the knowledge and attitudes of undocumented immigrants toward organ donation.

Baru et al. interviewed 59 undocumented immigrants from Chicago in a qualitative study and concluded adequate knowledge among 65% of participants (10). The study participants showed a willingness to donate despite being suspicious of the healthcare system and in the face of the knowledge that they had few chances of receiving organs themselves.

In a study of the illness experience of undocumented immigrants receiving dialysis, many participants wanted to undergo transplantation and had family members interested in donating a kidney; yet, they lacked access because of insurance-related reasons. They were aware of the double standard concerning organ donation and their ability to donate after death despite their ineligibility to receive organs (11). Other studies among Hispanic populations have also identified lack of knowledge, financial barriers, and logistic barriers to organ donation (12, 13).

Ethical analysis

Right to healthcare
Those who oppose undocumented immigrants’ right to healthcare do so on the basis of the immigrants’ illegal status in the country and have concerns regarding their financial contributions to society (14, 15). Furthermore, others believe that by offering free healthcare to undocumented immigrants we may be extending an invitation for abuse of limited healthcare resources, resulting in an unfair burden on society (15).

Proponents argue that access to healthcare is a basic human right that should be granted to all. Several studies have shown transplantation to be cheaper than emergent dialysis, making it the more financially feasible option for society (16). It is imperative to mention that undocumented immigrants do contribute financially in the form of nearly $12 billion in taxes, with $2.4 billion directed toward Medicare, contributing substantially more than what they withdrew in comparison with citizens. They also generate a surplus in the magnitude of billions in Social Security programs, which they are unlikely to claim (17).

Beyond the scope of this article, but prudent to mention here, is that the right to healthcare in the United States even for citizens is under debate because it would mean nearly universal healthcare coverage. That is not the case, despite
the obligation many physicians feel to provide such care.

A healthcare system that readily accepts organs for donation from a subset of the population without addressing their inability to receive organs seems grossly unjust. No comprehensive data on the citizenship status of organ donors is available from procurement organizations, although studies show that undocumented immigrants are more likely to donate than they are to receive (18).

According to OPTN data, illegal immigrants contributed as much as 2.5% of all donations between 1988 and 2007 but received only 0.63% of the organs. One would expect that with this knowledge, fewer individuals would donate; however, studies have shown high donation rates despite the awareness of this double standard (10).

### Rationing of limited resources

Opponents argue that organs are a limited resource and should be rationed to legal residents who are most likely to benefit from them and demonstrate the highest need. Studies have reported that undocumented immigrants are more likely to have living donors, the majority being healthy family members (6); hence, they are less likely to affect the organ pool. Furthermore, they contribute as living and deceased donors; however, their ability for living donation is limited.

Undocumented immigrants who receive transplants have transplantation outcomes comparable with those of citizens and are more likely to be employed, consistent with judicious use of organs, resulting in maximum benefit to recipients.

### Conclusion

Making transplantation available to undocumented immigrants with kidney failure is the ethical, humane, just, and economically feasible path to take. The United Network for Organ Sharing needs to develop a transparent policy reflective of public opinion when it comes to transplantation in undocumented immigrants. Efforts should be made to highlight their economic contributions to society, their minimal use of healthcare resources, and their continued contribution to the organ pool, which exclusively benefits citizens. We must at least advocate for living donation in this disadvantaged population, allowing them to continue to be productive members of society without tapping the organ pool.

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### References