



ASTS Responses to OPTN Proposals Open for Public Comment

March 15, 20203

[Ethical Evaluation of Multiple Listing – White Paper](#)

The ASTS strongly opposes the OPTN Ethics Committee white paper proposal of limiting patients' access to multiple listing. The central argument in this paper is that the OPTN should restrict multiple listing based on the principle of equity. What is interesting is that the Ethics Committee affirms the ethical justification of multiple evaluations based on patient autonomy to find the center that aligns with their needs, preferences and clinical characteristics because the exact same inequity that the committee is concerned about with multiple listing (e.g., limited to patients with the resources to travel to additional transplant programs for evaluation, attain lodging, receive time off work and potentially pay for an additional transplant evaluation) is present with multiple evaluations. The assumption made in the introduction to the paper is that only patients with financial means have access to the practice of multiple listing because of the amount of time and money it costs to be listed in multiple places. While some patients may choose multiple listing solely because they can afford to do so, other patients may opt for multiple listing for other reasons. They may, for example, have family members in the vicinity of another transplant center meaning they have social support and lodging in two places that have access to transplant centers. They may choose two transplant centers that are geographically close to each other but have varying acceptance practices (e.g., one uses a high number of DCD organs, and one uses a high number of extended criteria grafts). Basing the ethical analysis of multiple listing on equity concerns about potential recipients ignores the fact that there are significant differences about the distribution of transplant centers across the US. While it may be financially prohibitive for some patients to travel by plane, it may be very feasible to travel by car to different centers.

Restricting multiple listings limits patients' autonomy is in direct conflict with the Final Rule. If organs are allowed to freely travel across the US to eliminate geographic disparities, why should patients be restricted in choosing their transplant center(s)? Both practices aim at maximizing the chances of obtaining a transplant. The patient listed in multiple centers, is still listed in each single location according to the same universal criteria and can still only receive one organ for transplant. These patients are not taking away a unique resource or cheating the system. Moreover, albeit still in need of improvement, many efforts have been made to assure that patients are properly informed about the characteristics of the transplant center they choose. Any patient should be allowed to decide whether, based on the available information about the transplantation metrics of different centers, to opt to enhance her chances of transplantation by adding another center to the one where she is already listed. This might happen within the same urban area or across state lines. Limiting this decision seems to also nullify any efforts to inform our patients about the characteristics of the center where they are listed. The ASTS recognizes that there may many different reasons that bring patients to multiple listing and values patients' autonomy in making decision regarding which center to choose. This decision about where to seek listing for transplantation should be the sole prerogative of the patient and not regulated by UNOS/OPTN.

ASTS Position: Strongly Oppose