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Discrimination in United States Kidney Transplant Practices

African-Americans, Women and the Poor Less Likely to Receive Potentially Life-saving Transplants

WASHINGTON, D.C. -- African-Americans, women and the poor are much less likely to receive kidney transplants than other Americans, even if they have adequate health insurance, according to a landmark study published in the Oct. 7 issue of the *Journal of the American Medical Association*.

“This study exposes just how discriminatory the U.S. health care system can be, even for those with health insurance,” said Dr. Peter Lurie, a medical researcher at Public Citizen’s Health Research Group. “These shameful biases in American medicine must be eliminated by, for example, using case managers to help African-Americans, women and the poor navigate the system more efficiently. Providing more information to patients on the transplantation process and developing a national data base to track the progress of patients in the End-Stage Renal Program are also essential.

“This study does not suggest that the program should be scaled back; rather, it suggests areas that must receive renewed attention if the program is to have its maximum impact.”

The study, conducted by Drs. Caleb Alexander and Ashwini Sehgal of Case Western Reserve University School of Medicine, examined kidney transplantation rates in Indiana, Kentucky and Ohio between 1993 and 1996. It is the first to look at how these rates differ by ethnicity, gender and income at each stage of the transplantation process, from 1. being declared medically suitable for transplantation to 2. expressing interest in receiving a transplant to 3. undergoing a pre-transplantation workup to 4. actually receiving the transplanted organ.

Ralph Nader, Founder

Even after controlling statistically for such factors as age, years on dialysis and cause of kidney failure, the different rates at which the groups completed each stage in the kidney transplantation process persisted. For example, individuals living in low-income zip codes were 22 percent to 33 percent less likely to complete the first three steps in the four-step process. African-Americans were 32 percent to 50 percent less likely to complete the last three steps in the process.

“The Medicare End-Stage Renal Program provides life-saving services to the thousands of Americans with serious kidney disease and demonstrates what can be accomplished with comprehensive health insurance,” Lurie said. “This is in marked contrast to the cruel situation today in which 43 million Americans without serious kidney disease find themselves uninsured, with countless millions more underinsured.

“But this study demonstrates that insurance alone will not solve the problems of discriminatory health care in this country. For the Medicare End-Stage Renal Program to achieve its full potential, more attention will have to be paid to remedying the causes of the unjustifiable discrimination so clearly demonstrated at each and every step of the transplant process in this excellent study.”

The study described is: Alexander GC, Sehgal SR. Barriers to cadaveric renal transplantation among blacks, women and the poor. *Journal of the American Medical Association*, October 7, 1998.

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