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One Surgeon's Twist On Kidney Donations

By LAURA MECKLER
October 15, 2007

As the concept of paired kidney donation gains steam, one surgeon is already working on a twist. Michael Rees, a kidney-transplant surgeon at the University of Toledo, wants to arrange patients and their donors in a domino series of transplants, what he calls a "never-ending" chain.

It starts with an altruistic donor -- a person who shows up at the hospital offering a kidney but without any specific recipient in mind. (There were 71 cases like this last year, and a total of 478 since 1998, when the first such donor was recorded.) These people's kidneys are usually given to the next person waiting on the list for a deceased-donor organ.

Instead, Dr. Rees wants an altruistic donor to give his kidney to a patient who has a willing donor who isn't a medical match. After that, the mismatched donor would "pay it forward" -- giving to another patient with an incompatible donor, and so on. Dr. Rees, 44 years old, is in the midst of the first such chain now.

"The way we currently do altruistic donation is that one person gives one kidney to one person on the deceased-donor waiting list and that act of altruism ends there," Dr. Rees says. His way, he says, can create a "never-ending altruistic donor chain."

He admits there are drawbacks. First, if the transplants aren't performed simultaneously, a promised donor might back out after their loved one receives a kidney. Donor advocates say that donors should be allowed to change their mind at any time, but if their loved one has already received a transplant, that could put huge pressure on them to go through with the surgery.

Dr. Rees acknowledges that there's also a chance that someone who never intended to donate might intentionally try to cheat and says careful screening of potential donors is essential.

Also, his system means that the altruism of the original donor will benefit those lucky enough to have willing donors rather than those who have been waiting, possibly years, for a kidney from the deceased-donor list. "By choosing to allocate to people with incompatible living donors, you are making a choice not to allocate fairly to everyone who needs a kidney," he says.

Dr. Rees is working to make a name for himself in the growing field of paired kidney donation. After several years with another surgeon in an Ohio-based network, he broke ties last year and is now trying to get hospitals to join his Alliance for Paired Donation.

His network has enabled eight transplants so far, including four that were part of Dr. Rees' first "never-ending" chain, which began in July when an altruistic donor from Michigan gave a kidney to a woman in Arizona. The Arizona woman's husband later gave to a young woman in Toledo, whose mother donated to a woman in Columbus. The Columbus woman's daughter donated to a Columbus man, whose sister is preparing

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to donate to someone else.

Dr. Rees now is competing for hospitals with his former network, the North American Paired Donation Network and with one run by the New England Organ Bank. They are all hoping centers will list their incompatible pairs with them. The more pairs a network has, the better the chance of making matches.

Patient advocates and many surgeons hope that eventually there will be a single national network to match up pairs.

Write to Laura Meckler at laura.meckler@wsj.com

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