

NIK on transplants

The Supreme Audit Office confirms that the system of qualifying patients for transplantation operates efficiently and excludes persons outside the National Waiting List from transplant procedures. The sequence on the list is determined only by medical criteria. Only direct danger to life provides the possibility of making a transplant out of order, however upon placing a relevant note on the National Waiting List.

A slow growth in the number of transplants has been recorded since the time of their slump in 2007. Until 2010, the number of organ transplants from deceased donors went up by 38.5% (from 943 in 2007 to 1306 in 2010). However, as compared with 2006 this number increased only slightly – by 7.2% (1218 transplants were carried out in 2006). In the same period the list of persons waiting for organ transplants became longer by 18% (from 1630 to 1923). The list of patients waiting for the kidney transplant remains the longest one. The time from the first dialysis to the transplantation is three years on average and from the enrolment on the Waiting List it is 7-12 months. In 2007-2009, the average waiting time for a planned liver transplant was 5 months (it has to be remembered, though, that the liver transplant may not be supported with substitute treatment, as e.g. in kidney failure).

The basic problem of the Polish transplantology is a too small number of organs for transplantation in relation to the number of persons waiting for the transplant. Hospitals register maximum 2 percent of all deceased in a given medical care institution as potential donors. To increase the chances of persons waiting for a transplant, hospitals should be more active in the process of identifying deceased persons as potential donors. Some hospitals register a dozen or so donors per year with Poltransplant (organisation responsible for the arrangement of transplants). Other institutions of similar size register only a few donors. Others do not register anyone.

The hospital directors, explaining little activity of their institutions, enumerate many reasons of that situation: an extraordinarily complicated procedure for determining the brain death, objection of the family or the lack of hospital wards being critical for obtaining the organs from the deceased (neurology, neurosurgery, Intensive Therapy Unit and Critical Care Unit). The issue is also complicated by the lack of cooperation between individual hospital units and insufficient knowledge of some doctors in terms of donor registration procedures. NIK emphasises, though, that the biggest impediment remains the lack of transplant coordinators in hospitals. There are 410 hospitals in Poland, in which it is possible to identify dead persons as potential organ donors. Poltransplant has trained 249 coordinators to date, however only 70 of them were hired at relevant positions. The legal basis of the functioning and financing of coordinators need to be further specified immediately. NIK points out that due to the special nature of their work it is important that the coordinators have appropriate working conditions. First of all, they should have acceptance of the medical staff and the management as well as stable remuneration.

Also some actions promoting family transplants as an important and effective treatment method are critical for the transplantation development in Poland. The number of organs (of kidneys and liver) procured from living donors is still very small and does not considerably reduce the shortage of these organs for transplantation. According to NIK, there is still a chance to increase the number of transplants from living donors, above all by activities propagating this treatment method with regard to patients' families. Within the last four years 115 kidneys in total were procured for family transplants, that is only 3.4 % of all kidney transplants in that period (3354), whereas in some countries that share is more than 45 %.

The number of persons waiting for the bone marrow transplant grew almost twice in the period 2007 - 2010 (from 315 to 619). At the same time the number of bone marrow transplants from unrelated or family donors went up from 292 (2007) to 397 (2010). The ratio of transplants from donors in some years reached even 60 percent but only a small percentage of them came from the Polish registers (1/5 on average).