

OPTN Living Donor Committee Psychosocial Evaluation Workgroup

Meeting Summary

August 28, 2025

Conference Call

Steve Gonzalez, MD, Chair

The OPTN Living Donor Committee Psychosocial Evaluation Workgroup met via teleconference on 8/28/2025 to discuss the following agenda items:

- Review Scope and Background
- Review Policy 14 and Member Evaluation: Living Donation
- Review Available Data
- Discussion: Data Request
- Next Steps

The following is a summary of the Workgroup's discussions:

1. Review Scope and Background

No decisions made.

Summary of Presentation:

The inaugural meeting of the OPTN Living Donor Psychosocial Evaluation Workgroup convened to address a recent increase in reported suicides among living organ donors.

The Workgroup was formed in response to a memo request to Living Donor and Patient Affairs leadership from the Membership and Professional Standards Committee (MPSC) to determine whether there is a systemic issue contributing to post-donation suicides. Between October 2024 and August 2025, six such deaths were reported—four initially and two more after the memo was sent. These events are classified as patient safety incidents (reported within two years of donation). The group's charge is to assess current psychosocial evaluation policies, create a data request, and determine whether updates or new guidance might be needed.

Staff presented anonymized details of the six cases, noting that five involved kidney paired donation (KPD) and four were non-directed donors. Staff discussed the limitations of available data due to ongoing investigations and peer review protections. Research staff provided comparative data showing that the recent suicide rate among living donors exceeds previous years.

Summary of discussion:

No discussion.

2. Review Policy 14 and Member Evaluation: Living Donation

No decisions made.

Summary of Presentation:

Policy staff reviewed OPTN Policy 14: Living Donation, which mandates psychosocial evaluations but lacks specificity in protocols. The policy references psychiatric illness, depression, and suicide attempts but does not prescribe how evaluations should be conducted. It also includes informed consent language about emotional risks and exclusion criteria for psychiatric conditions and suicidality.

Member Quality staff explained how site surveys assess compliance with OPTN policies. Programs are audited using random samples of donor records, and any noncompliance—such as missing documentation of psychosocial evaluations—is flagged for corrective action. The role of the Independent Living Donor Advocate (ILDA) was emphasized as a safeguard to ensure donors are informed and supported.

Living donor deaths are classified as required reportable events and are investigated by the MPSC. Staff detailed the inquiry process, including requests for evaluation summaries and post-mortem reviews. Staff from (Health Resources and Services Administration) HRSA added that these events are serious and emphasized the need for communication with transplant centers to mitigate suicide risk.

Summary of discussion:

3. Review Available Data

No decisions.

Summary of Presentation:

Staff reviewed data detailing the current number of transplant programs with approved living donor components, volume of living donor transplants by organs in 2024, and number of living donor deaths within two years of donation from FY 2020 - FY 2024.

Additionally, staff reviewed relevant policy and available data to consider:

- Living donor deaths must be reported within 2 years under the Patient Safety Portal. "Cause of death" is collected in the submission.
- Cause of Death ("Suicide" can be selected) is required when the patient is reported as a death on Living Donor forms.
- Data OPTN data available through 2 years.
- Additional details of reported patient safety events are confidential.
- Psychosocial evaluations required in policies *Table 14-6: Requirements for Living Donor Medical Evaluations* and *14.1.A Living Donor Psychosocial Evaluation Requirements*, but not specific as to how.
- Public resources on national suicide rates are available.

Summary of discussion:

Overall workgroup discussion following the staff-presented slides is below.

4. Workgroup Discussion and Next Steps

No decisions made.

Summary of Presentation:

None.

Summary of discussion:

Several participants raised questions about the adequacy of current psychosocial evaluations. One member questioned whether transplant programs routinely ask potential donors if they are currently seeing a mental health professional. Staff clarified that while OPTN Policy 14 requires psychosocial evaluations, it does not specify the exact questions or protocols, leaving room for variability across programs.

Another member commented that individuals with depression may conceal their symptoms to avoid disqualification. She described a psychological phenomenon where individuals feel a sense of relief or happiness after deciding to take a drastic action—such as donating an organ—only to later experience a mental health crisis. The member stressed the need for more rigorous and empathetic psychological assessments that go beyond current evaluations.

Recipient Outcomes and Donor Well-being

Two members raised questions about whether donors were aware of complications or failures in their recipients' transplants, and whether such knowledge could contribute to psychological distress. The group acknowledged that data on recipient outcomes and donor awareness is limited, but agreed that these factors should be explored further.

Patterns in Donor Type and Program Practices

The group noted that four of the six suicide cases involved non-directed donors, and five were part of kidney paired donation (KPD) programs. HRSA staff highlighted a broader trend: while the overall number of living donors has remained stable, the proportion of non-directed donors has increased. He suggested that this shift might correlate with increased psychosocial risk and warranted closer scrutiny.

Emotional Aftercare and Donor Support

A member shared her experience as a transplant recipient, contrasting the rigorous psychosocial evaluation she underwent with the limited post-donation follow-up that living donors often receive. She described how donors may feel abandoned or undervalued after their procedure, especially if they are not seen by a doctor for months or years. These feelings, she argued, could exacerbate mental health challenges and contribute to suicidal ideation.

A member noted that the number of suicides in the past six months matched the total from the previous five years. She described the situation as “extraordinarily alarming” and urged the group to act.

Classification of Overdose Cases

The group also discussed a case initially classified as an unintentional overdose. A member asked whether further analysis had been conducted to determine if it should be considered a suicide. Staff explained that the transplant center had reported it as accidental, and HRSA staff added that the timing—around the holidays—and the donor's medication history raised concerns. While no definitive conclusion was reached, the case was included due to its relevance and potential implications.

Nest Steps:

Staff outlined a tentative timeline for the workgroup's activities, including two initial meetings to finalize a data request. The workgroup will continue to work to create a data request before recommending to pursue a formal policy project. The group can submit suggestions for data points and analyses to staff before the next meeting.

Upcoming Meetings:

- September 11, 2025

Attendance

- **Workgroup Members**
 - Aneesha Shetty
 - Trysha Galloway
 - Nancy Marlin
 - Steve Gonzalez
 - Garrett Erdle
 - Molly McCarthy
 - Lorrinda Davis
 - Lois Shepherd
 - Jenny Templeton
 - Laura Madigan-McCown
 - Megan Bell
 - Carrie Thiessen
 - Anja DiCesaro
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levy
 - Joni Mills
 - Ray Lynch
 - Arjun Naik
- **UNOS Staff**
 - Emily Ward
 - Lindsay Larkin
 - Lauren Mooney
 - Sam Weiss
 - Carly Rhyne
 - Houlder Hudgins
 - Tory Boffo
 - Joel Newman