

# Barriers Related to the Evaluation and Follow up of International Living Donors

*OPTN Ad Hoc International Relations Committee (AHIRC)*

# Purpose of Guidance Document

- To share the Committee's assessment and compiled practices for the evaluation and follow-up of international living donors.
  - International living donors are categorized as non-citizens/residents (NCR) and non-citizens/non-residents (NCNR).
  - The project aims to explore transplant program challenges related to the evaluation and follow-up of international living donors.
- The intent of the document is to help programs facilitate the evaluation of international living donors to ensure safe donation and comprehensive follow-up.

# Guidance Document

- **Feedback form & AHIRC's Assessment**
  - Transplant programs participated in a voluntary OPTN feedback form focused on the following barriers:
    - Communication barriers
    - Logistical barriers
    - Risk of exploitation, inducement barriers
    - Post-donation follow-up barriers
- **The intent of AHIRC's assessment is to:**
  - Bring awareness to the barriers associated with evaluation and follow-up of NCR and NCNR
  - Compile practices and relevant literature for transplant programs to consider as a resource to address these challenges

# Rationale

- The evaluation process for all living donors can be resource-intensive. For international living donors, programs conducting evaluation and follow up face additional challenges with logistics, communications, and evaluation of coercion or inducement.
- This guidance document builds off existing literature and program feedback to provide strategies for supporting the successful evaluation and follow up of international living donors.

# AHIRC's Assessment & Findings

## Communication barriers/concerns include:

- Challenges with the method of delivery and interpretation of information passed on to the potential donor and responses to the transplant center.
- Difficulties understanding and interpreting non-verbal cultural clues when communicating with the potential donor.

## Practices for transplant programs to consider to overcome these barriers:

- Utilize Health Insurance Portability and Accountability Act (HIPAA)-compliant secure communication to make initial contact with international donor-candidate and understand privacy laws in the candidate's home country.
- Utilize a trained medical interpreter to ensure accurate communication.
- Maintain transparency with donor candidates regarding any potential financial obligations that may be incurred prior to receiving donor consent.

# AHIRC's Assessment & Findings

## Logistical barriers/concerns include:

- Distance and travel difficulties for the potential donor to commute to the transplant center
- Complexities in obtaining medical records, lab work, and other documentation from healthcare providers in the donor's home country
- Financial assistance and insurance coverage for international living donor

## Practices for transplant programs to consider to overcome these barriers:

- Complete as much of the early evaluation as possible, such as initial screening, blood work, medical history, and required cancer screenings prior to the donor arriving at the transplant program.
- Provide full transparency regarding the costs of traveling to the transplant center.
- Educate potential donors and have conversations with them about any concerns associated with their NCR or NCNR status
- Determine if a potential donor understands the process to obtain a visa

# AHIRC's Assessment & Findings

Risk of exploitation, inducement, and coercion include:

- Potential exploitation, inducement, or coercion of the NCR/NCNR donor candidate
- Potential power concerns between potential donor and transplant candidate

Practices for transplant programs to consider to overcome these barriers: :

- Assess donor candidates for risk of exploitation, including those who may seek asylum or financial remuneration
- Refer to OPTN *Policy 14.2: Independent Living Donor Advocate (ILDA) Requirements* to evaluate and assess voluntariness of decision to donate
- Verify the relationship between the NCR/NCNR living donor candidate and the U.S. citizen transplant candidate, and explore any power concerns in the relationship

# AHIRC's Assessment & Findings

## Post-donation follow-up barriers/concerns include:

- The care and follow-up of the NCNR donor post-donation.
- The methods of communication with the donor and obtaining follow-up information.

## Practices for transplant programs to consider to overcome these barriers: :

- Develop a follow-up plan for care in the donors' home country prior to donation.
- Involve the donor's local physician in the planning of the follow-up care before donation.
- Consider providing the donor with information for billing of any post-donation lab work back to the transplant center prior to the donor leaving the U.S. to return to their home country.
- Transplant programs could consider helping with travel costs for the donor to return to the center for complications related to donation or help pay for their care in their home county, if they are unable to travel back to the center.



# Member Actions

- Transplant programs may use this guidance document to reference practices for the evaluation and follow up of international living donors.

# What do you think?

- Are there additional challenges that should be considered when evaluating international living donors?
- Are there additional strategies/practices that can be shared to address these barriers?

# Additional Questions?

- Please Contact Tamika Watkins at [Tamika.Watkins@unos.org](mailto:Tamika.Watkins@unos.org)

# Provide Feedback

Submit public comments on the OPTN website:

- January 21, 2025-March 19, 2025
- **[optn.transplant.hrsa.gov](https://optn.transplant.hrsa.gov)**

