

Review of: "Relinquishing Anonymity in Living Donor Kidney Transplantation: Lessons Learned From the UK Policy for Anonymous Donors"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

Kidney transplantation, particularly from a living donor, is life-changing for patients with end-stage kidney disease and leads to improved longevity and quality of life. While most living donors are friends and family of the intended recipient, a small but growing number of individuals donate a kidney to a stranger to whom they have no emotional or familial ties. This has been called "non-directed altruistic donation" (NDAD), "unspecified kidney donation" or "Good Samaritan donation" and such donors in the US are referred to as Non Directed Donors (NDD). The practice is allowed in many countries and contributes significantly to the number of kidney transplants. The kidney donation is carried out anonymously and donor and recipient typically do not have any contact with each other. Within Europe, the United Kingdom is the only European country to allow conditional anonymity in which contact is allowed if requested and with agreement of both parties. In other European countries, anonymity remains absolute and no contact is allowed.

The effects of relinquishing anonymity in NDAD has not been well studied and as such we read with great interest the study by Pronk and colleagues studying the effects of relinquishing anonymity in nationwide cohort of altruistic donors and their recipients in the UK.

This work drew on a survey of participants conducted in 2016 who were donor recipient pairs in the United Kingdom and had transplantation surgery between 2010 and 2014. 207 recipient and 354 donors participated. The authors found that anonymity was relinquished amongst 11% of recipients and 8% of donors. Attitudes towards anonymity was similar in both recipients and donors.

Overall the experience of donors and recipients was equally positive when anonymity was maintained and also when anonymity relinquished. A finding from the study was that 38% of participants who remained anonymous would have liked to meet the other party after surgery and if they knew that the other party wished to have a meeting, this percentage increased to 64%. Donors and recipients felt strongly that both parties had the right to remain anonymous and that anonymity was what made the donation altruistic.

This study found that UK donors and recipients were highly satisfied with the current framework and the authors felt that

the UK practice may be safely adopted in other European countries.

In the United States, NDD is allowed and a match is arranged based on medical compatibility with a patient in need. As in Europe, anonymity prior to surgery is the case with donors and recipients allowed to meet after surgery if both parties agree and if transplant hospital policy allows it. Transplant centers are required to develop a local policy governing anonymity of living NDD but there is no policy regulating this at the national level. At our center, which is a large transplant hospital in the South of the United States, we allow donor and recipient communication on request after surgery if both parties agree. Our experience, albeit anecdotal, mirrors the findings of Pronk and colleagues with over 90% of donor recipient pairs wanting to break anonymity. Interestingly, an exploratory study from Slaats and colleagues found that in Sweden and the Netherlands, recipients and donors were usually satisfied with anonymity but the majority viewed a strict policy on anonymity as unnecessary. <https://doi.org/10.1053/j.ajkd.2017.07.014>

Living donors make an invaluable contribution to alleviating the organ shortage. In the US, there has been a heartening rise in NDD with 404 donors in 2021, the highest to date; comprising almost 7% of the total number of living donations.

Pronk and colleagues' work allows us to approach breaking anonymity when both parties consent with a degree of confidence and is a welcome addition to the literature regarding participants' experience with NDAD/NDD.