

Women, blacks, Medicare recipients less likely to be evaluated for liver transplantation

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Patient race, gender and insurance status influence decisions about who will go on to receive liver transplants, according to a University of Pittsburgh School of Medicine study. Available online and published in the September issue of the *American Journal of Transplantation*, the study indicates that women, blacks and patients with Medicare who are in end-stage liver disease are less likely to be referred and evaluated for liver transplantation.

"There currently is no comprehensive oversight of [liver disease](#) patients as they go through evaluation, referral and are put on a waitlist for transplantation," said Cindy L. Bryce, Ph.D., study lead author and associate professor of medicine, University of Pittsburgh. "We know what happens once patients are selected for transplantation since they are closely monitored, but what happens prior to this point is fairly invisible. Ours is the first major study to look at whether everyone with liver-related conditions has a fair shot of being considered for transplantation, and points out that many patients are being excluded from this process."

The study, which followed 144,507 patients hospitalized in Pennsylvania with liver-related conditions, sought to determine whether any potential barriers exist at the referral and listing steps in the transplantation process. Dr. Bryce and colleagues found that 4,361 of these patients underwent [transplant](#) evaluation. Of these, 3,071 were waitlisted and 1,537 went on to transplantation. Patients were significantly less likely to

undergo evaluation, waitlisting and eventual transplantation if they were women, black or covered by Medicare.

Disparities were especially apparent in the early stages of the process when evaluation and listing occurs - 61 percent of men were evaluated for transplantation compared to 39 percent of women; 73.8 percent of whites were evaluated compared to 8.6 percent of blacks; and 62 percent of patients with commercial insurance were evaluated compared to 4.7 percent with Medicare only.

"While our study was not designed to identify causes for these disparities, current practices for identifying and referring liver disease patients for transplantation should be made more transparent," said Dr. Bryce. "Although we face a worsening gap in the supply and demand for organs for [liver transplantation](#), race, gender and insurance status should not be factors that preclude [patients](#) from being evaluated for transplantation."

Source: University of Pittsburgh

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