

Racial disparities persist in access to kidney transplants

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In a new study of patients awaiting kidney transplants, Yale researchers found significant racial disparities. This occurred despite a new system designed to reduce inequities, the researchers said.

The study was published in *JAMA Surgery*.

in 2014, the Kidney Allocation System was established to increase access to kidneys for two groups: individuals who have difficulty finding a match and underserved populations. Although early analyses showed improvement in [transplant](#) rates in these groups, those assessments did not adjust for [patients](#) who were "inactive" on the waitlist because they had a temporary medical or social issue that blocked their eligibility for a transplant.

Principal investigator and primary study author Sanjay Kulkarni, M.D., and his colleagues used a novel statistical method to examine the impact of patients' waitlist status on their likelihood of getting a transplant. The team's analysis found disparities among the 43,000 patients who were on the waiting list from 2014 to 2016.

Patients from underserved groups were much more likely than whites to be listed as inactive, they noted. White patients were also more likely than blacks and Hispanics to move from inactive to active status. Even among active-status patients, white and Hispanic individuals had a greater probability of receiving a transplant than blacks.

"Health disparities continue after patients are put on the [waiting list](#)," said Kulkarni. "Individuals from underserved populations have less access to healthcare. Although that was known to be a factor in obtaining access to the waitlist, the study shows that the problem persists after patients are put on the list."

The researchers call for further analysis to confirm the [root causes](#) for the ongoing racial disparities, as well as changes in [patient care](#). Improved care coordination between transplant centers and dialysis units is the key to solving the problem, said Kulkarni, noting that being inactive on the waitlist is predicted to lead to a greater chance of death. "That's the problem we need to start focusing on," he noted.

Provided by Yale University

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