

Study finds that paying people to become kidney donors could be cost-effective

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A strategy where living kidney donors are paid \$10,000, with the assumption that this strategy would increase the number of transplants performed by 5% or more, would be less costly and more effective than the current organ donation system, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). The findings demonstrate that a paid living donor strategy is attractive from a cost-effectiveness perspective, even under conservative estimates of its effectiveness.

Kidney transplantation is the best treatment for patients with [kidney failure](#). Unfortunately, there's a shortage of kidneys available to those in need of a transplant, and donation rates from both living and deceased donors have remained relatively unchanged over the last decade. There is considerable debate around the use of financial incentives in living kidney donation regarding legal, ethical, and moral issues. By estimating the likely costs and consequences of paying donors, experts can determine whether a strategy of paying donors is worth pursuing with the goal of clarifying these remaining issues.

Lianne Barnieh, PhD, Braden Manns, MD (University of Calgary, in Canada), and their colleagues studied whether a government or third party administered program of paying living donors \$10,000 would be cost-effective. In other words, would it save money and, by increasing the [number](#) of [transplants](#), improve patient outcomes?

According to their model, a strategy to increase the number of kidneys for transplantation by 5% (a very conservative estimate) by paying living donors \$10,000 could result in an incremental cost savings of \$340 and a gain of 0.11 quality-adjusted life years over a patient's lifetime compared with the current organ donation system. Increasing the number of kidneys for transplantation by 10% and 20% would translate into an incremental cost

savings of \$1,640 and \$4,030 and a quality-adjusted life year gains of 0.21 and 0.39, respectively.

"Such a program could be cost saving because of the extra number of kidney transplants and, consequently, lower dialysis costs. Further, by increasing the number of people receiving a [kidney transplant](#), this program could improve net health by increasing the quality and quantity of life for patients with end-stage renal disease," said Dr. Barnieh.

In an accompanying editorial, Matthew Allen, BA, and Peter Reese, MD, MSCE (University of Pennsylvania) have proposed a research agenda and necessary elements for a limited trial of incentives. "Current trends regarding the use of financial incentives in medicine suggest that the time is ripe for new consideration of payments for living kidney donation," they wrote. "Reassurance about the ethical concerns, however, can come only through empirical evidence from actual experience," they added.

More information: The article, entitled "The Cost-Effectiveness of Using Payment to Increase Living Donor Kidneys for Transplantation," will appear online on October 24, 2013, [DOI: 10.2215/CJN03350313](#)

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