

12/12/06

Ms. Susan Levin
The Washington Post

(Submitted online at <http://projects.washingtonpost.com/staff/email/susan+levine/>)

Dear Susan,

In your article, “**Lapse in Cases Leads Center to Halt Liver Transplant Program**” you made a **serious omission that could have saved lives of those transferring from Inova Fairfax Hospital.**

You wrote, “because of the way the country is organized for organ procurement, those who decide to go to other facilities could find themselves further down the line.”

You should have also said, “however, some may transfer to facilities where they will be near, or at, the top of the line.” ([See LA Times “Death by Geography”](#))

For example, if they were to transfer to Indiana, where there is only one transplant facility for the entire state, or to UC Davis in Sacramento they would be transplanted very quickly relative to all areas. (UC Davis is the only transplant center in the large Sacramento area so those patients are transplanted very quickly.)

The solution to this dilemma of transplant centers closing and different regions transplanting at differing rates is new organ donor policies to reverse the organ donor crisis of one person dying every 90 minutes while waiting for an organ and 94,200+ are waiting today. Indeed, that number grows too fast for the “altruism” policy to succeed. New organ-donor policies of Presumed Consent and Donation Benefits are needed and many eminent physicians and OD advocates are pushing for them as you see here: <http://fairfoundation.org/organdonation/contactcongressfororgandonation.htm>.

Imagine an MD in charge of an ER going to the hospital’s President and saying, “One person is dying every 90 minutes in our ER, but I think we are doing a good job and we don’t need new policies.” He’d be fired on the spot, yet that is the position taken by UNOS (United Network for Organ Sharing). If UNOS does not support pilot projects of new OD policies, it should be replaced.



Richard Darling, DDS
CEO: The FAIR Foundation
Board of Directors: United Organ Transplant Association
Author: Coma Life, an autobiographical memoir of 3 liver transplants

This was in regards to the following article by Ms. Levine:

Lapse in Cases Leads Center To Halt Liver Transplant Program

By Susan Levine
Washington Post Staff Writer
Tuesday, December 12, 2006; B05

Inova Fairfax Hospital has stopped performing liver transplants because of a steep and steady decline in the number of operations, a blow to an institution that has long touted itself as the most active organ transplant center in the Washington area.

Late last week, staff began notifying 59 patients on its waiting list that they would need to transfer to programs at medical facilities in the District, Baltimore and central Virginia. Those who seek transplants outside the Washington area might face delays for organs if they lose their place on wait lists.

Inova's decision to abandon the liver transplant program it initiated nearly 15 years ago leaves Georgetown University Hospital with the only adult liver transplant program in the immediate Washington area.

"This was a very difficult decision," Candice Saunders, a vice president at Inova Health Systems, said yesterday afternoon. It was made after a review last spring and summer of all transplant efforts at the hospital. Programs for hearts, lungs, kidneys and the pancreas were growing and will continue. "We just didn't see the same potential" with liver transplants, Saunders said.

The federal government has been looking nationwide at programs that have struggled with low transplant volumes or poor survival rates. But Saunders said the move was not triggered by any external pressure. Nor was it related to two unusual patient deaths earlier this year, one during and one immediately after liver transplant surgery, she said.

The program at Inova Fairfax has lagged behind others serving the Washington region since the late 1990s, when its chief surgeon resigned and patient referrals dipped significantly.

This year, Inova performed a dozen liver transplants through November -- down dramatically from the 53 such surgeries it did a decade ago. In contrast, surgeons at Georgetown University Hospital transplanted 63 livers through September this year, and their counterparts at Johns Hopkins Hospital transplanted 53.

The prestige and high profile that come with transplantation often encourage medical facilities with far lower numbers than those at Inova Fairfax to keep programs going despite their tremendous expense. That is an issue at the heart of the government's lengthy review, which is expected to conclude this month with new volume and outcome requirements tied to millions of dollars in federal reimbursement.

Both Georgetown and Johns Hopkins are likely to receive many of the patients on Inova Fairfax's waiting list, a complex logistical process that already is underway.

"They were couriering over some additional medical records today," said Lynt Johnson, who heads liver transplantation at Georgetown. He professed surprise over the Fairfax program's sudden termination, yet he acknowledged the challenges it faced.

"It becomes very difficult to sustain a program when there's not sufficient volume to utilize the resources as they should be," Johnson said.

Potential transplant recipients who transfer to Georgetown will be able to keep their place on the local waiting list. However, because of the way the country is organized for organ procurement, those who decide to go to other facilities could find themselves further down the line.

Saunders and chief of surgery Russell Seneca said Inova Fairfax staff are focusing all their attention on making the transition as smooth as possible. Saunders said administrators at the other hospitals had been extremely supportive: "They have really opened their arms."

Inova Fairfax will not curtail other organ transplantation. "We're very committed to strengthening and continuing to grow our transplant programs," Saunders said. The hospital's program for heart transplants seems to be rebounding after several years of single-digit numbers, although it remains well below the minimum federal requirement.

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