



ORGAN TRANSPLANTATION

Introduction

The American Academy of Addiction Psychiatry is committed to reducing the role that stigma plays in interfering with treatment of complications of addictive disorders. Increased public education and understanding of alcohol and drug dependency as illnesses should lead to more positive attitudes about application of all medical technologies, including the newer techniques to the treatment of complications of these disorders.

The stigma of alcohol and drug dependencies has at times reduced the opportunities of patients with alcohol and drug dependencies for organ transplantation. In many facilities, these patients have been arbitrarily denied transplants. Negative attitudes regarding relapse in these patients have lowered their priority ratings in the allocation of scarce donated organs. Some transplantation centers require an arbitrary length of abstinence before organ transplantation for patients with alcohol and drug dependencies.

Statement

The effects of stigma of alcohol and drug dependencies should be removed from all aspects of the organ transplantation process. The evaluation of a patient's candidacy for organ transplantation should be made on clinical grounds alone. The choice should be based on clinical criteria with the specifics of each case taken into consideration. Substance use and the possibility of future substance use should be one of the clinical factors in the evaluation. Recent and past episodes of abstinence should be one factor in determining the priority for transplantation. The use of an arbitrary length of abstinence contradicts the individual clinical evaluation of each potential transplant candidate.

Background

A 1983 National Institute of Health consensus panel accepted alcoholic cirrhosis as an indication for liver transplant "for patients in whom evidence of progressive liver failure develops despite medical treatment and abstinence from alcohol." Several studies have found favorable results for survival and rehabilitation of patients who received transplants for alcoholic cirrhosis compared with those of patients receiving transplants for cirrhosis of other etiology. A group in Pittsburgh found that even where abstinence was a not a requirement in selecting patients, the outcome after transplantation was especially good for patients with alcoholic cirrhosis; none of these patients returned to excessive drinking.

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