Author’s response to reviews

Title: Transplant eligibility for patients with affective and psychotic disorders: a review of practices and a call for justice

Authors:

Katherine Cahn-Fuller (katherine.cahn@gmail.com; klc521@nyu.edu)
Brendan Parent (brendan.parent@nyu.edu)

Version: 1 Date: 27 Sep 2017

Author’s response to reviews:

Dear Editors,

We are grateful for the reviewers’ comments and for the opportunity to edit our manuscript. Below, please find our point-by-point reply to the issues raised by Reviewer 2 (Peter Shapiro). There are no comments requiring response from Reviewer 1 (Vassilios Papalois). We have highlighted the edited portions of the manuscript in the resubmission.

RESPONSE TO REVIEWERS:

Reviewer 2 states that we do not describe the search strategy. This is described in the paper’s background: “An Ovid MEDLINE search to January 2017 of the following terms revealed that there has been no comprehensive study of the patient selection criteria employed by US-based transplant programs for over 20 years: [transplantation OR organ transplantation OR transplantation, homologous] AND [mental disorders OR mental health OR anxiety disorders OR schizophrenia OR depressive disorder OR bipolar disorder OR depression OR psychotic disorder OR mood disorder] AND [eligibility determination OR eligible OR eligibility OR psychosocial OR patient selection OR waiting lists].”

Reviewer 2 states that we ignore cases of liver transplantation in patients with alcohol-related liver failure. Our paper is focused on patients with a history of affective and psychotic disorders. The relationship between transplant eligibility and other psychiatric disorders, such as
personality disorders, addiction, and intellectual disability, while important, is not within the direct purview of this paper.

Per Reviewer 2’s suggestion, we acknowledge liver transplantation in patients after an intentional acetaminophen overdose, which supports the fact that some medical professionals will transplant patients with psychiatric illness (see edited “Conclusion”). Reviewer 2 states that transplants performed on patients with a recent suicide attempt tend to undermine our argument. He also states that psychiatrists working in the field of organ transplantation would not endorse excluding patients from transplant candidacy on the basis of psychiatric diagnosis. However, we do not argue that this patient population is universally denied access to solid-organ transplants. In fact, we cite a number of studies that discuss the outcomes of transplants performed on psychiatric patients. Rather, we argue that (1) psychiatric patients should not be denied access, (2) evidence exists of inter-institution variation in how psychiatric patients are evaluated for transplants including some guidelines and attitudes holding psychiatric disorders as either relative or contraindication to transplant (see “Trasnplant Eligibility of Patients with Psychiatric Illness”), and (3) there is a need for a nation-wide study investigating the transplant criteria used by different institutions to ensure that psychiatric patients are not unfairly treated at select institutions. A main finding of our paper is that there have been no large-scale studies of transplant listing criteria since the early 1990s. While it is easy to say that no psychiatrists would disagree with our argument in favor of transplanting psychiatric patients, we emphasize the need for up-to-date study investigating how this patient population is truly treated by the larger transplant community. We have significantly edited the conclusion of our paper to emphasize this argument.

Reviewer 2 commented that we do not acknowledge that a certain level of inter-institution heterogeneiity with respect to who is determined to be a transplant candidate must exist for a number of reasons, including a transplant program’s recent experiences. We agree with this comment, and have addressed it in our edits (see edited “The Demands of Justice”).