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## BACKGROUND

- Consultation-liaison (C/L) psychiatrists often conduct psychosocial evaluations to assess patient suitability for organ transplant.
- In 2015, the United Network for Organ Sharing declared that prisoner status should not preclude consideration for transplant.<sup>1</sup>
- Nevertheless, justice-involved patients (i.e., patients currently or formerly incarcerated) face significant barriers to accessing transplant services.

## RESULTS

- 23 articles met criteria for full-text review, including:
  - Narrative reviews (n=12)
  - Case reports or series (n=5)
  - Surveys (n=3)
  - Perspective pieces (n=2)
  - Qualitative studies (n=1)
- Patient populations included:
  - Currently incarcerated patients (n=18)
  - Previously incarcerated patients (n=5)
- Ethical, legal, and psychosocial themes are summarized in Table 1.

## DISCUSSION

- When medically appropriate, justice-involved patients warrant evaluation and listing for transplant from ethical and legal standpoints.
- Numerous barriers to transplant remain. C/L psychiatrists play an important role in advocating for appropriate patient care (Table 2).
- A limitation of our study is that we did not have access to legal databases. We identified legal journal articles and cases via Google Scholar.

## CONCLUSIONS

- From ethical and legal standpoints, prior literature supports the evaluation and listing of justice-involved patients to receive organ transplants.
- CL psychiatrists are uniquely positioned members of the transplant team to advocate for justice-involved patients to receive appropriate care.

## METHODS

- We conducted a comprehensive search of several databases to identify articles addressing solid-organ transplantation with justice-involved patients as recipients.
- Searches were conducted in several databases including Ovid Medline, Ovid PsycINFO, Ovid Embase, Scopus via Elsevier, Academic Search Premier via EBSCOhost, and Google Scholar.
- Search keywords: (incarcerate\* or inmate\* or offender\* or prisoner\* or convict\* or criminal\* or felon\* or parole or justice- or jail\*) AND (transplant\* or kidney\* or liver or lung\* or pancreas\* or intestine\* or organ or organs or heart) AND (candidate\* or recipient\* or allocat\* or ration\* or deserv\*). Corresponding controlled vocabulary terms were used when available.
- Two authors independently screened articles for inclusion and resolved discrepancies.
- A preliminary review of full-text articles identified 3 broad themes: ethical, legal, and logistical.

**Table 1. Overview of Themes and Considerations for Transplant in Justice-Involved Patients**

Broad Themes	Specific Considerations
<b>Ethical</b>	<p><b>Societal justice vs. medical justice:</b> While societal justice asserts that states may allocate scarce resources according to "social worth" criteria, medical justice maintains that physicians should treat patients according to medical need alone.</p> <p><b>Avoidance of "double-punishment":</b> The sentence for a crime is incarceration, not denial of medical care.</p>
<b>Legal</b>	<p><b>Right to medical care:</b> Prior rulings in the United States and Australia have argued that incarcerated individuals have a right to basic medical care.<sup>2</sup> Denial of medical care is considered "cruel and unusual punishment" and is thus prohibited under the Eighth Amendment. These rulings do not encompass individuals who have been released from prison.</p>
<b>Logistical</b>	<p><b>Financial cost:</b> While prisons and formerly incarcerated individuals may struggle to pay for transplant care, kidney transplantation is associated with cost savings for patients with end-stage renal disease.</p> <p><b>Follow-up:</b> Individuals who receive transplants during incarceration have high rates of loss to follow-up.</p> <p><b>Social support:</b> Justice-involved individuals may lack social support networks, making it difficult to identify caregivers post-transplant.</p> <p><b>Transplant center policies:</b> Many transplant centers are unwilling to transplant patients while incarcerated, making it difficult for justice-involved patients to access care.</p>

**Table 2. Bias in Transplant Selection and Proposed Healthcare Interventions**

Level of Bias	Examples	Proposed interventions
<b>Institutional</b>	<p>Many transplant centers have blanket exclusions of justice-involved patients.<sup>3</sup></p> <p>Patients of color are disproportionately incarcerated in the U.S.<sup>4</sup></p> <p>Patients with mental illness are disproportionately incarcerated in the U.S.<sup>5</sup></p>	<p>Criminal history should only inform transplant candidacy if deemed relevant to post-transplant adherence to medical follow-up and recommendations.</p> <p>Routine psychiatric follow-up should be considered for transplant candidates with history of psychosocial stressors such as current/former incarceration.</p>
<b>Individual</b>	<p>Clinicians may have explicit or implicit assumptions about justice-involved patients.<sup>6</sup></p>	<p>Psychosocial assessments should follow standardized best-practice formats to minimize risk for bias.</p> <p>Psychiatrists must be mindful of possible countertransference reactions when conducting assessments.</p> <p>Consultation with a colleague or supervisor may be beneficial and necessary.</p>

## REFERENCES

- Convicted Criminals and Transplant Evaluation: Ethics Committee Position Statement. United Network for Organ Sharing, 2015.
- McKinney B, Winslade W, Stone T, Connor H, Lawry A, Dawkins F, et al. Offender organ transplants: Law, ethics, economics, and health policy. *J Hous J Health L & Pol'y.* 2009;9:39-69.
- Faber LS, Lyons T, Davis MS. Are American transplant centers willing to transplant prisoners. *Can J Urol.* 2023;30(5):11698-702.
- Jeffers JL. Justice is not blind: Disproportionate incarceration rate of people of color. *So Work Public Health.* 2019;34(1):113-121. DOI: 10.1080/19371918.2018.1562404.
- Hall D, Lee LW, Manseau MW, Pope L, Watson AC, Compton MT. Major mental illness as a risk factor for incarceration. *Psychiatr Serv.* 2019;70(12):1088-1093. DOI: 10.1176/appi.ps.201800425.
- De Page L, Boulanger M, De Villiers B, Di Virgilio P, Pham T, Saloppé X, Thiry B. Countertransference in forensic inpatient settings: An empirical examination of therapist responses to patients with psychotic disorders. *J Forensic Nurs.* 2021;17(1):52-60. DOI: 10.1097/JFN.0000000000000308.

## DISCLOSURES

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